

INTERNATIONAL CONFERENCE ON FAMILY PLANNING

ADDIS ABABA, ETHIOPIA NOVEMBER 12-15 2013

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UN SECRETARY-GENERAL COMMENDS ADDIS CALL TO ACTION

SEPTEMBER 11, 2014

By FAMILYPLANNING

United Nations Secretary-General and his Special Adviser on Post-2015 Development Planning commended the [Addis Call to Action](#), a declaration of support for family planning as a key part of development and inclusion in the Sustainable Development Goals.

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Dr. Jotham Musinguzi of Partners for Population and Development launched the Call to Action at the closing event of the [2013](#)

International Conference on Family Planning in Addis Ababa, Ethiopia.

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- Universal access to voluntary, high quality family planning and sexual and reproductive health services, including of the widest possible contraceptive choice, is included in the post-2015 framework;
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- Closing the gap in unmet need for family planning in full within the time frame of the new post-2015 framework.

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DKT International

DSW (Deutsche Stiftung Weltbevölkerung)

EngenderHealth

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[View the full list of signees.](#)

Read the full Addis Call to Action statement.

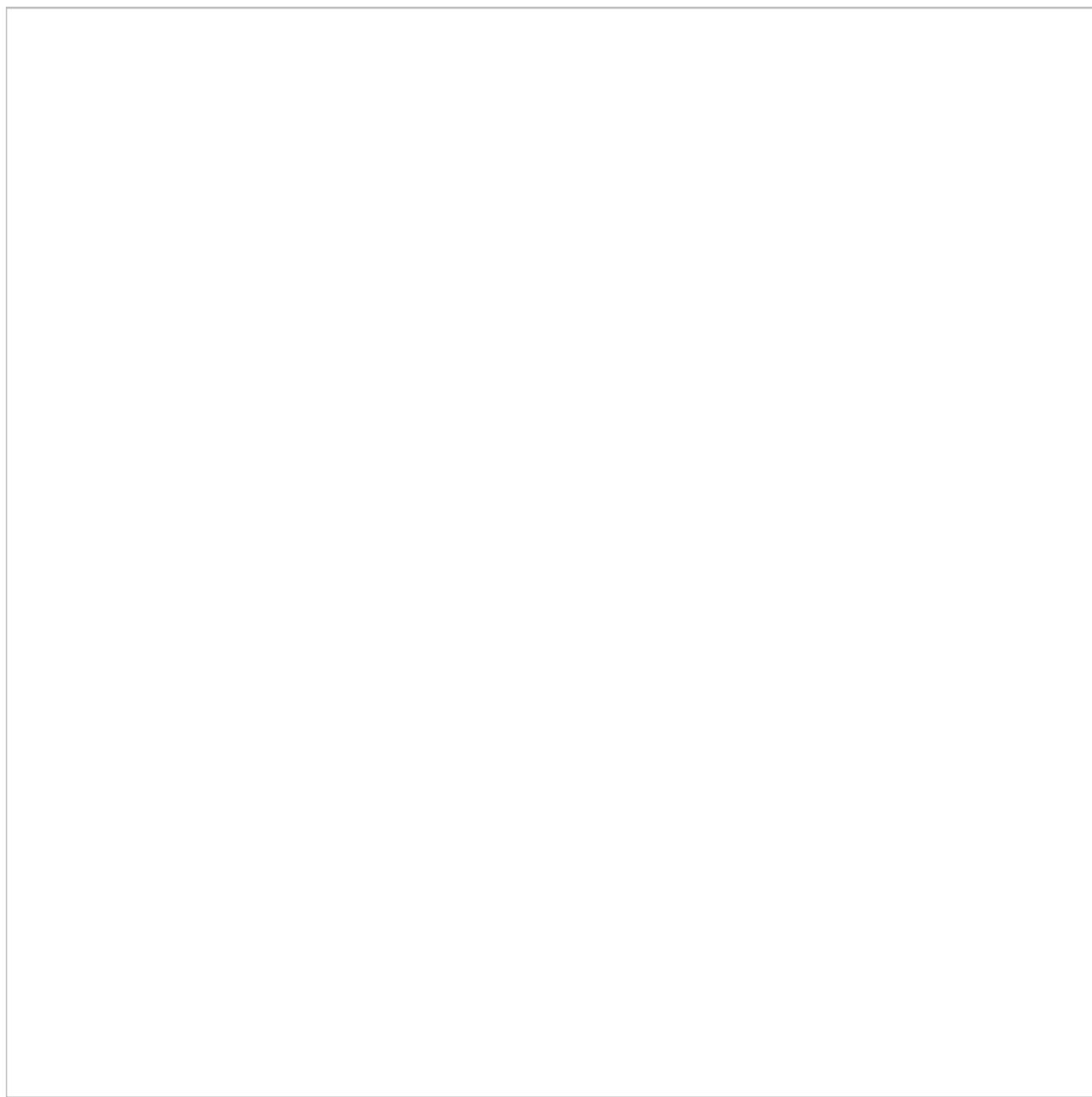
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APRIL 28, 2014

By [FAMILYPLANNING](#)

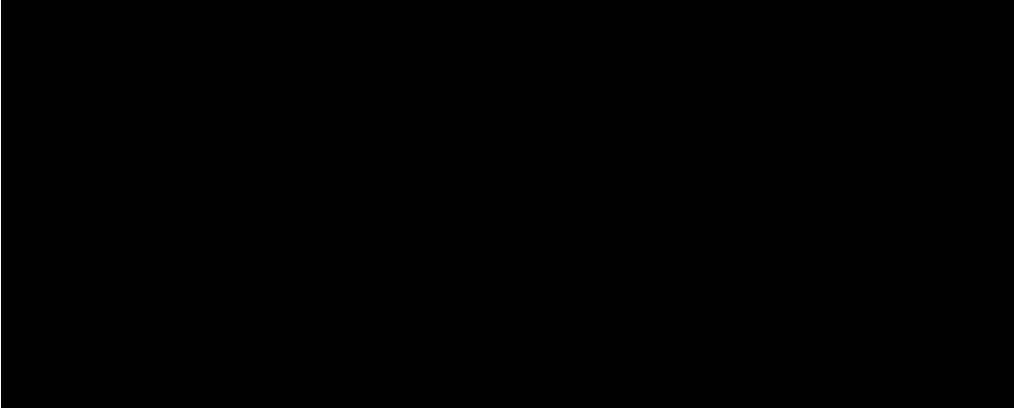
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DECEMBER 9, 2013

By FAMILYPLANNING

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DECEMBER 9, 2013

By FAMILYPLANNING

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SEPTEMBER 11, 2014

By [FAMILYPLANNING](#)

This post is also available in: [French](#)

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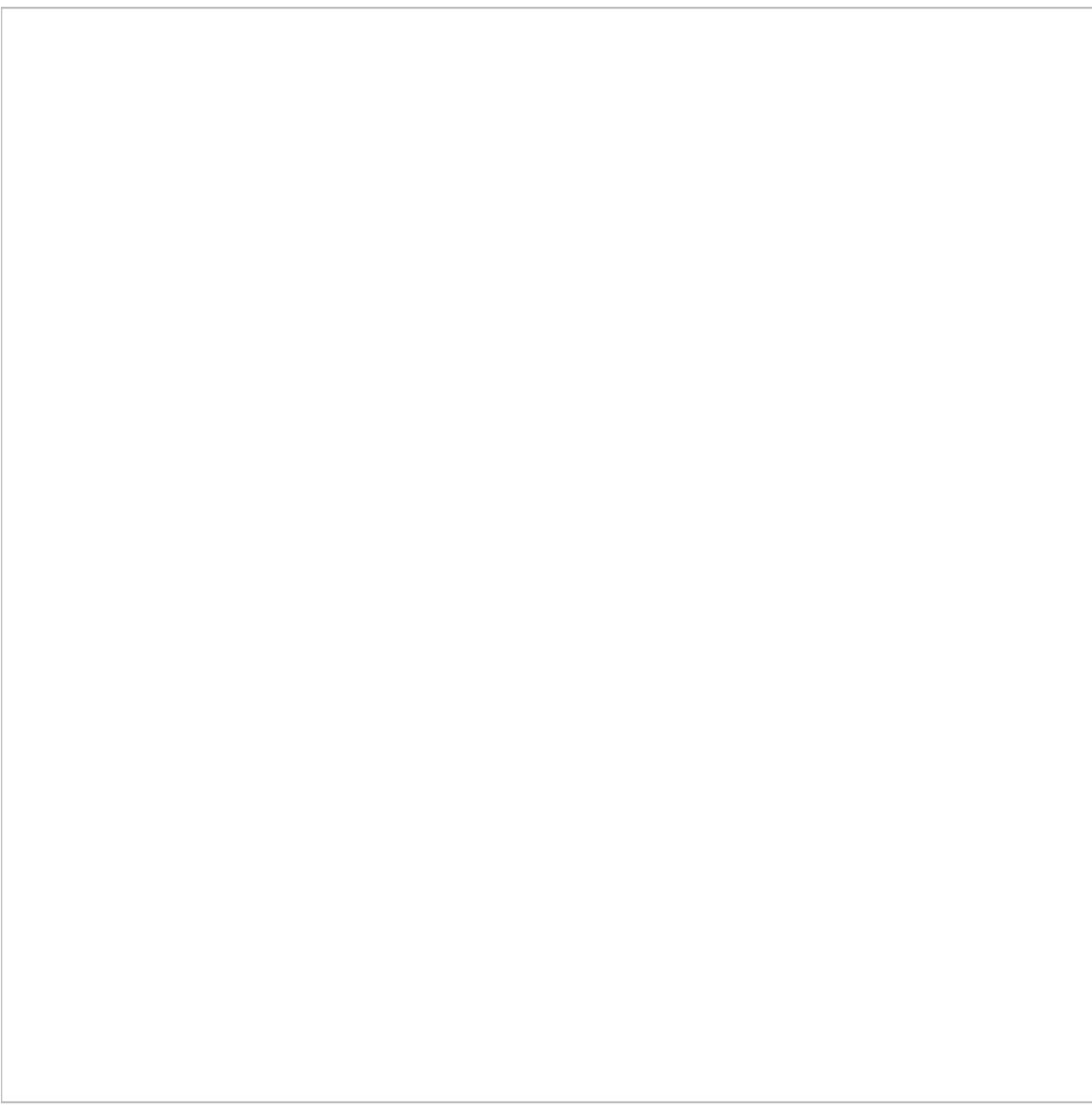
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Family Planning in Ethiopia: The Health Extension P

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FAMILY PLANNING PROGRAM IN SENEGAL DRAWN INTO CONFLICT WITH RELIGIOUS LEADERS

MARCH 25, 2014

By [FAMILYPLANNING](#)

Repost From: [The Washington Post](#)

Written by: Allyn Gaestel

In MERETO, Senegal — From the corner of his family’s bustling courtyard, El Hadji Fally Diallo looked out approvingly at his large extended family. Several women with babies on their hips prepared the massive midday meal, and children studying the Koran mumbled verses to themselves.

“It’s like we expanded from one family to three,” Diallo, a 76-year-old village leader, said of his own three wives and expansive brood. “With 30 children, some can go to the field, some can deal with the cattle, some can go abroad. It’s a lot of

money you can have with this size family, so that is a lot of power.”

The Diallos have a time-tested definition of success in which a large family plays a central role. But that model is clashing with a government program to increase contraceptive use and reduce family sizes. Largely financed by international donors, the program is part of a global campaign that aims to give 120 million more women around the world access to contraception by 2020.

For supporters of the program, the benefits of contraception are clear: better health for women and children, economic benefits and smaller families.

This last justification, smaller families — and so smaller populations — has drawn the women’s health program into conflict with religious leaders and rekindled suspicions about the motivations for international aid.

For Diallo and his son Ibrahima Diallo, who is an imam, their large family is not only an economic boon, it is also a moral imperative.

“If Europeans say the population is too large so we need to limit births, Islam can’t agree with that because God says, ‘You are my people, multiply,’ and it is the duty of God to take care of the family,” the younger man said. “It’s not for Europeans to bring family planning and say, ‘You have a large population, you will have consequences.’ ”

Senegal, a country of 13 million, is 94 percent Muslim, and the views of imams such as Diallo are deeply respected.

West Africa has one of the lowest rates of contraceptive use in the world. And while some local activists have been pushing for family planning for decades, much of the current programming is funded by international donors.

A Senegalese women’s rights network called Siggil Jigeen has been advocating family planning for nearly two decades, and program director Fatou Ndiaye Turpin is frustrated with its dismal progress. The biggest hindrances, she said, are Islam and rumors about side effects of contraception.

“If religion allowed it, there would be no problem,” she said.

Siggil Jigeen regularly works with imams to find ways to promote theological justifications for family planning, such as highlighting sections of the Koran that emphasize preserving women’s health and spacing children. “It’s always men who come and say this is forbidden by Islam,” she said. “Women don’t know what’s in the Koran.”

Turpin said she has been criticized for promoting what many here see as an international agenda that goes against Senegalese values. “Some people understand our mission, but some think this is an invasion that came from outside the country because they give us money,” she said.

At a [global conference](#) on family planning in Addis Ababa, Ethiopia, in November, numerous sessions focused on explosive population growth. [West Africa and the Sahel region](#) were highlighted as particularly vulnerable. By 2050, the region’s population could triple to 300 million, worsening an already palpable food crisis.

The United Nations projects Senegal’s population to reach 58 million by 2100, largely because of the high birth rate. Women

here have an average of five children; in rural areas such as Mereto, the average is 6.3.

At the Ministry of Health, Bocar Daff, the director of reproductive health, said that his role is to “improve the health of the population.” A lower fertility rate would “affect the development, security, school, electricity, it’s clear,” he said, “but if we go to the population, I don’t think that’s the strategic way” to present the issue.

But at the financial ministry, Lanfia Diané, who works in the population and development planning division, was more direct.

“The population should be at the heart of all development,” he said, “Five children per woman? No country in the world has developed themselves with this rate.”

In the Diallo courtyard, such macro-level analyses are discounted as culturally inapplicable. “In Senegal, we have solidarity; you can take your child to . . . your brother’s house for help,” Imam Diallo said. “We can have even a bigger and bigger population, but with solidarity we won’t have problems.”

Family planning activists often point to the economic strain of a population with fewer workers than dependents. But religious leaders worry that the focus on family size ties contraceptive programs with population control, something most imams see as un-Islamic.

“Family planning is not reproductive health, is not space between babies; it’s not health of women, it’s to limit births,” said Imam Ahmed Ndiaye, an outspoken critic of family planning programs and a frequent guest on television programs in the capital, Dakar.

But little by little, Senegalese women are turning to family planning themselves as they learn about contraception from each other, community health workers and government radio announcements.

In Koumpentoum, the district where the Diallos live, only 4.7 percent of women used family planning methods in 2013, according to the health center. And midwives say the tiny minority who use contraceptives often hide them from their husbands.

Yassin Diouf, 40, who lives across the village from the Diallo family, has had 10 children, though only six survived. She has used contraception in the past and plans to use it again.

“No more, this is enough, thank you, thank you, God. God help me to stop here,” she said, cooing to her suckling 4-month-old baby. “Maybe it’s forbidden by Islam, but women are so tired of giving birth.”

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By FAMILYPLANNING

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YOUTH VOICES SERIES: PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH

FEBRUARY 26, 2014

By [FAMILYPLANNING](#)

Many of our [ICFP Youth 2013](#) from the [International Conference on Family Planning](#) are still on the ground in their communities advocating for sexual and reproductive health months after the conference has ended. [FHI 360](#) has highlighted a few of them here.

Re-post: [Degrees.fhi360.org](#)



[Implementing youth-friendly health services in Malawi](#)

Barwani Msiska, a youth advocate from Malawi, discusses the critical role of policy change in the improvement of youth sexual and reproductive health.



[Why I choose to be a youth advocate for family planning](#)

Burcu Bozkurt, a youth advocate, explains why she is so passionate about the sexual and reproductive health of young people.



One youth's quest to improve reproductive health in Nigeria

Isaiah Owolabi, a participant in the Interagency Youth Working Group online forum, Following through on the 2013 ICFP: Youth, SRHR and policy change, offers his views on youth sexual and reproductive health.

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A Call to Action

Family Planning and the Post-2015 Development Framework: Achieving Universal Access to Sexual and Reproductive Health and Rights

Add your name or your organization as a supporter of the Call to Action by emailing afp@jhsph.edu.

A Call to Action

We, the undersigned, call on governments, regional and international organizations, international financial institutions, and civil society organizations to join us in ensuring that sexual and reproductive health and rights, especially universal access to voluntary, high quality family planning, is included in the post-2015 framework that will follow the Millennium Development Goals (MDGs).

Historically, the landmark International Conference on Population and Development Programme of Action and the Millennium Development Goal 5b set global guidelines for sexual and reproductive health and rights, including universal voluntary access to contraceptives.

This year, the Report of the United Nations Secretary General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda reaffirmed these historical global commitments to ensure healthy lives and universal sexual and reproductive health and rights; to empower girls and women; and to achieve gender equality. The Report notes that over 220 million women in the world want to prevent pregnancy but are not able to access effective and affordable, modern methods of contraception. This results in 80 million unplanned pregnancies, 30 million unplanned births and 20 million unsafe abortions every year.

Family planning is a fundamental right. An investment in family planning is also one that pays off. We know family planning plays a vital role in the reduction of maternal mortality, reducing maternal deaths by 44%. Ensuring women are able to plan

whether or when to have children means babies and young children are more likely to survive. The economic benefits are also substantial. For every \$1 spent on family planning, \$6 is saved. When countries invest in health, education, and gender equity, in addition to family planning, the declines in mortality and fertility rates alter the age structure of a population and place many of the world's poorest countries in a prime position to reap the economic benefits of subsequent accelerated economic growth, called the "demographic dividend. The real-life impact of these changes in population structure are clear: between 1970 and 2000, changes in the population structure in East and South East Asia contributed to 1.9 percentage points of a 4.32 per cent growth in GDP. When women are able to decide if, when, and how many children to have, they are able to contribute more fully in the sustainable economic and social development of their families, communities, and nations. Family planning empowers women.

But, for millions of women in many countries this has not happened. Because women still do not have the ability to control their reproductive lives, desired family size continues to be lower than actual family size in almost all sub-Saharan Africa and many other developing countries.

As the world comes together to renew its commitment to fighting extreme poverty, promoting sustainable economic development, and strengthening human rights and equity, a commitment to give women control over their fertility must be at the centre.

The time to act is now:

When women are given access to the full range of modern contraception and voluntary family planning services, countries will benefit from the demographic dividend, resulting in long-term economic growth. Family planning is cost effective and a sustainable investment. In sub-Saharan Africa, for example, "the economic savings towards meeting the MDGs by fulfilling unmet need for family planning would be two to six times greater than the costs."

Voluntary family planning and access to modern contraception are essential elements of promoting gender equity and women's rights, and in ensuring that women have choice and control over their own lives.

We call on governments to:

- Ensure that universal access to voluntary, high quality family planning and sexual and reproductive health services, including of the widest possible contraceptive choice, is included in the post-2015 framework.
- Ensure that the existing MDG targets on maternal mortality and access to reproductive health that have not been met are carried over into the new framework as key goals and targets.
- Commit to closing the gap in unmet need for family planning in full within the timeframe of the new post-2015 framework.

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Abstracts

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Of the 785 research abstracts, 460 program abstracts, and 111 preformed panels that were submitted, there were 681 oral presentations in 179 sessions and 276 poster presentations in five poster sessions during the conference. We thank all presenters and authors for contributing to the success of the conference program.

[Click here to view conference presentations.](#)

Thank you also to all abstracts reviewers. Reviewers may log in to [download](#) a certificate of appreciation.

Abstract Submission

The Conference organizers invited abstracts on cutting-edge research and program results directed at enabling individuals in the world, especially in low-income areas, to achieve their contraceptive and reproductive intentions. Of particular interest were abstracts on research demonstrating how family planning benefits and advances the health and wealth of people and nations and on high impact or best practices of family planning programs and service delivery models. Abstracts using strong scientific/evaluation methods were given priority in the review and acceptance process.

Individual abstracts and pre-formed panels were accepted. Pre-formed panels included no more than four (4) abstracts, *thematically integrated* with each abstract based on work carried out by *separate* organizations.

The abstract submission deadline was May 1, 2013.

Abstracts were reviewed by the following criteria:

Originality, contained significant new findings 20%

Quality, Significantly advanced evidence base for addressing family planning needs 25%

Abstracts

Importance, Directly addressed key themes for conference 25%

Presentation, Clearly presented material according to outline (with headings) 30%



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- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
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Résumés

This post is also available in: [Anglais](#)

Cette année pour la CIPF 2013, nous avons reçu 785 résumés de recherche, 460 résumés de programme, et 111 propositions de panels préformés. Merci à tous ceux qui ont envoyé leur candidature pour participer à la Conférence. Tous les résumés ont été révisés et les auteurs ont été informés du statut de leur acceptation durant les deux premières semaines de juillet.

Tous les résumés acceptés doivent maintenant être actualisés afin que l'information soumise (ex: titre, auteurs, etc.) apparaisse tel que les auteurs le souhaitent dans la version imprimée du programme de la Conférence.

Cliquez ici pour vous connecter et actualiser l'information de votre résumé.

Le Comité organisateur de la Conférence vous invite à envoyer vos résumés portant sur des études récentes ou des résultats de programmes visant à aider les individus, particulièrement dans les régions à bas revenus, à satisfaire leurs choix contraceptifs et reproductifs. Présentent un intérêt particulier les recherches démontrant comment la planification familiale peut bénéficier et améliorer la santé et la richesse des individus et des nations, les programmes d'impact élevé, les bonnes pratiques et les modèles de prestation de services. ***Les résumés utilisant des méthodes d'évaluation scientifiques solides seront sélectionnés en priorité.***

Résumés individuels

Des panels pré-formés peuvent être proposés sous réserve d'acceptation. Ces panels devront inclure un maximum de

quatre (4) résumés regroupés sous un même thème et chaque résumé devra être associé à un travail mené par une organisation différente.

Publications récentes

- UN Secretary-General Commends Addis Call to Action
 - New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
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ICFP Papers

Authors of abstracts presented at the conference have the opportunity to submit manuscripts for publication in the 2013 International Conference on Family Planning supplemental issue of the **International Journal of Gynecology and Obstetrics**.

[Author Guidelines](#)

[Manuscript Submission Form \(March 31 deadline\)](#)

Research presented at the 2011 International Conference on Family Planning has been published in the International Journal of Gynecology and Obstetrics:

Editorial: Onward from Dakar: Taking family planning in novel directions

Olaolorun FM, Hinson L, Burke A

There are some questions you may not ask in a clinic: providing contraception information to young people in Kenya using SMS

Vahdat HL, L'Engle KL, Plourde KF, Magaria L, Olawo A

Tell them you are planning for the future: Gender norms and family planning among adolescents in northern Uganda
Adams MK, Salazar E, Lundgren R

Getting to 70%: Barriers to modern contraceptive use for women in Rwanda

Brunie A, Tolley EE, Ngabo F, Wesson J, Chen M

Does integrating family planning into HIV care and treatment impact intention to use contraception? Patient perspectives from HIV-infected individuals in Nyanza Province, Kenya

Newmann SJ, Grossman D, Blat C, Onono M, Steinfeld R, Bukusi EA, Shade S, Cohen CR

Reproductive health laws and fertility decline in Ghana

Finlay JE, Fox AM

Addressing unmet need for long-acting family planning in Ethiopia: Uptake of single-rod progestogen contraceptive implants (Implanon) and characteristics of users

Asnake M, Henry EG, Tilahun Y, Oliveras E

Religious leaders gain ground in the Jordanian family-planning movement

Underwood C, Kamhawi S, Nofal A

Effect of post-menstrual regulation family-planning service quality on subsequent contraceptive use in Bangladesh

Sultana F, Nahar Q, Marions L, Oliveras E

How conditional cash transfers to promote institutional delivery can also influence postpartum contraception: Evidence from Rajasthan, India

Zavier AJ, Santhya KG

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About

This post is also available in: [French](#)

This was the third International Conference on Family Planning (ICFP) held by the Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health. The November 2013 conference was co-hosted by the Gates Institute and the Ministry of Health of the Federal Democratic Republic of Ethiopia with a multitude of international and national partners. The first conference was held in Kampala, Uganda in 2009 and convened more than 1,300 participants around the topic of family planning for the first time in twenty years, influencing positive change for family planning policies in Uganda. With over 2,200 participants, the second conference was held in 2011 in Dakar, Senegal and highlighted family planning issues in Francophone Africa. Ethiopia was selected for the third conference because of the country's strong commitment to family planning and the success it has had in increasing access to family planning (e.g., an almost 100% increase in modern contraceptive prevalence rate among married women from 13.9% in 2005 to 27.3% in 2011) and implementing the cost-effective health extension workers program. The ICFP is more than a conference; it is a movement and a platform for strategic inflection points in the family planning agenda. The theme for 2013 was **Full Access, Full Choice**.



Since the first conference on family planning in 2009, the issue has gained a lot of momentum. [The London Summit on Family Planning](#) took place on July 11, 2012, and 69 countries made commitments to family planning. Many countries have held their own family planning symposia to develop strategies to achieve commitments made during the London Summit. The ICFP provides a platform to highlight successes that have been achieved in family planning around the world as well as hurdles that still need to be addressed.

The conference program included an opening reception, daily plenaries, a number of interactive skill-building sessions, panel

presentations, poster sessions, a policymaker forum and an exhibit area. Over 3,400 researchers, program implementers, policymakers, advocates, youth leaders, media, and representatives of local and international organizations from 110 countries came together to support the goal of providing all women “Full Access, Full Choice” to life-saving family planning information, supplies and services. Nearly 200 national and international journalists attended the conference, and over 225 original articles have been published as a result of the media campaign. In addition, there were many satellite events including skill-building workshops, receptions and meetings. The official languages of the conference were English and French.



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À propos de la Conférence

This post is also available in: [Anglais](#)

Il s'agit de la 3ème Conférence Internationale sur la Planification Familiale (CIPF) organisée par l'Institut Gates. Elle se déroulera en novembre 2013 et est co-organisée par l'Institut Bill et Melinda Gates pour la Population et la Planification Familiale de l'École de Santé Publique de l'Université John Hopkins Bloomberg, et le Ministère de la Santé d'Ethiopie, avec la collaboration de nombreux partenaires nationaux et internationaux. En 2009, la première Conférence Internationale sur la Planification Familiale a été organisée à Kampala, Ouganda, regroupant pour la première fois depuis vingt ans plus de 1 300 participants autour de ce thème, et a permis d'instaurer un climat propice au changement positif dans la politique de planification familiale en Ouganda. La deuxième Conférence s'est déroulée à Dakar, Sénégal, où plus de 2 500 participants se sont regroupés dans le but de souligner les problèmes de planification familiale en Afrique francophone. L'Ethiopie a été choisie comme hôte de la troisième Conférence en raison de son engagement sur le thème de la planification familiale et de ses efforts pour augmenter significativement l'accès à celle-ci, démontrant une hausse de 100% de son taux de prévalence contraceptive (de 15% en 2005 à 29% en 2011), ainsi que pour la rentabilité de son programme de travailleurs sanitaires décentralisés. Plus qu'une conférence, la CIPF est un mouvement et une plateforme stratégique visant à influencer l'agenda politique de la planification familiale. Le thème de la CIPF 2013 est: « Accès Intégral, Choix Intégré ».



Depuis la première conférence organisée sur le sujet en 2009, la planification familiale a gagné de l'ampleur. Le 11 juillet 2012 s'est déroulé le [Sommet de Londres sur la Planification Familiale](#), où 69 pays se sont engagés sur ce sujet. De

nombreux pays ont organisé leurs propres événements sur la planification familiale pour développer des stratégies visant à mettre en oeuvre les engagements pris lors du Sommet de Londres. La CIPF offrira une plateforme pour mettre en évidence les avancées de la planification familiale dans le monde, ainsi que les obstacles et les manques devant être palliés.

Le programme de la Conférence inclura une cérémonie d'ouverture, des plénières quotidiennes, plusieurs sessions interactives de renforcement des compétences, des présentations, des sessions de posters, un forum consacré aux législateurs et aux décideurs, ainsi qu'un espace d'exposition. Des journalistes nationaux et internationaux seront invités à couvrir l'événement. En supplément, nous anticipons plusieurs événements satellites tels que des ateliers de formation, des réceptions et des rencontres. Nous attendons un public de 3,000 à 4,000 participants, dont des chercheurs, des directeurs de programmes, des décideurs et des représentants d'organisations donatrices internationales et de fondations philanthropiques, ainsi que beaucoup de jeunes leaders émergents dans le domaine de la planification familiale et de la santé reproductive. Les langues officielles de la Conférence seront l'anglais et le français.

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Family Planning

This post is also available in: [French](#)



Approximately 287,000 women die every year from problems caused by childbirth. The Bill & Melinda Gates Foundation estimates that approximately 1 in 4 women could be saved if they had global access to contraception. About 3.2 million infants die every year from preventative illnesses. If proper family planning measures are used The Bill & Melinda Gates Foundation estimates that 1 in 5 infants could be saved.

Family planning remains out of reach for many couples in low-income settings—more than 200 million couples in the developing world are unable to control the number and spacing of their births. In some African countries,

the level of unmet need for family planning exceeds the level of contraceptive use. Among the many technologies available to improve the human condition, family planning is one of the most cost-effective interventions with enduring health and welfare benefits for women, families, nations and the entire world. The coming decades will see a record number of young people entering prime reproductive ages, requiring the means to prevent unplanned pregnancy and achieve healthy timing and spacing of pregnancies. Reaching Millennium Development Goal 5b, universal access to reproductive health, requires comprehensive resource planning, which in turn requires a continually refreshed base of strong evidence, best practices and a wide range of contraceptive commodities.

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Planification familiale

This post is also available in: [Anglais](#)



Près de 356 000 femmes meurent chaque année en raison de problèmes liés aux naissances. La Fondation Bill & Melinda Gates estime qu'environ une femme sur 4 pourrait être sauvée en ayant accès à la contraception. Près de 3,2 millions de nouveaux nés meurent chaque année de maladie préventives. La Fondation Bill & Melinda Gates estime qu'en utilisant les mesures appropriées de planification familiale, un nouveau né sur 5 pourrait être sauvé.

La planification familiale demeure hors de portée pour de nombreux couples à bas revenus —plus de 200 millions de couples dans le monde en voie de développement ne peuvent contrôler ni le nombre ni l'écart entre leurs grossesses. Dans certains pays d'Afrique, le niveau de besoins insatisfaits en planification familiale dépasse celui d'usage contraceptif. Parmi les nombreuses technologies disponibles pour améliorer les conditions de vies de la population, la planification familiale constitue l'une des interventions les plus rentables, générant des bénéfices durables de santé pour les femmes, les familles, les nations et le monde entier. Les décennies à venir verront un nombre record de jeunes adultes entrant en âge de procréer, nécessitant des moyens adaptés pour prévenir les grossesses non planifiées. La garantie des Objectifs du Millénaire pour le Développement, particulièrement l'accès universel à la santé reproductive, nécessite une planification intégrale et complète, qui elle-même requiert d'un support continuellement actualisé d'indicateurs, données, meilleures pratiques et une large série de commodités contraceptives.



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Past conferences

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[First International Conference on Family Planning:](#)

November 15-18, 2009 in Kampala, Uganda

[Second International Conference on Family Planning:](#)

November 29 – December 2, 2011 in Dakar, Senegal

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Dernières Conférences

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La première Conférence Internationale sur la Planification Familiale:

Kampala, Uganda

La deuxième Conférence Internationale sur la Planification Familiale:

Dakar, Senegal

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Register

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Registration for the conference was available online. The registration fees were:

200 USD or 3,600 Ethiopian Birr (developing country)

300 USD or 5,400 Ethiopian Birr (developed country)

There was a 50 USD (900 Ethiopian Birr) discount for early-bird registration before September 30, 2013.

Terms & Conditions

- Participation is not guaranteed until full payment of the registration fee is received.
- Fees are due at time of registration. Normal registration ends Sep. 30, 2013. After this, registration fees increase by \$50/ 900 Birr.
- 80% of registration fees will be refunded if cancelled by October 31, 2013.
- 100% of registration fees will be refunded if the conference is cancelled.

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Inscriptions

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Inscrivez-vous à la Conférence Internationale de 2013 sur la Planification Familiale

Si vous êtes citoyen et habitant d'un pays en voie de développement, les frais d'inscription à la conférence sont de \$150 USD ou 2 700 Birr éthiopiens.

Si vous êtes citoyen d'un pays développé, les frais d'inscription à la conférence sont de \$250 USD ou 4 500 Birr éthiopiens.

Après le 30 septembre 2013, les deux tarifs augmenteront de \$50/900 Birr.

Tous les paiements doivent être effectués avant le 1er novembre 2013.

Inscriptions de Groupes

Si vous ou votre organisation prévoyez de payer les inscriptions de plus d'une personne avec le même mode de paiement, merci de vous enregistrer comme un groupe. Les inscriptions de groupes permettront à un administrateur du groupe d'inscrire plusieurs individus et de payer pour tous en une seule transaction. Les administrateurs du groupe ne sont pas obligés de s'inscrire à la conférence. Pour inscrire une personne, il vous faudra connaître son nom et son adresse email.

Accréditation de Presse

Pour demander une accréditation à la CIPF 2013, veuillez remplir le [Formulaire d'Accréditation de Presse](#).

Paiement par Carte de Crédit

Nous disposons d'un système de paiement par carte de crédit sécurisé, acceptant toutes les cartes Visa et Mastercard.

Virement bancaire

Vous pouvez aussi payer par virement bancaire. Un formulaire sera généré par le système et vous sera envoyé avec votre confirmation. Vous pouvez présenter ce formulaire à votre banque pour effectuer le virement: veuillez vous assurer de fournir à votre banque les informations de référence indiquées sur le formulaire.

Paiement en liquide

Votre paiement en liquide de USD\$150/2 700 Birr (pays en voie de développement) ou USD \$250/4,500 Birr (pays développés) devra être effectué avant le 30 septembre pour pouvoir bénéficier des prix d'inscriptions en pré-vente. Après le 30 septembre, le prix de l'inscription augmentera de \$50/900 birr. Le paiement devra être effectué avant le 1er novembre 2013. Vous ne serez enregistrés à la conférence que lors de la réception du paiement.

Pour payer en liquide, veuillez déposer votre facture avec votre paiement à l'adresse suivante:

Flawless Events, Bole Road – DH Geda Tower – Rez-de-Chaussée #09, Addis Abeba, Ethiopie

Téléphone: +251 11-618-6915 ou +251-11-618-6911

Portable: +251-911-513904

Email: icfp2013@flawlessevents.net.

Si vous vivez en Ehtiopie mais en dehors d'Adis Abeba, vous pouvez adresser le paiement par virement bancaire à Flawless Events:

Banque: Zemen Bank, S.C.

Agence: Siège

Titulaire: Flawless International Business, Plc

Numéro de compte: 1035110023461010

Conditions Générales

- Votre participation n'est pas garantie jusqu'à réception de l'intégralité de votre paiement.
- Le paiement doit être effectué dans les délais prévus à cet effet. Les inscriptions normales se terminent le 30 septembre 2013. Après cette date, les frais d'inscription augmentent de USD \$50/ 900 Birr.
- 80% des frais d'inscription seront remboursés en cas d'annulation avant le 31 octobre 2013.
- 100% des frais d'inscription seront remboursés si la conférence est annulée.

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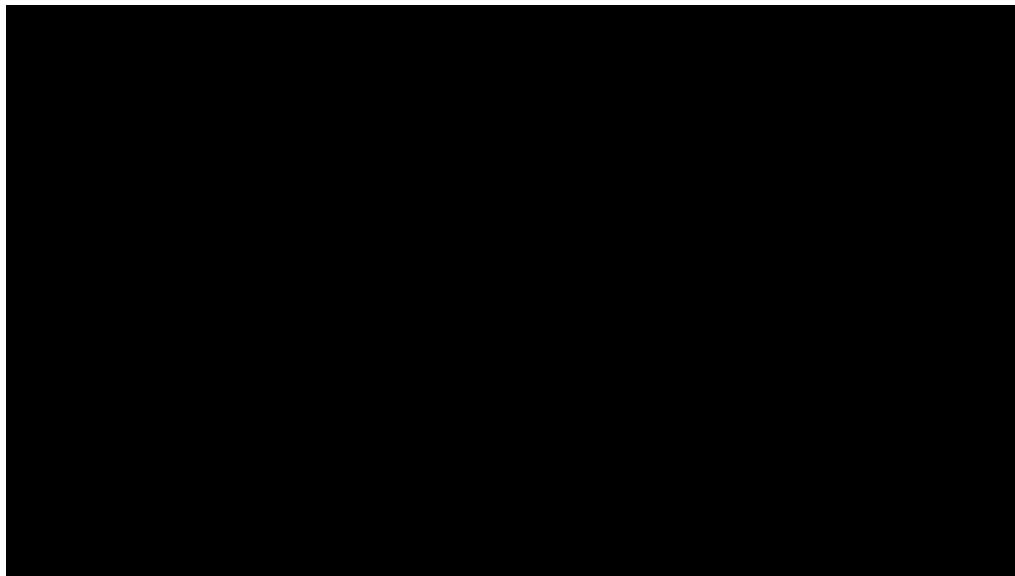
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Program

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[Conference Overview Video](#)

Conference Schedule

November 12, 2013 – Opening

4:00pm-7:00pm Opening Ceremony

Program

7:00pm-9:00pm Opening Reception

November 13, 2013 – Day 1

8:30am-10:00am Plenary

Poster Session 1 (10:00am-1:20pm)

10:00am-10:30am Tea Break

10:30am-11:50am Session 1

11:50am-12:00pm Transition

12:00pm-1:20pm Session 2

1:20pm-2:20pm Lunch

2:20pm-2:30pm Transition

2:30pm-3:50pm Session 3

Poster Session 2 (2:20-5:40pm)

3:50pm-4:20pm Tea Break

4:20pm-5:40pm Session 4

6:00pm-7:30pm Auxiliary Events

November 14, 2013 – Day 2

8:30am-10:00am Plenary

Poster Session 3 (10:00am-1:20pm)

10:00am-10:30am Tea Break

10:30am-11:50am Session 5

11:50am-12:00pm Transition

12:00pm-1:20pm Session 6

1:20pm-2:20pm Lunch

2:20pm-2:30pm Transition

2:30pm-3:50pm Session 7

Poster Session 4 (2:20-5:40pm)

3:50pm-4:20pm Tea Break

4:20pm-5:40pm Session 8

6:00pm-7:30pm Auxiliary Events

November 15, 2013 – Day 3

8:30am-10:00am Plenary

Poster Session 5 (10:00am-1:20pm)

10:00am-10:30am Tea Break

10:30am-11:50am Session 9

11:50am-12:00pm Transition

12:00pm-1:20pm Session 10

1:20pm-2:20pm Lunch

2:20pm-2:30pm Transition

2:30pm-3:50pm Closing Event

3:50pm-5:30pm Closing Ceremony



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- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
- [HLMM Final Report](#)
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Programme

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Horaires de la conférence

12 novembre 2013 – Inauguration

16h-19h Cérémonie d'ouverture

19h-21h Reception d'inauguration

13 novembre 2013 – Première journée

8h30-10h Plénière

Session de Posters 1 (10h00-13h20)

10h-10h30 Pause thé
10h30-11h50 Session 1
11h50-12h00 Transition
12h00-13h20 Session 2
13h20-14h20 Déjeuner
14h20-14h30 Transition
14h30-15h50 Session 3
Session de Posters 2 (14h20-17h40)
15h50-16h20 Pause thé
16h20-17h40 Session 4
18h-19h30 Événements partenaires

14 novembre 2013 – Deuxième journée

8h30-10h Plénière
Session de Posters 3 (10h-13h20)
10h-10h30 Pause thé
10h30-11h50 Session 5
11h50-12h Transition
12h-13h20 Session 6
13h20-14h20 Déjeuner
14h20-14h30 Transition
14h30-15h50 Session 7
Session de Posters 4 (14h20-17h40)
15h50-16h20 Pause thé
16h20-17h40 Session 8
18h-19h30 Événements partenaires

15 novembre 2013 – Troisième journée

8h30-10h Plénière
Session de Posters 5 (10h-13h20)
10h-10h30 Pause thé
10h30-11h50 Session 9
11h50-12h Transition
12h-13h20 Session 10
13h20-14h20 Déjeuner
14h20-14h30 Transition
14h30-15h50 Événement de clôture
15h50-17h30 Cérémonie de clôture

Publications récentes

- UN Secretary-General Commends Addis Call to Action
 - New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
 - HLMM Final Report
 - Family Planning Program in Senegal Drawn into Conflict with Religious Leaders
 - 2011 ICFP Journal Issue
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Plenaries

OPENING CEREMONY “Making a Difference through Sustained Political Commitment”

Political leaders have the ability to serve as powerful, visible advocates for national and global family planning. Family planning cuts across many critical issues: human rights, women's rights and empowerment, sustainable development, environment, poverty and equity. When political leaders support family planning, they have the power to impact all of these issues while also transforming public opinion and shifting social norms. Political leadership and support at the international, national and community level is critical to the success of family planning programs. Following a welcome to the conference and an introduction to Ethiopia, this plenary featured international political leaders who highlighted the importance and impact of sustained political commitment on family planning.

Click on the photo or name of each speaker to hear her/his address.

His Excellency Hailemariam Desalegn

Prime Minister of the Federal Democratic Republic of Ethiopia

H.E. Mr. Hailemariam Desalegn was born on 19 July 1965. He has a master's degree in Engineering and in Organizational Leadership, and taught for 12 years at the Arba Minch Institute of Technology, where he also served as Registrar, Vice-Dean, and Dean. A dedicated civil servant, H.E. Hailemariam Desalegn has held political positions at the



regional and federal level, including Deputy Prime Minister and Minister of Foreign Affairs. H.E Hailemariam Desalegn is married and a father of three.



Her Excellency Joyce Banda (video message)

President of the Republic of Malawi

Her Excellency, Mrs. Joyce Hilda Banda is the President of the Republic of Malawi. She took her oath of office on 7 April, 2012. She is Malawi's first female President and Africa's Second Female Head of State. She holds a Bachelor of Social Studies in Gender Studies from the Atlantic International University, USA and a Diploma in Management of NGOs from the International Labour Organization (ILO) Centre in Turch, Italy. Currently, she is completing a Master of Arts Degree in Leadership at Royal Roads University in Canada.



Her Excellency Yingluck Shinawatra (video message)

Prime Minister of the Kingdom of Thailand

Yingluck Shinawatra is Thailand's first female Prime Minister. Promoting the welfare of women and children is one of her national priorities. The Thai Women Development Fund, one of her many initiatives, will provide 100 million baht (US \$3.3 million) to 77 provinces with the objective of supporting women's participation in the national development process, ensuring the protection of women's rights, improving legislation in addressing domestic violence, and improving accessibility to education, funds and healthcare for women.

Her Excellency Dr. Nkosazana Dlamini-Zuma

Chairperson of the African Union Commission

Dr. Dlamini-Zuma is a lady of noble character and a visionary leader. She possesses an incredible passion for the African continent and its developmental ambitions, and she is a champion of the renewal of Africa. Working as part of the then Organisation for the African Unity (OAU) collective, she participated in a number of OAU delegations as a midwife to peace, stability, development and prosperity to the African continent.

Dr. Babatunde Osotimehin



Executive Director of the United Nations Population Fund

Dr. Babatunde Osotimehin, a physician and public health expert, is the fourth Executive Director of the United Nations Population Fund (UNFPA). He holds the rank of Under-Secretary-General of the United Nations. At UNFPA, he has introduced major reforms to make the Fund more field-focused and results-oriented. Dr. Osotimehin has also intensified efforts to promote the sexual and reproductive health and reproductive rights of women and young people, especially adolescent girls.

His Excellency Dr. Kesete-birhan Admasu

Minister of Health of the Federal Democratic Republic of Ethiopia

H.E. Dr. Kesete-birhan Admasu has served as the Minister of Health of the Federal Democratic Republic of Ethiopia since November 2012. A medical doctor by training with a master's degree in Public Health, he has dedicated his entire career to public service and scientific research. H.E was nominated as an outstanding 2013 Harvard Health Leader.

Ambassador Patricia Haslach

U.S. Ambassador to Ethiopia

Ambassador Patricia M. Haslach was sworn in as U.S. Ambassador to Ethiopia in August, 2013. Ambassador Haslach previously served as Principal Deputy Assistant Secretary in the Department of State's newest bureau, the Bureau of Conflict and Stabilization Operations. Prior to this, Ambassador Haslach was the State Department's Coordinator for Iraq Transition in the Office of the Deputy Secretary for Management and Resources. In this position, she was responsible for coordinating all Washington-based State Department aspects of the U.S. transition from military to civilian operations culminating with the

withdrawal of U.S. combat troops at the end of December 2011.

The Honorable John F. Kerry (video message)

The United States Secretary of State

On February 1, 2013, John Forbes Kerry was sworn in as the 68th Secretary of State of the United States after 28 years in the United States Senate. In 2009, Secretary Kerry became Chairman of the Senate Foreign Relations Committee, assuming a leadership role on key foreign policy and national security issues facing the United States, including Afghanistan and Pakistan, nuclear nonproliferation, and global climate change. His service as Chairman built on his previous Senate work that included helping to expose the Iran-Contra scandal and leadership on global AIDS.

Video transcript available [here](#).

Mr. Ronald J. Daniels

President of Johns Hopkins University



Ronald J. Daniels became the 14th president of The Johns Hopkins University in March 2009. Previously, he was provost and professor of law at the University of Pennsylvania and dean and James M. Tory Professor of Law at the University of Toronto. Since arriving at Johns Hopkins, President Daniels has focused on three overarching themes: enhanced interdisciplinary collaboration, increased student accessibility, and community engagement. As Chair of the Executive Committee for Johns Hopkins Medicine, he works closely with the trustees of Johns Hopkins Medicine, serving as a bridge between the university and

health system.

Dr. Christopher Elias

President of Global Development at the Bill & Melinda Gates Foundation

Dr. Elias leads the foundation's efforts in integrated and innovative delivery, finding creative new ways to ensure solutions and products get into the hands of people in developing countries who need them most. Dr. Elias oversees Global Development's portfolio in Agriculture Development; Family Planning; Financial Services for the Poor; Maternal, Newborn, & Child Health; Polio Vaccine Delivery; and Water, Sanitation & Hygiene.

Mr. Jose Rimon II

Deputy Director of the Bill & Melinda Gates Institute for Population and Reproductive Health

Jose "Oying" Rimon is the Deputy Director of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. He was a Visiting Professor and currently is a Senior Scientist faculty member of the Department of Population, Family and Reproductive Health. Prior to joining Johns Hopkins University, he worked in the Global Health Policy and Advocacy group of the Bill & Melinda Gates Foundation. He led the development and management of a portfolio of policy

and advocacy grants and partnerships covering family planning and reproductive health, and maternal, neonatal and child health, and nutrition. He was a member of the core planning team of the London Summit on Family Planning.

Dr. Catherine Bonga Baye

Republic of Cameroon, Emerging Youth Leader

Catherine is a medical doctor with clinical experience in family planning from the University of Yaoundé and the former president of the Cameroon English Speaking Medical Students Association (CAMESA). She has worked with youth in both medical and social settings and is a passionate champion for youth reproductive health as a key determinant for social and economic change.



Ms. Nigist Abebe

Ethiopian Health Extension Worker

Ms. Nigist Abebe is an Ethiopian Health Extension Worker. Ethiopia is committed to enabling women and men to choose the number, timing and spacing of their children through the use of proven family planning methods. The Government has built a women-centered health system, and family planning is an integral part of the efforts to improve the health of women and girls. The Health Extension Program has deployed more than 34,000 government-paid Health Extension Workers like Ms. Abebe in all rural kebeles (villages) of the country with the aim of providing an integrated package of primary healthcare services. Using nationally-prepared, well-structured, standard, and voluntary decision-making tools

in different local languages, the Health Extension Workers engage in offering clients thorough family planning information and counseling on methods including condoms, pills, injectable contraceptives and implants, or on the provision of referral services for methods not available through the Health Extension Program.

Mrs. Mihret Teferi

Ethiopian Couple

Mihret Teferi is a 25-year-old married woman. She works as a cleaner in a public facility, and her husband has a diploma and works as a civil servant. The couple has two children, a 7-year-old boy and 4-year-old girl. The family lives in Wongoa, a small semi-urban town in Southern region of Ethiopia.

Mrs. Meseret Defar

Ethiopian Long-Distance Runner

Mrs. Meseret Defar was born on November 19, 1983 in Addis Ababa. She is an Ethiopian female long-distance runner and currently holds the indoor record for the 3000 meter and 5000 meter race. A highly-decorated athlete, she has won two Olympic gold medals in the 5000 m race. Meseret is a UNFPA National Honorary Goodwill Ambassador in Ethiopia, championing the causes of women's empowerment, adolescent and youth sexual and





reproductive health, and HIV/AIDS. Meseret is married and has one child.

Ethiopia's Success with Family Planning (video)



"We Are Family Planning" (a video on Full Access, Full Choice)



"Voices of 2013" Time Capsule



The 2013 International Conference on Family Planning time capsule captured experiences, opinions, and hopes for 2013 to be opened in 2020. It provided an opportunity to reflect upon what family planning is today, and share aspirations for the future. Contributions to the time capsule added to the commitments made at the 2012 London Summit on Family Planning to support the right of women and families to decide whether, when, and how many children then have via the pledge to reach 120 million additional girls and women with family planning services and information by 2020.

WEDNESDAY PLENARY

“Achieving Equity through Women in Leadership”

As more women assume leadership roles within their communities, organizations, nations and beyond, strides are made towards greater gender equality among the decision-makers and influential leaders of the world. At the same time, female leadership often galvanizes equity advancements in other areas. In the case of family planning equity, women in leadership positions can have a profound impact on achieving the vision of “Full Access, Full Choice” regardless of status, location or circumstance. Female leaders can become powerful advocates for women and girls in the developing world, ensuring they have the same access to and choice of life-saving services and commodities as those in the developed world. This plenary will feature distinguished female leaders who will discuss the impact of powerful women on equity worldwide.



Mrs. Melinda Gates

Co-chair of the Bill & Melinda Gates Foundation

As co-chair of the foundation, Melinda Gates shapes and approves strategies, reviews results, and sets the overall direction of the organization. While involved in all the organization's endeavors, Gates' focus on keeping women and girls in developing countries at the heart of the global health and development agenda is a critical driver of her work at the foundation.



Her Excellency Roman Tesfaye

First Lady of the Federal Democratic Republic of Ethiopia

H.E. Mrs. Roman Tesfaye was born in Wolayita, Ethiopia. She has demonstrated unparalleled leadership skills while working with numerous organizations and serving on a number of committees, including her work spearheading initiatives in the Ministry of Women's Affairs while she was the Head of the Department of Women's Policy and Strategy. A mother of three daughters, First Lady Roman is interested in working on issues such as women's economic empowerment, education, maternal health and the wellbeing of children.



Professor Marleen Temmerman

Director of the Department of Reproductive Health and Research and of HRP at the World Health Organisation

Since 2012, Professor Temmerman has been the Director of the Department of Reproductive Health and Research (RHR), and of HRP – The UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction – at the World Health Organisation. RHR/HRP is the main instrument within the United Nations system for research in human reproduction and sexual and reproductive health, bringing together policy-makers and programmers, scientists, healthcare providers,

clinicians, consumers, and community representatives to identify and address priorities for research to improve sexual and reproductive health.



Ms. Carol S. Larson

President and Chief Executive Officer of the David and Lucile Packard Foundation

Carol S. Larson is president and CEO of the David and Lucile Packard Foundation. In 2012, the Foundation awarded over \$250 million in grants domestically and internationally in the program areas of Conservation and Science; Population and Reproductive Health; and Children, Families, and Communities.



Ms. Ellen H. Starbird

Director of the Office of Population and Reproductive Health at USAID

Ellen Starbird is the Director of USAID's Office of Population and Reproductive Health. Ellen has spent 23 years at USAID, previously serving as the Chief of the Policy, Evaluation, and Communication Division, and then as the Deputy Director of the office. She has an M.A. in Development Economics from the Fletcher School of Law & Diplomacy. Ellen is a strategic thinker with a strong background in monitoring and evaluation. She engages in managing all aspects of USAID's family planning and reproductive health portfolio.



Ms. Theo Sowa

Chief Executive Officer of the African Women Development Fund

Theo Sowa is CEO of the African Women's Development Fund (AWDF). She previously worked as an independent advisor with organizations including UNICEF, Stephen Lewis Foundation, and the African Union. Theo is a trustee of Comic Relief, board member of the Graça Machel Trust, and holds a public appointment as a board member of the Charity Commission for England and Wales. She was awarded a CBE in June 2010.

WEDNESDAY LUNCH PLENARY

Open House Symposium: “Making Quality Matter in Family Planning”

Over the past year, thanks to the collaborative efforts of donors, governments and civil society institutions, there has been a

renewed interest and commitment to improving access to family planning. Over the next decade, we will very likely see more women having access to voluntary contraception, thanks to efforts being rolled out in several countries. We recognize that at the center of all these efforts are women and young girls who despite wanting to avoid pregnancies are either unable to access contraception, are often denied the method of their choice, or are not provided with services that would enable continued and regular use of contraception.

In the early to mid 1990s research and evidence on the need to prioritize quality energized the field. But over the past two decades both research on quality of family planning and the policy and programmatic commitment to improving quality have not been prioritized as much. The call to focus on quality of family planning/contraception is oftentimes met with resistance because of what is described as the primary challenge of first improving access to services. Yet we know that a significant part of current unmet need is caused by a lack of quality resulting in high rates of discontinuation and continuing high rates of unmet need. Quality of care is fundamentally about a woman (client) centered approach to delivering information and services. Research demonstrates that quality of care is associated with increased contraceptive acceptance, continuation, client satisfaction, and improved health outcomes.

The David and Lucile Packard Foundation's Population and Reproductive Health Program invites you to participate in an open house symposium to collectively explore how we can make quality matter in family planning programs. Following brief inputs by a few leading experts, participants seated at round tables will have the opportunity to discuss these issues and propose innovative approaches to improving quality of family planning/contraception information and services. Participants may submit a brief description of their proposed innovations in a prescribed format. A panel of experts will select up to five innovative concepts to be further developed into full proposals, which will each receive a grant award of up to \$100,000 to support the innovations.

The session will be chaired by Tamara Kreinin, Director of the Population and Reproductive Health Program at the David and Lucile Packard foundation, and will feature a panel of three experts in quality of care.

THURSDAY PLENARY

“Building the Future: The Young and the Restless”

More than half of the world's population is under the age of 25. Youth are passionate, energetic, and powerful, and they will inherit our world, including the challenges that come with it. Issues that affect youth – education, the prevention of teenage pregnancy, gender equity and employment, to name a few – deserve the attention of policy-makers, researchers, and advocates of all ages. The youth plenary session will highlight some of the strongest and most promising programs that have been found effective in directly or indirectly impacting youth sexual and reproductive health and rights in different regions of the world. Future challenges and associated topics of successful programming related to the sexual and reproductive health and rights of young people will then be explored in a dialogue between young leaders and senior policy-makers.

Dr. Robert Wm. Blum

William H. Gates, Sr. Professor and Chair of the Department of Population, Family and Reproductive Health; and Director of the Hopkins Urban Health Institute at the Johns Hopkins Bloomberg School of Public Health

Dr. Blum is internationally recognized for his expertise and advocacy related to adolescent



health and well-being. He has edited two books and written over 250 articles, book chapters and reports. He is a Past-President of the Society for Adolescent Medicine, past board chair of the Guttmacher Institute, a member of the National Academy of Sciences and a consultant to UNFPA, UNICEF and WHO.

Berhane Hewan

Ethiopia (Population Council)

Over the last decade, Berhane Hewan has moved from a local pilot project to a program that is improving the lives of over 15,000 adolescent girls in Northern Ethiopian communities via a partnership with UNFPA. Through multi-sectorial interventions promoting social change and school retention, the program has successfully decreased early marriage and improved family planning practices among married adolescent girls.

PRACHAR

India (Pathfinder International)

Funded by the David and Lucile Packard Foundation and UNFPA, the Promoting Change in Reproductive Behavior of Adolescents (PRACHAR) program has been implemented in three phases in Bihar, India. Results from Phase I and Phase II show a delay in the age of marriage and an increase in contraception use among young married women as compared to those in the comparison areas.

PEGE-Programa H in Schools

Brazil (Instituto Promundo)

Programa H stimulates low-income young men in Brazil to question traditional gender norms and how such norms relate to sexual behavior. Using social marketing and interactive group sessions, the program has been found to positively influence gender equitable attitudes among young men and lead to healthier relationships.

Her Royal Highness Sylvia Nagginda

The Nnaabagereka of the Buganda Kingdom, Uganda

HRH is a traditional and cultural leader of the people of Buganda, the largest Kingdom in Uganda. She is the founder of the Nnaabagereka Development Foundation, which provides socio-economic development initiatives for children, youth and women. HRH is a Good Will Ambassador for the UNFPA and collaborates with UNAIDS, UNICEF, WHO and the Ministry of Health, as well as NGOs on community health related initiatives.

**Mr. Tewodros Melesse***Director General of the International Planned Parenthood Federation*

Mr. Melesse has over 29 years of experience with organizations committed to universal sexual and reproductive health and rights. He is a passionate advocate committed to working in strong partnership with governments, donors and not-for-profit organizations. As the IPPF Africa Regional Director from 2002-2011, he assisted with the development and adoption of the Africa Union Maputo Plan of Action.

Ms. Kate Gilmore*Deputy Executive Director (Programme) of the United Nations Population Fund*

Ms. Gilmore has more than 20 years of strategic leadership experience, working on social issues in her government and in not-for-profit organizations. Previously she served as coordinator and then programme development manager of the Royal Women's Hospital in Australia, as CEO of Broadmeadows Community Health Service and as manager of the division of community care in the Royal Women's Hospital. Ms. Gilmore later joined Amnesty International Australia as National Director and was then appointed Executive Deputy Secretary General of Amnesty International based in London.

Ms. Maria Angelica Botero, Republic of Colombia*Emerging Youth Leader*

Ms. Botero is a youth peer-educator and a board member of the National Young Leaders Network for SRH, through which she has instigated several national initiatives to prevent teenage pregnancy in Colombia. As a British Council Global Changemaker, Maria recently launched a sexuality education program for low-income families in Colombia, Jamaica, Guyana and the Bahamas.

Ms. Burcu Bozkurt, United States of America*Emerging Youth Leader*



Ms. Bozkurt is a public health analyst in RTI's Women, Children and Families Program. She is a women's rights advocate and has worked with youth on reproductive health and sustainable development in Turkey, Bangladesh, Vietnam and Mexico. Burcu earned her BSPH at the UNC Gillings School of Global Public Health and now serves on the Campus Y social justice center advisory board.



Ms. Barwani Msiska, Republic of Malawi

Emerging Youth Leader

Ms. Msiska is a Youth Engagement Advisor with the RESPOND Project in Malawi. She supports the Ministry of Health's Directorate of Reproductive Health in Youth Friendly Health Services Program and implements the national YFHS program's evaluation as a Technical Advisor. Barwani is currently working with district and national stakeholders to achieve Malawi's FP2020 goal.



Mr. Dakshitha Madhuka Wickremarathne, Democratic Socialist Republic of Sri Lanka

Emerging Youth Leader

Mr. Wickremarathne is a youth social worker and volunteer at the Family Planning Association Sri Lanka. He is a passionate youth SRH champion and a recognized public speaker. As part of the IPPF South Asian Regional Youth Network, Dakshitha has played a key role in shaping multiple family planning advocacy and awareness initiatives.

THURSDAY LUNCH PLENARY **“Successful Examples of Task-Shifting to Help Expand Access to Contraceptive Implants”**

After the 2012 London Summit on Family Planning, more and more countries are incorporating family planning into their public health programs. New laws are being passed to address policy, financial, delivery and social-cultural barriers to women accessing contraceptive information, services and supplies. One critical barrier remaining is the lack of trained health care professionals, particularly in rural settings, to insert and remove contraceptive implants. In the wake of new WHO guidelines, several countries have or are now piloting programs that support task-shifting for implant insertion, removals and counseling to midwives, nurses and community health workers. This panel will provide an update on the new WHO guidelines around task-

shifting, feature examples of where task-shifting has successfully been achieved, how evidence-based approaches can be used to support policy change, and provide a forum for countries and organizations that may be considering similar strategies to ask questions and take-away critical lessons.

**Pamela W. Barnes**

President and Chief Executive Officer, EngenderHealth

Pamela W. Barnes is President and Chief Executive Officer of EngenderHealth, a leading global women's health organization committed to ensuring that every pregnancy is planned, every child is wanted, and every mother has the best chance at survival.

**Leo Bryant**

Senior Policy Manager, Acting Head of Europe Office and RHSC Advocacy & Accountability Working Group Co-Chair, Marie Stopes International

Leo Bryant is Head of Europe Office and Senior Policy Manager at Marie Stopes International (MSI). He served four years as elected Chair of the UK's SRHR Network and two years as elected co-Chair of the Reproductive Health Supplies Coalition's Advocacy and Accountability Working Group.

**Dr. Shabana Zaem**

Country Director, Jhpiego, Pakistan

Dr. Shabana Zaem is Country Director of Jhpiego in Pakistan. She has over 30 years' experience in management, clinical services, training, curriculum design, and healthcare-related capacity building with a specific focus on reproductive health and family planning programs. She is also the team leader for the David Lucile and Packard Foundation funded Strengthening Postpartum FP in Pakistan Project.

FRIDAY PLENARY

“FP2020: Analyzing Progress, Catalyzing Action”

The London Summit on Family Planning catalyzed unprecedented political, public and private commitment to support the rights of an additional 120 million women and girls, no matter where they live, to choose and use contraceptive information,

services, and supplies by 2020. This plenary will serve as a platform to analyze global progress made since the 2012 London Summit. The conversation will explore achievements made by commitment countries, delve into donor commitments being fulfilled and accelerate action for new commitments.



Mr. Robert Clay

Deputy Assistant Administrator in the Bureau for Global Health at USAID

Robert Clay is USAID's deputy assistant administrator in the Bureau for Global Health. He previously served as director of the Office of HIV/AIDS and was responsible for leading the Agency's programs under the President's Emergency Plan for AIDS Relief.



The Honorable Lynne Featherstone ([video message](#))

Parliamentary Under Secretary of State for International Development of the United Kingdom

Lynne Featherstone was appointed as Parliamentary Under Secretary of State for International Development, leading the following areas within DFID: West and Southern Africa, East and Central Africa (excluding Somalia); Policy (excluding anti-corruption); The Global Fund to fight AIDS; tuberculosis and malaria eliminating; and violence against women and girls.

Dr. Caroline Phiri Chibawe

Acting Director of Mother and Child Health in the Ministry of Community Development and Mother and Child Health of the Republic of Zambia

Dr. Caroline Phiri Chibawe is the Acting Director of Mother and Child Health in the Ministry of Community Development and Mother and Child Health. Prior to this, Dr. Phiri was the National Emergency Obstetrics and Newborn Care (EmONC) Coordinator at Jhpiego Zambia, where she managed the scale up of EmONC in 53 districts within Zambia.

Ms. Sono Aibe

Senior Advisor for Strategic Initiatives at Pathfinder International

Sono Aibe is Senior Advisor for Strategic Initiatives at Pathfinder International. She works



on sexual and reproductive health program development in Asia. She also advances global and field advocacy strategies for family planning and serves as the technical lead for integrated health and environment programs in East Africa. Aibe worked for the Population and Reproductive Health Program of The David and Lucile Packard Foundation from 1996-2009. Prior to that, she implemented reproductive health projects in Southeast Asia with Japanese Organization for International Cooperation in Family Planning (JOICFP) in Tokyo.

She has degrees from Harvard University and Johns Hopkins Bloomberg School of Public Health.

FRIDAY LUNCH PLENARY

“Public-Private Sector Partnership: Solutions to Family Planning Challenges”

Welcome: Mr. Jose Rimon II, Bill & Melinda Gates Institute for Population and Reproductive Health

Moderator: Klaus Brill, Bayer HealthCare Pharmaceuticals

Panelists: Harald Nusser, Bayer HealthCare Pharmaceuticals Bayer Plans Continued Expansion of Business in sub-Saharan Africa

Ulrike von Gilardi, Social HealthCare Programs at Bayer Healthcare Pharmaceuticals New avenues to Meet demands for Family Planning

Annette Velleuer, Social HealthCare Programs at Bayer Healthcare Pharmaceuticals Jadelle Access Program: Responsible Cooperation between Donors and Manufacturers

John Townsend, Population Council International Contraceptive Access Foundation: Making LARC Available for Women in Need

Annette Velleuer

Ms Annette Velleuer is Director of Social HealthCare Programs at Bayer Healthcare Pharmaceuticals, Berlin, Germany . She is responsible for long-acting and reversible contraceptive methods. In 1990 she joined Schering AG as a sales representative in the business unit Women's Health. Within her current position she is working with multiple Bayer partners on international projects including the Bill & Melinda Gates Foundation on the Jadelle Access Program.

Ulrike von Gilardi, Social HealthCare Programs, Bayer HealthCare Germany



CLOSING EVENT

“Making Family Planning Integral to Development and the Post-MDG Agenda”

Family planning plays an integral role in every one of the Millennium Development Goals (MDGs) via its many health, social and economic impacts. Meeting unmet need for family planning can reduce maternal mortality by one third, reduce infant mortality by one fifth, and increase investments in human capital – not to mention the potential positive effects on education, poverty, women’s empowerment, equality, infectious disease prevention, economic development and environmental sustainability. As 2015 approaches and the international community looks to set goals beyond the Millennium Development Goals, it is crucial that family planning and reproductive health are prominent and well integrated within the post-MDG global agenda. This plenary will elaborate on the importance of family planning to sustainable national development and the role family planning must play in future global goals.



His Excellency Dr. Mustapha Sidiki Kaloko (to be confirmed)
Commissioner for Social Affairs of the African Union

His Excellency Dr. Mustapha Sidiki Kaloko is the Commissioner for Social Affairs at the African Union. The African Union spearheads Africa’s development and integration in close collaboration with African Union Member States, the Regional Economic Communities and African citizens. Before being appointed Commissioner, Dr. Mustapha Sidiki Kaloko served as UNDP Liaison Officer to the African Union. Prior to this appointment, he served the Medical Services Directorate of the African Union Commission for over 14 years in various capacities as Physician, Head and Physician Consultant. He has extensive experience of

medical practice in Ethiopia, Sierra Leone, and England.

Ms. Anuradha Gupta

Additional Secretary and Mission Director of the National Rural Health Mission in the Ministry of Health and Family Welfare of India

Ms. Gupta is a member of the Indian Administrative Services, which she joined in the year



1981. She has an MBA (Australia) and diverse and rich experience in policy, planning and program implementation. She has served on several Boards of Directors including the Indian Institute of Management (IIM), Ahmedabad and IIM, Bangalore. Prior to this, she was Joint Secretary for Reproductive and Child Health (RCH) in the Ministry of Health and Family Welfare.

Professor Dr. Fasli Jalal

Chairperson of the National Population and Family Planning Board (BKKBN)

Professor Dr. Fasli Jalal is the Chairperson of the National Population and Family Planning Board (BKKBN). Formerly the Vice Minister of National Education, he has also been a Professor in Clinical Nutrition at Andalas University, West Sumatra. He holds a PhD in Nutrition from Cornell University, USA, and has been awarded the Henry-Kauffman Prize for his contribution to advancing national higher education and the Asia Pacific Consortium of Public Health Award. During his professional career, he has worked as consultant with the World Bank, the Asian Development Bank, and the International Monetary Fund.

Ms. Elizabeth Lule

Director of Family Planning at the Bill & Melinda Gates Foundation

Elizabeth Lule, Director of Family Planning, leads the foundation's efforts for creating innovative ways to improve family planning outcomes in developing countries. She oversees the development of strategies to address the obstacles the world's poorest women face in gaining access to family planning information and services.

Dr. Jotham Musinguzi

Regional Director of Partners in Population and Development's Africa Regional Office (PPD ARO)

Dr. Jotham Musinguzi is a public health physician and an obstetrician and gynaecologist with a special interest in reproductive health, family planning and HIV/AIDS. He is the Regional Director of Partners in Population and Development's Africa Regional Office (PPD ARO). He chairs the Board of Directors of Population Services International (PSI) Uganda, and is currently a Trustee of the Population Council of New YorkCommon Wealth Medical Trust of London (COMMAT).



Excellence in Leadership (EXCELL) Awards

This ceremony will look towards the future of family planning by presenting Excellence in Leadership (EXCELL) Awards to acknowledge those who are leading the way forward. The awards will celebrate achievements, highlight best practices, and engender both a meaningful dialogue and a sense of healthy competition within the international family planning community.

Awards will be given at the:

- Country Level
- Organizational Level
- Individual/Team Level

CLOSING CEREMONY

“Sustaining Momentum, Building the Future”

The future success of the family planning movement depends on sustaining the recent international momentum to provide “Full Access, Full Choice” to life-saving family planning services and commodities for all women and girls. At this critical juncture, it is imperative that we assume the responsibility of ensuring continued progress towards this goal. Following the award ceremony, the organizers of the conference and political leaders will deliver closing statements on the momentum created in revitalizing the global family planning agenda.



His Excellency Dr. Tedros Adhanom Ghebreyesus

Minister of Foreign Affairs of the Federal Democratic Republic of Ethiopia

Dr. Tedros Adhanom Ghebreyesus is currently the Minister of Foreign Affairs of the Federal Democratic Republic of Ethiopia. Previously serving as Minister of Health, Dr. Tedros has dedicated his entire career to public service and scientific research focused on health concerns. A globally recognized malaria researcher, Dr. Tedros has co-authored numerous articles in prominent scientific publications. Minister Tedros is also recognized for his leadership in the rapidly-evolving field of global health and has worked steadily to enhance Ethiopia's active engagement in major international forums.

The Honorable Ms. Anne C. Richard

Assistant Secretary for Population, Refugees, and Migration at the United States Department of State

Anne C. Richard is Assistant Secretary of State for Population, Refugees, and Migration. The protection of women and girls is among her top priorities, which includes increasing access to reproductive health services. She served previously as Vice President of Government Relations and Advocacy for the International Rescue Committee and as Director of the Secretary's Office of Resources, Plans and Policy at the U.S. Department of



State.

Dr. Michael J. Klag

Dean of the Johns Hopkins Bloomberg School of Public Health

Dr. Klag is an author of over 200 publications and was Editor-in-Chief of the Johns Hopkins Family Health Book. A chronic disease epidemiologist, Dr. Klag's scientific contributions have been in the prevention and epidemiology of kidney disease, hypertension and cardiovascular disease. He earned his medical degree at the University of Pennsylvania and his MPH degree from the Johns Hopkins School of Hygiene and Public Health.

The Honorable Dr. Kebede Worku

State Minister of Health of the Federal Democratic Republic of Ethiopia

Dr. Kebede, born in Ethiopia in 1973, is married and a father of two. He graduated from Addis Ababa University with a medical degree in July 1998. He has worked as a physician and medical director of a hospital in the rural Oromia Regional State in Ethiopia. He was assigned as the West Hararghe Zone Health Office Head in March 2003, coordinating public health services in the zone of approximately 1.8 million people.



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Policy

This post is also available in: [French](#)

HLMM Final Report: The Youth Dividend—Return on Investment in Family Planning Réunion Ministérielle de Haut Niveau: Dividende des Jeunes—Retour sur Investissement dans la Planification Familiale



2013 High-Level Ministerial Meeting (HLMM) at the International Family Planning Conference

On November 12, 2013, African government Ministers, high-level policymakers and distinguished guests met in Addis Ababa, Ethiopia, to discuss promising avenues for investing in the health and well-being of young people under the theme: "The Youth Dividend: Return on Investment in Family Planning."

The day-long meeting focused on the potential of such investments, particularly in family planning, to benefit young people now and to accelerate economic growth and development. Population dynamics in many African countries present challenges

to meeting the needs of children and young people as they come of age and seek to apply skills acquired through schooling, join the labor force, form families and participate in society. Policymakers across Africa are taking action to set economic, education and health policies for youth that support their ability to improve their own prospects for health, well-being and financial security and contribute to poverty reduction in the long term. The meeting provided the opportunity for African leaders to learn from one another and to make clear their commitment to meeting the needs of young people in their countries. Such investment is an essential ingredient to realizing a demographic dividend — the economic growth that may result from a rapid decline in fertility and subsequent changes in a country's population age structure.

More than 350 participants from 47 countries gathered to discuss the current and future benefits of investing in family planning for young people. These participants included 26 leaders from African ministries of health, youth, economic planning and development, and finance, 75 additional ministerial representatives and 15 members of parliament. More than 100 individuals from the donor community were present as well as 136 distinguished guests from non-governmental organizations.

The report from the High-level Ministerial Meeting of the International Conference on Family Planning contains key themes and policy actions that resulted from the meeting, and is available in [English](#) and [French](#).

Documents:

[Meeting Report \(English\)](#)

[Meeting Report \(French\)](#)

[Meeting Agenda \(English\)](#)

[Meeting Agenda \(French\)](#)

Please send any queries about the High-level Ministerial Meeting to hlm@fpconference2013.org.



Recent Posts

• [UN Secretary-General Commends Addis Call to Action](#)

• [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)

• [HLMM Final Report](#)

• [Family Planning Program in Senegal Drawn into Conflict with Religious Leaders](#)

• [2011 ICFP Journal Issue](#)

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Politique

This post is also available in: [Anglais](#)



Réunion Ministerielle de Haut Niveau lors de la Conférence Internationale sur la Planification Familiale de 2013

Le 12 novembre 2013, des ministres, des décideurs de haut niveau et des donateurs se réuniront pour discuter du thème: "Dividende des Jeunes: Retour sur investissement dans la planification familiale".

La réunion ouvrira le dialogue entre différents leaders africains sur les opportunités d'investissement dans la santé et le bien-être des jeunes, ainsi que ses implications pour la croissance économique et le développement. Les dynamiques démographiques de nombreux pays africains posent de nouveaux défis pour répondre aux besoins des enfants et des jeunes qui arrivent à l'âge de chercher un emploi, souhaitant mettre en pratique les connaissances acquises à l'école, et rejoindre la population active du pays, fonder une famille et participer à la vie sociale. Les politiques économiques, l'éducation et la santé bien planifiées peuvent accroître la productivité des jeunes et relancer la croissance économique, tout en augmentant les revenus des ménages.

Le 12 novembre 2013, 356 participants de 47 pays se sont réunis à Addis Abeba, en Éthiopie, pour la Réunion Ministérielle de Haut Niveau (RMHN) de la Conférence Internationale sur la Planification Familiale (CIPF 2013). Ont participé à cette rencontre 26 leaders des ministères africains de la santé, de la jeunesse, des finances, de la planification économique et du développement, 75 représentants ministériels additionnels et 15 parlementaires. Plus de 100 membres de la communauté des bailleurs de fonds étaient présents, et 136 invités d'honneur d'organisations non gouvernementales se sont joints à l'événement.

Le rapport contient les principaux thèmes et les actions politiques qui ont résulté de la réunion, et est disponible en [anglais](#) et en [français](#).

Documents:

[Rapport de la réunion \(Anglais\)](#)

[Rapport de la réunion \(français\)](#)

[Agenda Réunion \(Anglais\)](#)

[Agenda Réunion \(français\)](#)

Pour plus d'information à propos de la Réunion Ministérielle de Haut Niveau, veuillez contacter hlm@fpconference2013.org.

Publications récentes

- [UN Secretary-General Commends Addis Call to Action](#)
- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
- [HLMM Final Report](#)
- [Family Planning Program in Senegal Drawn into Conflict with Religious Leaders](#)
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EXCELL Awards

This post is also available in: [French](#)

The Excellence in Leadership for Family Planning Awards, or the EXCELL Awards, provide an opportunity to celebrate progress being made within our communities to increase access to and use of voluntary family planning information and services. On November 15, 2013, the last day of the International Conference on Family Planning, conference organizers publicly announced the first-ever EXCELL award recipients and honored their achievements.

Awards were given at three levels: the individual/team, organization/facility, and country levels. Nominations for these awards were submitted by supporters of family planning from across the world, including program implementers, advocates, faith-based leaders, members of academia, staff of various foundations and international organizations, and several political leaders. Close to 100 unique, eligible nominations were received across the three award categories. A Special Awards Committee—comprised of diverse representatives from donors, UN agencies, foundations, international NGOs, and representatives from the South—then used publicly posted selection criteria to identify recipients.

Though the below information provides only a brief overview of the contributions the EXCELL award recipients have made to the family planning field, their achievements and approaches deserve to be highlighted and discussed within our community. Their activities hold valuable lessons for those both within and beyond the borders of their respective countries and regions, and represent the progress that can be made when women and couples are provided with full access and full choice to plan their families.

EXCELL individual/team level recipients:

[Dr. Bocar Mamadou Daff, Senegal](#)

[Dr. Mengistu Asnake, Ethiopia](#)

EXCELL organization/facility level recipients:

Blue Ventures, United Kingdom (for its work in Madagascar)

Banja La Mtsogolo, Malawi

EXCELL country level recipient:

Government of the Republic of Malawi

ICFP Special Recognition:

During the award ceremony the ICFP organizers also issued a separate, Special Recognition to a leader in the family planning field, the [Government of the Federal Democratic Republic of Ethiopia](#).



Representatives of the Government of Malawi accept the EXCELL award at the country level. (Left: Dr. Charles Mwansambo, Permanent Secretary for Health; Right: Honorable Ralph Jooma, Minister of Economic Planning and Development). Photo credit: David Colwell.



Representatives of the Government of Malawi accept the EXCELL award at the country level. (Left: Dr. Charles Mwansambo, Permanent Secretary for Health; Right: Honorable Ralph Jooma, Minister of Economic Planning and Development). Photo credit: David Colwell.



The EXCELL award presented to Blue Ventures at the organization/facility level. Photo credit: David Colwell.



Ms. Prisca Masepuka accepts an EXCELL award at the organization/facility level on behalf of Banja La Mtsogolo of Malawi. From left to right: Dr. Amy Tsui (Bill and Melinda Gates Institute for Population and Reproductive Health),

Ms. Prisca Masepuka (Banja La Mtsogolo), Hon. Dr. Kesete-birhan Admasu (Government of the Federal Democratic Republic of Ethiopia). Photo credit: David Colwell.



Recipients of the EXCELL award at the individual team level, Dr. Mengistu Asnake of Ethiopia (left) and Dr. Bocar Mamadou Daff of Senegal (right), congratulate one another. Photo credit: David Colwell.



Ms. Caroline Savitzky accepts an EXCELL award at the organization/facility level on behalf of Blue Ventures, for its work in Madagascar. From left to right: Dr. Amy Tsui (Bill and Melinda Gates Institute for Population and Reproductive Health), Ms. Caroline Savitzky (Blue Ventures), Hon. Dr. Kesete-birhan Admasu (Government of the Federal Democratic Republic of Ethiopia). Photo credit: David Colwell.



Dr. Bocar Mamadou Daff of Senegal accepts an EXCELL award at the individual/team level. From left to right: Dr. Amy Tsui (Bill and Melinda Gates Institute for Population and Reproductive Health), Dr. Bocar Mamadou Daff (Government of Senegal), Hon. Dr. Kesete-birhan Admasu (Government of the Federal Democratic Republic of Ethiopia). Photo credit: David Colwell.

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Prix EXCELL

This post is also available in: [Anglais](#)

Les nominations seront désormais acceptées jusqu'au 27 Septembre, 2013

Prix d'Excellence de Leadership pour la Planification Familiale (EXCELL)

Les organisateurs de la Conférence Internationale de 2013 sur la Planification Familiale (CIPF 2013) sont heureux d'annoncer le premier Prix d'Excellence de Leadership pour la Planification Familiale (EXCELL)!

Après le succès du Sommet de Londres pour la Planification Familiale (2012) et la première année du Projet Planification Familiale 2020 (FP2020), le Prix EXCELL présente une opportunité pour célébrer les avancées significatives vers l'augmentation de l'accès aux services et à l'information sur la planification familiale volontaire. Le Prix reconnaîtra différents acteurs opérant à différents niveaux:

- **Pays:** Cette récompense reconnaîtra les accomplissements extraordinaires d'un gouvernement, démontrant son approche de discussion et de diffusion entre différentes parties prenantes et partenaires.
- **Organisation/Structure:** Cette récompense reconnaîtra les contributions des acteurs ou entités non-gouvernementaux travaillant au niveau national dans un ou plusieurs des domaines suivants: prestation de services, plaidoyer/soutien politique, recherche, et création de la demande pour la planification familiale.
- **Individu/Équipe:** Cette récompense reconnaîtra les acteurs dont les efforts ont été cruciaux pour augmenter l'accès

à la planification familiale volontaire, mettant l'accent sur leur engagement et leurs accomplissements.

Les gagnants seront annoncés et honorés publiquement lors de la cérémonie de clôture de la CIPF à Addis Abeba, en Éthiopie, le 15 novembre 2013.

Que devez-vous savoir?

- **Les nominations seront acceptées jusqu'au 27 septembre 2013.**
- Les nominations devront être envoyées électroniquement au travers du formulaire correspondant [ici](#).
- Vous trouverez ci-dessous des informations concernant le profile de personnes et organisations pouvant être nominées, les critères de sélection/éligibilité pour chaque catégorie, ainsi que des instructions supplémentaires.

Pour toutes questions concernant le Prix EXCELL, veuillez contacter info@fpconference2013.org.

Les organisateurs de la CIPF 2013 vous invitent à envoyer vos nominations!
Cliquez [ici](#) pour remplir le formulaire.

REGLES ET INSTRUCTIONS

A. Nominations

La date limite d'envoi des nominations est le 27 septembre 2013.

Le formulaire de nomination est disponible [ici](#). Les nominations ne peuvent être envoyées au travers d'autres mécanismes. Toute submission incomplète à la date limite d'envoi des dossiers sera disqualifiée.

Les nominations peuvent être proposées par des individus affiliés à des organisations publiques ou privées engagées dans des activités de planification familiale, des institutions focalisées sur la population, et des universités d'études sur la population et la santé reproductive. Les nominations peuvent également être proposées par des représentants de gouvernements des [69 pays du FP2020](#), ainsi que des représentants de fondations ou gouvernements donateurs du FP2020, à condition que le représentant ne fasse pas partie du Comité de Sélection du Prix.

Seule une nomination par catégorie pourra être proposée par individu ou organisation.

B. Éligibilité

Les employés de l'Institut Gates et de l'Institut Futures ne sont pas éligibles pour recevoir un Prix dans aucune catégorie. Tout gouvernement impliqué dans la mise en oeuvre de ce Prix ou dans la sélection des gagnants ne pourra pas non plus être éligible pour y postuler.

C. Catégories et critères de sélection

Catégorie Pays

Éligibilité:

- Gouvernement de l'un des **69 pays du FP2020**
- Jusqu'à deux récompenses pourront être données dans cette catégorie

Critères de sélection:

- Augmentation récente du taux de prévalence contraceptive moderne
- Égalité dans les services et l'information sur la planification familiale, y compris l'accès aux personnes défavorisées et aux populations marginalisées et vulnérables.
- Engagement pour le choix informé et les droits de l'Homme
- Engagement pour l'augmentation et la disponibilité d'une large gamme de méthodes au plus bas niveau du système de santé
- Qualité des soins, services et information de planification familiale
- Cohérence des activités du gouvernement avec les **principes du FP2020**

Indicateurs:

- Changement du taux de prévalence contraceptive entre deux enquêtes EDS récentes (ou autre source de données de qualité comparable, si l'EDS n'est pas disponible; à vérifier par les analyses de l'Institut Futures).
- Demande de planification familiale satisfait, désagrégée par des variables socio-démographiques clés ou autre source de données de qualité comparable, si l'EDS n'est pas disponible; à vérifier par les analyses de l'Institut Futures).
- Preuve des efforts concentrés sur la protection du choix informé et des droits de l'Homme dans la politique du pays, la conception de programmes et leur mise en oeuvre (de préférence au travers de mécanismes de transparence et de rapports pour identifier et remédier aux violations des droits de l'Homme).
- Preuve que le gouvernement travaille activement à l'augmentation des méthodes de PF dans les communautés et les structures figurant au bas de l'échelle du système de santé, en utilisant des stratégies innovantes.
- Preuve que le gouvernement travaille activement pour garantir et augmenter la qualité des soins dans les services de planification familiale, y

compris au travers du conseil, mesures de contrôle d'infections, etc.

- Preuve que les activités du gouvernement sont du reste cohérentes avec les **principes du FP2020**

Catégorie Organisation/Structure

Éligibilité:

- Entités et/ou acteurs non gouvernementaux travaillant au niveau national dans un des **pays du FP2020**, dont les activités se concentrent sur l'un des thèmes suivants: prestation de services, plaidoyer, recherche ou création de la demande dans le domaine de la planification familiale.
- Les organisations affiliées ou membres d'une organisation internationale peuvent être éligibles à condition qu'elles aient un niveau raisonnable d'autonomie (à déterminer par le Comité de Sélection).
- Jusqu'à deux récompenses pourront être données dans cette catégorie, à condition que les avancées capitales de chaque organisation/structures soient identifiées dans des domaines d'activités différents (par exemple, il n'y aura pas plus d'une récompense pour les progrès démontrés en prestation de services, etc.)

Critères de sélection:

- Le travail des organisations/structures gagnantes devra inclure des percées significatives dans un des domaines d'activités suivants:
 - Prestation de services et diffusion d'informations sur la planification familiale
 - Création de la demande
 - Plaidoyer
 - Recherche
- Les activités de l'organisation/structure devront être du reste cohérentes avec les **principes du FP2020**

Indicateurs:

- Preuve d'une avancée capitale dans au moins un des domaines d'activités de la liste ci-dessus. « Avancée capitale » signifie ici une approche, un résultat de recherche ou un résultat de programme ayant permis d'augmenter de l'accès et l'utilisation des services et informations sur la

planification familiale volontaire.

- Démonstration de la portée/impact de l'avancée identifiée, ou de son potentiel.
- Preuve que les contributions de l'organisation/structure ont été nécessaires ou hautement importantes dans l'accomplissement de l'avancée identifiée.
- Preuve que les activités de l'organisation/structure sont du reste cohérentes avec les principes du FP2020.

Catégorie Individu/Équipe

Éligibilité:

- Individus ou équipes (de deux personnes ou plus) travaillant au sein d'un gouvernement ou d'une structure non gouvernementale dans l'un des **69 pays de FP2020**
- Jusqu'à deux récompenses pourront être données dans cette catégorie

Critères de sélection:

- Le travail de l'individu/équipe inclut des avancées capitales dans au moins l'un des domaines d'activités suivants:
 - Prestation de services et diffusion d'informations sur la planification familiale
 - Création de la demande
 - Plaidoyer
 - Recherche
- Les activités de l'individu/équipe devront être du reste cohérentes avec les **principes du FP2020**

Indicateurs:

- Preuve d'une avancée capitale dans au moins un des domaines d'activités de la liste ci-dessus. « Avancée capitale » signifie ici une approche, un résultat de recherche ou un résultat de programme ayant permis d'augmenter l'accès et l'utilisation de services et informations de planification familiale.
- Démonstration de la portée/impact de l'avancée identifiée, ou de son potentiel.
- Preuve que les contributions de l'individu/équipe ont été nécessaires ou

hautement importantes dans l'accomplissement de l'avancée identifiée.

- Preuve que les activités de l'individu/équipe sont du reste cohérentes avec les principes du FP2020.

D. Processus de sélection

L’Institut Bill & Melinda Gates pour la Population et la Santé de la Reproduction formera un Comité Spécial de Sélection, composé de différents représentants de bailleurs de fonds, agences onusiennes, fondations, ONG internationales et organisations basées dans les pays du Sud.

Les membres du Comité de Sélection associés ou dont l’organisation est affiliée à un nominé dans une catégorie en particulier, ne pourront en aucun cas participer au processus de sélection de cette catégorie.

Si aucun des nominés n'est estimé mériter le Prix EXCELL dans une catégorie spécifique, cette catégorie pourra alors demeurer sans gagnant.

E. Présentation des récompenses

Les gagnants du Prix seront informés de leur sélection par les co-organisateurs de la CIPF en octobre 2013.

Les gagnants seront annoncés publiquement et honorés lors de la cérémonie de clôture de la CIPF 2013 (le 15 novembre) à Addis Abeba, Éthiopie.

Toutes questions concernant le Prix EXCELL peuvent être adressées à info@fpconference2013.org.

Publications récentes

- [UN Secretary-General Commends Addis Call to Action](#)
- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
- [HLMM Final Report](#)
- [Family Planning Program in Senegal Drawn into Conflict with Religious Leaders](#)

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IBP Sessions

This post is also available in: [French](#)

IBP TRACK: ADDRESSING IMPLEMENTATION AND SCALING UP CHALLENGES

8 Interactive Sessions focusing on Effective/High Impact Practices, Fostering Change for Scale-up and Partnerships

The IBP Initiative is leading eight interactive sessions to provide an overview of evidence based practices that address common challenges in FP programming, share examples of scale up attempts at a country level, and highlight the role of partnerships to support scale up efforts. Tools and resources which assist in implementation of practices at the country level will be shared and discussed. IBP members from regional and country level counterparts will be present in all sessions, bringing a field perspective to the deliberations. More action is needed to scale up practices that can expand access to family planning services for everyone who needs them. Recognizing the rich experiences of all participants, the sessions will enable the sharing of lessons learned on using practical, tested programmatic tools and approaches to address ways to take knowledge and experience to action.

Session One: Facilitating Private Sector Engagement The private sector, both the NGO and for-profit sectors, is a vital component to a holistic health system, helping to meet all people's FP/RH needs and desires – especially given the limits to many government health budgets. However, there are a variety of barriers and challenges to engaging and working with this sector. The session objectives are to: 1) introduce participants to a selection of best practices that help to improve the private

sector's ability and efficacy, to deliver high-quality family planning information and services; 2) Understand implementation and scale-up opportunities and challenges related to these practices; 3) Learn about tools that can be used to help with the implementation and scale-up of these practices.

This interactive session will have groups problem solving through case studies to highlight challenges and opportunities associated with partnering with the private sector. Discussions will focus on how they can help improve implementation and scale-up of FP programs as a whole. A selection of tools will also be demonstrated that can be used to assist in implementation and scale-up of effective practices.

Session Organizers: Abt Associates, Marie Stopes International, Futures Group, PSI, Jhpiego

Contact person: Robin Keeley, Robin_Keeley@abtassoc.com

Room: Conference Hall 4, 3rd Floor

Session Two: Overcoming socio-cultural barriers, myths and misconceptions to scale up family planning services FP programs have made progress over the last 30 years, but are often stymied by socio-cultural barriers and myths/misconceptions that keep women and men from using FP and make scale up a challenge. These root causes of low CPR and high TFR can be complex and context specific, though some barriers such as provider bias and fear of side-effects are found across many settings. The session's objectives are to: 1) identify how specific socio-cultural barriers and myths/misconceptions about FP continue to hinder scale up of FP services; 2) share examples of innovative approaches/effective high impact practices to involve key populations and address socio-cultural barriers that can facilitate scale-up of FP services and 3) identify key elements of the fostering change for scale up process that would be most effective to ensure sustainability of scaled-up services. This interactive session will engage participants in a dialogue to start thinking differently about addressing socio cultural barriers, myths and misconceptions about FP. Innovative approaches used with different key populations will be shared in small groups, with special attention to how this has contributed to the scale-up process in their country.

Session organizers: PlanUSA, Pathfinder, JHU/CCP, Population Media Center, Jhpiego, FHI360

Contact person: Laurette Cucuzza, Laurette.Cucuzza@planusa.org

Room: Conference Hall 4, 3rd Floor

Session Three: Increasing Donor Commitment and Coordination for Scale-up FP 2020 relies on the assumption that effective interventions on FP will be taken to, and implemented at scale. Donors agree that this requires the knowledge-base on scale-up to be strengthened, specifically addressing how to take programs that have already been proven effective to scale. Building on the recommendations from the FP Donor Research Meeting held in December 2012, the session objectives are to: 1) Reinforce the importance of generating evidence and research on scale-up to inform current and future programs; 2) Encourage coordination and collaboration both among donors and between donors and implementing partners in order to address key knowledge gaps 3) encourage implementing partners to identify opportunities to leverage resources in order to address knowledge gaps while supporting scale-up efforts.

The session will focus on several technical areas under which there is limited evidence regarding how to effectively take interventions to scale: gender and adolescents, financing and the private sector, and policy. Donor representatives will give a short overview of what they perceive are the key concerns regarding scale-up in one of the technical areas, such as how interventions and scale-up align with donor and country priorities, current gaps, and the importance of evidence-based interventions for scale-up. Following the panel presentation, the audience and panelists will form groups around each question and address issues such as: Is there agreement that this area is a knowledge gap? Is there work happening in countries that

could help fill that gap? What have those country experiences been? How can work be better coordinated in this area? How can we strengthen donor commitment to scale-up in these areas?

Session Organizers: The Alliance for Reproductive, maternal and Newborn Health, USAID, Jhpiego, IntraHealth, Pathfinder International

Contact Person: Molly Canty, mcanty@rmnh-alliance.org

Room: Conference Hall 4, 3rd Floor

Session Four: Scaling Up Integrated Services Integrating FP and other services continues to expand and some models of integration have been identified as High Impact Practices (HIPs) for FP service delivery and are being scaled up. However, challenges in sustaining scaled-up initiatives are many and often prevent sustainability. Session objectives are to: 1) review the evidence around various models of FP integration, 2) discuss strategies for overcoming challenges to taking new models of service integration to scale and sustaining them; 3) access a list of tools and resources to support implementation of FP service integration models in health and non-health sectors and 4) identify gaps in evidence to guide decision-making around scale-up of integration modalities.

After an overview of potential integration models and health systems issues to consider with respect to integration, the participants will divide into groups to discuss case studies involving different areas of integration such as: youth friendly standards in RH, immediate post-partum FP, FP and immunization, FP in HIV services and vice versa, FP in private sector maternities and FP in the workplace. Discussion will focus on the model identified, health systems issues, resource requirements, and measurement.

Session Organizers: Jhpiego, MSH, Population council, FHI360, USAID, Abt Associates, PSI, Meridian Group International

Contact person: Anne Pfitzer, Anne.Pfizer@jhpiego.org

Room: Conference Hall 4, 3rd Floor

Session Five: Shortage of Health Workers – How Task Shifting/Sharing Can Support FP Programs The all too common shortage of health workers is often a barrier to providing access to contraceptive choice and services. WHO's 2012 task shifting guidelines identify approaches to utilize health workers with multiple levels of training to deliver FP services. The session objectives are to: 1) provide an overview of evidence-based strategies for overcoming the shortage of health workers including task shifting/sharing; 2) provide resources to participants to implement task shifting/sharing; 3) provide guidance on scaling up task shifting/sharing strategies.

A brief summary of selected country experiences on task shifting for FP will be followed by small group discussions based on country experiences and focused on 1) policies and guidelines to aid in scaling up task-shifting, 2) introduction, implementation and maintaining quality while scaling up programs.

Session Organizers: Pathfinder International, IntraHealth, FHI360, JSI

Contact person: Candace Lew, Clew@pathfinder.org

Room: Conference Hall 4, 3rd Floor

Session Six: Fostering Change to Scale-up Access to Long Acting and Permanent Methods (LAPMs)

LAPMs have a number of benefits including that they are: highly effective, appropriate both for women wanting to space or limit the number of children, do not require regular action by user and do not fail because of user error, have higher

continuation rates than shorter-acting methods, avoid the need for ongoing resupply and lower the burden on health systems, popular among women and men, cost effective. Despite these advantages, access to LAPMs are often restricted and issues such as stock-outs, a lack of trained providers, fears of side-effects, inadequate support and counseling, high costs and other barriers persist. Well informed, confident, and supported clients with a genuine choice between FP methods is the reality we strive to create. But how do we foster the changes needed to realize this ideal? And, how do we bring these solutions to scale? Objectives of the session are to: 1) Identify challenges and share solutions to increase clients' access to LAPMs, 2) focus on high impact practices that ensure access from client's point of view (demand side).

An introduction to the session will orient partners to issues of demand side problems in scaling up LAMP service delivery. The session will consist of small, self-selected groups discussing different aspects of access. Participants will work with organizers to "problem solve" a scale-up challenge for access using elements of the IBP *Guide to Fostering Change to Scale Up Effective Health Services*.

Session Organizers: EngenderHealth, MSI, Jhpiego, PSI, FHI360, Pathfinder International, JSI

Contact person: Sarah Thurston, Sarah.Thurston@mariestopes.org.uk

Room: Conference Hall 4, 3rd Floor

Session Seven: Getting Contraceptives to people: avoiding stock-outs

Contraceptive security exists when every person is able to choose, obtain, and use quality contraceptives, including condoms, for family planning and for preventing sexually transmitted infections. One of the biggest hurdles to improving contraceptive security is a lack of reliable contraceptive supply. This poses a particular challenge during the scale-up of family planning programs. Session objectives are to: 1) raise awareness of challenges and opportunities to strengthen and scale up supply chain management systems to be able to respond to an ever-changing environment, and 2) orient participants to tools/resources to monitor and address stock-outs and plan for scale-up.

A brief presentation on global challenges and opportunities will be followed by small group interactive sessions discussing evidence-based practices for scale-up at the Global, Country, and Community level. Specific tools used to plan and monitor contraceptive supply will be shared.

Session Organizers: IPPF and JSI

Contact person: Marcella Rueda, mruedagomez@ippf.org

Room: Conference Hall 4, 3rd Floor

Session Eight: Addressing Multi-level Policy Barriers to Family Planning Strong national government FP policies are a critical starting point for expanding and scaling-up family planning programs. However, these policies must be accompanied by practical operational policies and strategies addressing financial and service delivery barriers particularly among certain target populations, e.g., youth, unmarried women, PLWHIV, the poor, etc. The objectives of the session are to: 1) highlight key public and private sector policy barriers at national, sub-national, local and community levels that impede rapid scale-up of family planning service programs, 2) describe evidence-based practices and tools that have been used to help operationalize policies in order to scale-up best practices in FP service delivery, 3) identify approaches to effective partnerships in order to support sustainable scale-up.

After a brief overview of the issues related to policy implementation and their relationship to scale-up of FP services, the

participants will break into groups to discuss different areas of policy issues such as financing, human resources, private sector involvement. Each group will address 1) what have been key policy barriers under each area, 2) what approaches/tools/solutions were implemented to overcome these issues 3) how did the implementation of this policy contribute to FP services scale-up and 4) lessons learned across countries.

Session organizers: Futures Group, Abt Associates, ECSA-HC, JSI, PRB, Jhpiego, EngenderHealth

Contact person: Rachel Kiesel, RKiesel@futuresgroup.com

Room: Conference Hall 4, 3rd Floor

IBP TRACK: ADDRESSING IMPLEMENTATION AND SCALING UP CHALLENGES

Small Workshops at the 2013 International Family Planning Conference

1. Introduction to IBP: What it's about and what it has to offer

The IBP Initiative is a uniquely interactive partnership through which policy makers, program managers, implementing organizations and providers are able to identify and apply evidence-based and proven effective practices to improve FP/RH outcomes worldwide. IBP uses proven effective practices in change management to implement and scale up effective clinical practices and programmatic approaches. The presenter will introduce IBP, discuss how its 40 member organizations interact and contribute to the initiative and benefits of participation in the initiative. By the end of the session participants will: 1) understand the mission of IBP; 2) know how to participate in the initiative and 3) identify the tools available through IBP to improve their FP/RH programs.

Time: November 13 10:30am to 11:50am

Location: 3rd Level Caucus Room 26

Session Organizers: IBP Secretariat and Pathfinder International (Chair)

2. Community of Practice on systematic approaches for sustainable scale up of best practices in FP/RH

While a broad range of effective practices in FP/RH have been developed and tested, widespread utilization in countries has not been achieved. As a result, access to quality FP/RH services remains constrained. The need for greater attention to “scaling up” has been widely recognized as an important means of addressing this challenge. There is need to link scaling-up initiatives at regional and country levels with global discussions to provide opportunities for learning. By providing a forum for sharing knowledge and experiences with the use of systematic approaches for sustainable scale up, this community of practice is working with IBP to move the field forward towards attaining improved access and quality of FP/RH services with attention to reproductive rights and choice. At the end of the session participants will be able to: 1) exchange experiences and lessons learned from using systematic approaches; 2) disseminate information about practical tools and guides for scale up and 3) share experiences from scaling up interventions intended to strengthen service delivery and generate demand.

Time: November 13 12:00am to 1:20pm

Location: 3rd Level Caucus Room 26

Organizers: Evidence to Action Project (E2A)

3. Deepening Our Resolve: A Look In To Best Practices for Reproductive Health

By invitation only

Sharing and building upon tried-and-true strategies that are effective and scalable is key to ensuring progress in RH moving forward. Every year, the Global Leaders Council for Reproductive Health (GLC) presents the Resolve Award, a highly competitive, non-monetary award that celebrates governments who have implemented innovative and scalable approaches to accelerate progress toward universal access to RH. This session will dive into the lessons learned from the country innovations that have received the Resolve Award and identify the most effective strategies that could be applied in other country contexts.

Time: November 14 2:30pm to 3:50pm

Location: 3rd Level Caucus Room 26

Session Organizers: WHO/RHR/IBP Initiative and the Aspen Institute

4. Training Resource Package for Family Planning (TRP)

The TRP is a comprehensive set of materials designed to support up-to-date training on FP/RH. It contains curriculum components and tools needed to design, implement, and evaluate training. It provides organizations with the essential resource for FP/RH trainers, supervisors, and program managers. The materials are appropriate for pre-service and in-service training and applicable in both the public and private sectors. The presenter will introduce the TRP and discuss its applications. By the end of the session participants will: 1) understand how to access TRP resources including the website and 2) identify opportunities for use to support training at the regional and country level.

Time: November 15 12:00pm to 1:20pm

Location: 3rd Level Caucus Room 26

Session Organizers: IBP Secretariat and Pathfinder International

5. Fostering Change – Valuable Resources Now Available

The recently launched updated *Guide to Fostering Change to Scale Up Effective Health Services* links effective change practices with proven clinical and programmatic practices to achieve results by describing principles fundamental to effective change, increasing awareness of proven approaches, providing “how-to” steps for successful change including scale-up, describing key challenges of scaling up and recommending strategies, tools for meeting those challenges. The presenter will introduce the guide and methodology and share examples of successful implementation in various contexts. Participants will be able to: 1) Understand the methodology of the guide; 2) Know how to get started using guide for scale-up; 3) Identify potential areas for improvement in their programs using this methodology; and 4) Increase awareness of the valuable resources now available for successful scale-up and improving health services.

Time: November 14 10:30am to 11:50am

Location: 3rd Level Caucus Room 26

Session Organizers: Management Sciences for Health (MSH) and IBP Secretariat

8. Engaging Civil Society to Support Reproductive Health Commodity Security

Long-term improvements to health systems and supply chains can only be achieved when the country is committed to and has the tools for its sustainability. Governments are often charged with this task, but civil society can be an important partner in monitoring, accountability and commitment to maintaining supply chain effectiveness. Citizens and health advocates are in a position to support and provide valuable information to decision and policy makers to strengthen supply chain performance and commodity availability. This interactive round table discussion will explore opportunities for collaboration between civil society and government to achieve improved supply chain performance. By the end of the session, the group will have identified and discussed possible contributions to improved health commodity availability that can be realized through civil society and government partnership.

Time: November 14 4:20pm to 5:40pm

Location: 3rd Level Caucus Room 26

Session Organizer: JSI, USAID | DELIVER PROJECT

9. Scaling Up Access to Long Acting and Permanent Methods Approaches and Tools

Ensuring access to high quality LAPM services (including removal services for reversible methods) is a complex, multi-dimensional issue with barriers on both the demand (client) side and supply (health systems) side. Following on the session, "Fostering Change to Scale-up Access to Long Acting and Permanent Methods," in which participants will have the opportunity to identify and problem-solve around key access challenges faced by clients seeking LAPM, a small group follow-on session will be held to provide participants with the opportunity to explore topics further. In the small group session, hosting organizations will discuss specific approaches and tools used to identify and overcome barriers. Participants will have the opportunity to share experiences and brainstorm transferability of successful approaches in one context to challenges in another. Also, IBP's *Guide to Fostering Change to Scale Up Effective Health Services* will be discussed as it applies to identifying and addressing key demand-side access challenges. Participants will: 1) understand key access challenges to LAPM, 2) learn about various tools used to identify and overcome challenges, and 3) further discuss fostering change guide to gain a level of familiarity that facilitates use of this resource.

Time: November 15 10:30am to 11:50am

Location: 3rd Level Caucus Room 26

Session Organizers: EngenderHealth, MSI, Jhpiego, PSI, FHI 360, Pathfinder International, JSI

10. Knowledge Management for Family Planning and Reproductive Health

Sharing, adapting, creating and using knowledge optimally can allow professionals to work more efficiently and effectively. This session will provide a general overview of knowledge management (KM) for FP/RH programs. The presenter will provide examples of how FP programs have used KM to facilitate collaboration and learning, inform policy and enhance training programs. Participants will: 1) understand what KM is and how it can benefit FP/RH programs; 2) identify key elements of a KM framework and 3) know how to get started with KM and where to go to for tools and approaches for FP/RH professionals.

Time: November 13 10:30am to 11:50am

Location: 3rd Level Caucus Room 27

Session Organizer: IBP KM Task Team

11. Introduction to IBP: How to engage with the Initiative: Zambia Focus Country Update

IBP engages member organizations and the broader FP/RH community to identify, implement, and scale up effective practices through sharing knowledge and resources; minimizing duplication and promoting collaboration. The presenter will introduce IBP and its strategic direction to engage the membership at the regional and country level. Zambia is the first focus country for IBP, where the Ministry of Community Development, Mother and Child Health has worked in collaboration with IBP and ECSA to document best practices in the country. Participants will: 1) understand IBP and its support to country-led documentation of best practices and 2) learn about the FP strategic plan and the country's commitment to FP/RH, including documentation and scale up of best practices in Zambia.

Time: November 13 12:00pm to 1:20pm

Location: 3rd Level Caucus Room 27

Session Organizers: MCDMCH Zambia and IBP Secretariat

12. IBP Latin America and the Caribbean (In Spanish) *By invitation only*

In the LAC region, IBP seeks to support MOHs to convene partners and other key actors within the FP/RH community. IBP's often-used strategy of identifying a lead country-level partner to support ministries is seen as effective. Given the extensive experience and knowledge that exists in the LAC region, IBP works with local partners who can serve as 'champions'. At the country-level, champions can serve to re-position and/or garner support for FP/RH activities. The presenter will introduce the work of IBP and its collaboration with LAC partners. Participants will: 1) become familiar with the work of IBP partners LAC and 2) identify areas of potential collaboration with stakeholders in the region.

Time: November 13 2:30pm to 3:50pm

Location: 3rd Level Caucus Room 27

Session Organizers: Family Care International, MSH and IBP Secretariat

Taller IBP en Latino América y el Caribe

En la región de Latino América y el Caribe, la iniciativa IBP (por sus siglas en inglés) busca apoyar la gestión de los ministerios de salud y trabajar con entidades claves que trabajan en salud sexual y reproductiva (SSR) y planificación familiar (PF). Una de las estrategias de la iniciativa IBP es identificar y crear alianzas con actores basados en regiones y países que puedan apoyar a sus respectivo ministerios de salud. Esta estrategia es considerada eficaz. Dada la experiencia y conocimiento que existe en América Latina la iniciativa desea colaborar con "campeones" locales que a nivel de país tomen el liderazgo para repositionar y alcanzar amplio apoyo a las actividades de SSR y PF. El facilitador del taller, presentara los antecedentes de la iniciativa y la naciente colaboración con la región y facilitará un conversatorio entre los participantes sobre el trabajo que ya se ha llevado a cabo en América Latina y explorará con estos las posibilidades de compartir las experiencias de la región con otras regiones.

Al final del taller, se espera que los participantes estén 1) familiarizados con la gestión de los miembros de la iniciativa IBP en la región y 2) dispuestos a identificar oportunidades de colaboración e intercambio para avanzar una agenda común.

Fecha: Noviembre 13 2:30pm a 3:50pm

Lugar: Tercer Nivel, Sala Caucus 27

Organizadores: Family Care International, MSH y Secretariado IBP

13. Working with Regional Members ECSA and WAHO

ECSA and WAHO are key organizations in their respective geographical areas, supporting effective programs and providing technical support to their member states, through a variety of platforms, including the Best Practice Forum. The presenters will introduce their respective organizations and discuss areas of collaboration with other IBP partners. Participants will be able to 1) familiarize themselves with these regional bodies and how each one approaches scaling up effective practices in their regions; 2) understand the programs that both organizations support, and 3) discuss how to engage country programs to work more closely with ECSA and WAHO.

Time: November 13 4:20pm to 5:40pm

Location: 3rd Level Caucus Room 27

Session Organizers: East, Central and Southern Africa Health Community and West Africa Health Organization

14. Introduction to High Impact Practices (HIPs)

HIPs are promising or best practices that, when scaled up and institutionalized, maximize investments in a comprehensive FP strategy. Identified by international experts in FP/RH, HIPs help FP programs focus their resources and efforts to ensure they have the broadest reach and greatest impact. The presenter will provide an overview of the HIPs and how they can be disseminated and implemented. By the end of this session participants will: 1) understand what HIPs are and how they can benefit FP/RH programs; 2) identify specific HIPs relevant to their particular context and 3) know where to go to for tools supporting implementation of HIPs.

Time: November 14 10:30am to 11:50am

Location: 3rd Level Caucus Room 27

Session Organizers: UNFPA and USAID

15. Linking (IRH/FP) Service Delivery Partners with US-based Advocates to Improve

Coordination, Learning and Results

More than ever, US-based IRH/FP advocates are increasingly asked by the US Congress and the administration to provide insight regarding the on-the-ground realities of IRH/FP programs, including but not limited to stories about policy impact, examples of integrated funding streams and projects, and the potential repercussions of restrictions and budget cuts. In meetings with the Administration, on the Hill, or at the White House, the refrain is often “show us what works.” Holding the Obama Administration accountable for new policy shifts around youth, emergency contraception, and FP/HIV integration under PEPFAR will also require information sharing and collaboration between advocates and implementing partners. This interactive session will allow implementing organizations to share on-the ground experiences and field based realities and will

create an opportunity for US-based advocates to ask questions about policy implementation. By the end of the session, participants will: 1) be familiar with implications of US policies and legislative requirements for IRH/FP; 2) share information on the impact of and challenges around key policy issues; and 3) identify actions to maintain regular coordination and communication regarding policy implementation among advocates and implementers.

Time: November 14 12:00pm to 1:20pm

Location: 3rd Level Caucus Room 27

Session Organizers: Pathfinder International and Marie Stopes International

16. Accelerating Scale-up of High Quality and Accessible Implants Services

The goal of this capacity-building session is to provide healthcare workers, trainers and program managers with a forum to discuss programmatic and technical elements that are critical to expanding access to implants. The session will begin with a 40-minute panel discussion on the new implants access program supported by a consortium of donors including The Bill & Melinda Gates Foundation. Then participants will break out into small groups to visit 4 demonstration stations showing tools relating to implant commodities, advocacy, training, and service delivery. Facilitators will be present at each station to demonstrate the tools and respond to questions. Participants will be able to: (1) describe the systems approach to improving access to implants; (2) list the critical technical knowledge and steps to ensure safe and effective provision of implants; (3) identify key program components essential to starting services and sustaining the scale-up of implants; and (4) list available technical and program resources for implants scale-up.

Time: November 14 2:30pm to 3:50pm

Location: 3rd Level Caucus Room 27

Organizers: Jhpiego, Clinton Health Access Initiative, The Bill & Melinda Gates Foundation

17. Key Technical and Program Components for Scaling up Postpartum FP/PPIUD Services

The goal of this session is to provide clinical providers, trainers and program managers with a forum to discuss key program and technical components for starting and sustaining the scale-up high quality PPFP/PPIUD services. A 20 minute plenary will set the context for PPFP/PPIUD highlighting the key insertion techniques to maximize effectiveness and safety as well as discuss the systematic approach to scaling up the service. This will be followed by a dedicated time for “voices from the field” to share work on PPFP/PPIUD start-ups. The remainder of the session is devoted to engaging participants in small groups through “show and tell” stations with 1-2 experienced facilitators: a) Resources Station; b) Simulation Station – post placental and immediate postpartum insertion; and c) Training Approaches Station. Participants will be able to: 1) define how PPFP/PPIUD can address unmet need for contraception; 2) describe critical technical knowledge and steps in ensuring safe and effective provision of PPIUD; 3) identify program components essential to starting services and sustaining PPFP expansion and PPIUD in particular and 4) list technical and program resources for PPFP/PPIUD.

Time: November 14 4:20pm to 5:40pm

Location: 3rd Level Caucus Room 27

Organizers: MCHIP-FP and PSI

19. Improving Family Planning Services in Tanzania

FP use is associated to many potential benefits such as economic development, improved maternal and child health, educational advances, empowerment of women, and environmental protection. With current CPR of 27%, Tanzania has a long way to meet the national CPR target of 60% by 2015. The unmet need for modern contraceptive remains high at 27%. Several initiatives to expand coverage of contraceptives exist. However, many of FP initiatives for improved coverage are programmatic run vertically and in most cases implemented by partners and not integrated in district plans. In this session, participants will 1) learn effective interventions to address coverage to improve FP services and 2) discuss several interventions at country level to address limitations in improving FP service delivery.

Time: November 15 12:00pm-1:20pm

Location: 3rd Level Caucus Room 27

Session Organizers: Pathfinder Tanzania

20. Tanzania Family Planning Conference: Local Solutions to Local Problems

The United Republic of Tanzania Ministry of Health and Social Welfare, in partnership with key stakeholders , organized the first National FP conference in October 2013. The conference main objectives were to advance the evidence-base for repositioning FP in Tanzania. There are key lessons learned from this experience to plan and convene similar conferences in the future, both in Tanzania and other countries in the region. In this session participants will 1) understand the challenges and opportunities in organizing a national event of this scope, 2) understand how to mobilize different stakeholder groups towards declaring to commit to act towards universal access to FP, and 3) discuss ways to capture lessons learned to advance FP in the country.

Time: November 13 4:20pm-5:40pm

Location: 3rd Level Caucus Room 26

Session Organizers: FHI 360 Tanzania

PAST CONFERENCES

• ICFP 2011

• ICFP 2009

SEARCH



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SESSIONS IBP

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SESSIONS IBP: RÉPONDRE AUX DÉFIS DE MISE EN OEUVRE ET DE MISE À ÉCHELLE

8 sessions interactives sur les pratiques efficaces/de haut impact pour le changement dans la mise à échelle et le partenariat

L'Initiative IBP (« Implementation of Best Practices », ou Application de meilleures pratiques, en français) conduira 8 sessions interactives visant à présenter un aperçu général des pratiques fondées sur les résultats de recherche et permettant de répondre aux défis liés à la planification de programmes de PF. Ces sessions de discussion permettront de partager des exemples de mise à échelle au niveau national et de souligner le rôle du partenariat en soutien à ces efforts. Des instruments et des ressources appuyant l'application de pratiques au niveau national seront partagés et commentés. Les membres d'IBP aux niveaux régional et national participeront à ces sessions, apportant leurs perspectives sur les délibérations. Plus d'action est nécessaire pour augmenter les pratiques pouvant étendre l'accès aux services de planification familiale pour toutes les personnes qui les nécessitent. En reconnaissant les expériences enrichissantes de tous les participants, les sessions permettront le partage de leçons sur l'utilisation pratique d'instruments testés et d'approches permettant de traduire les connaissances en actions.

Première session:

Faciliter la participation du secteur privé

Le secteur privé, à la fois les ONG et les organisations à but lucratif, constitue un élément vital du système holistique de santé, en aidant à répondre à tous les besoins et désirs de PF/SR des personnes – particulièrement si l'on tient compte des

limites budgétaires de nombreux gouvernements. Cependant, il existe une série de barrières à l'engagement et au travail collaboratif avec ce secteur. La session vise à: 1) présenter une sélection de bonnes pratiques ayant permis d'améliorer la capacité et l'efficacité du secteur privé à fournir des informations et des services de planification familiale de haute qualité; 2) comprendre les opportunités de mise en œuvre et de mise à échelle, ainsi que les défis que représentent ces pratiques ; 3) Apprendre sur les instruments pouvant être utilisés pour aider l'application et la mise à échelle de ces pratiques.

Heure: 12 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: Abt Associates, Marie Stopes International, Futures Group, PSI, Jhpiego

Contact: Robin Keeley, Robin_Keeley@abtassoc.com

Deuxième session:

Dépasser les barrières socioculturelles, les mythes et les préjugés pour augmenter les services de planification familiale

Les programmes de planification familiale ont fait de grands progrès ces 30 dernières années, mais demeurent souvent limités par les mythes et les idées reçues empêchant les femmes et les hommes d'utiliser la PF. Ces facteurs socioculturels, qui expliquent les bas taux de prévalence contraceptive et les hauts niveaux de TFR, sont complexes et peuvent être spécifiques à des contextes particuliers, mais certaines barrières tel que les biais et craintes des fournisseurs concernant les effets secondaires de contraceptifs sont également communs dans de nombreux milieux. La session vise à: 1) identifier comment des barrières socioculturelles spécifiques et des mythes/préjugés sur la planification familiale continuent de restreindre la mise à échelle des services de planification familiale ; 2) partager des approches innovantes et des pratiques de haut impact pour impliquer les populations clés et répondre aux barrières socioculturelles afin de faciliter la mise à échelle des services de planification familiale ; 3) identifier les éléments clés génératrices de changement dans le processus de mise à échelle dans le but d'assurer la durabilité de ces services de la manière la plus efficace.

Cette session interactive invitera les participants à contribuer au dialogue et à réfléchir différemment sur les stratégies permettant de faire tomber les barrières socioculturelles, de briser les mythes et de déconstruire les idées reçues sur la planification familiale. Des approches innovantes utilisées auprès de populations clés seront partagées et discutées en petits groupes, et un dialogue sera engagé sur l'impact que ces approches de mise à échelle a eu dans les pays des participants. Les discussions de groupe se concentreront sur l'échange d'expériences liées aux défis et approches utilisées dans les pays des participants.

Heure: 13 novembre, 12h-13h20

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: PlanUSA, Pathfinder, JHU/CCP, Population Media Center, Jhpiego, FHI360

Contact: Laurette Cucuzza, Laurette.Cucuzza@planusa.org

Troisième session:

Augmenter l'engagement des bailleurs de fonds et la coordination pour la mise à échelle

Le projet Family Planning 2020 (FP2020) repose sur l'idée que des interventions efficaces de PF seront engagées et mise à

échelle. En se fondant sur les recommandations de la Réunion des bailleurs de fonds pour la recherche en planification familiale, tenue en décembre 2012, cette session vise à : 1) renforcer l'importance de la génération de données et de résultats de recherche sur la mise à échelle afin d'informer les programmes actuels et futurs ; 2) encourager la coordination et collaboration autant parmi les bailleurs de fonds qu'avec les partenaires de mise en œuvre de programmes, dans le but de combler des lacunes de connaissances ; 3) encourager les partenaires de mise en œuvre à identifier les opportunités de mise à profit des ressources pour compenser ces lacunes tout en soutenant les efforts de mise à échelle.

La session se concentrera sur plusieurs domaines techniques dans lesquels il y a peu de preuves ou résultats de recherche concernant la manière dont les interventions peuvent être mises à échelle efficacement : parité et adolescents, financement, secteur privé, politique. Des représentants de la communauté de bailleurs de fonds présenteront un bref aperçu de ce qu'ils perçoivent comme étant les premiers enjeux de la mise à échelle dans un domaine technique particulier, et discuteront des manières dont les interventions de mise à échelle s'alignent ou non avec les priorités des gouvernements et des bailleurs de fonds, répondent aux lacunes actuelles et à l'importance d'interventions fondées sur les résultats de recherche. Après le panel de présentations, le public et les panelistes formeront des groupes autour d'un sujet ou d'une question tel que : Y a-t-il un consensus sur le fait que ce domaine souffre de lacunes de connaissances ? Existe-t-il des travaux réalisés dans d'autres pays qui pourraient aider à combler ces lacunes ? Quelles sont ces expériences nationales ? Comment le travail peut-il être mieux coordonné ? Comment pouvons-nous consolider l'engagement des bailleurs de fonds pour la mise à échelle de ces domaines d'action ?

Heure: 13 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: The Alliance for Reproductive, maternal and Newborn Health, USAID, Jhpiego, IntraHealth, Pathfinder International

Contact: Molly Canty, mcanty@rmnh-alliance.org

Quatrième session:

Mise à échelle des services intégrés

L'intégration de la PF à d'autres services continue de s'étendre et certains modèles d'intégration ont été identifiés comme des Pratiques de Haut Impact (PHI) pour la prestation de services de planification familiale, et sont actuellement augmentés à des échelles plus grandes. Cependant, les défis que représentent les initiatives de mise à échelle sont nombreux et empêchent souvent la durabilité de ces projets. La session vise à : 1) examiner les résultats de recherche sur plusieurs modèles d'intégration de PF ; 2) discuter de stratégies visant à dépasser les défis de l'application de nouveaux modèles d'intégration des services de PF à d'autres secteurs que la santé ; 3) identifier les lacunes de connaissances et de recherche qui permettraient de guider la prise de décision sur la mise à échelle de l'intégration de modalités.

Après un aperçu des modèles d'intégration potentiels et des problématiques des systèmes de santé liées à l'intégration de services, les participants se diviseront en petits groupes pour discuter d'études de cas impliquant l'intégration de différentes types de services dans différents domaines, dont les standards de SR pour jeunes, la FP post-partum, la PF et la vaccination, la FP intégrée aux services contre le VIH et vice versa, la PF dans les maternités du secteur privé et la PF sur le lieu de travail. La discussion se concentrera sur les modèles identifiés, les questions posées par les systèmes de santé, les conditions de ressources et la construction d'indicateurs.

Heure: 13 novembre, 16h20-17h40

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: Jhpiego, MSH, Conseil pour la population, FHI360, USAID, Abt Associates, PSI, Meridian Group International

Contact: Anne Pfitzer, Anne.Pfitzer@jhpiego.org

Cinquième session:

Pénurie de travailleurs de la santé – Comment le transfère/partage de tâche peut soutenir les programmes de PF

La pénurie trop souvent généralisée de travailleurs de la santé constitue souvent une barrière à l'accès aux services et au choix de contraception. Les recommandations de l'OMS de 2012 sur le transfère de tâches identifie des approches utilisant des travailleurs de la santé avec différents niveaux de formation pour fournir des services de planification familiale. Les objectifs de la session seront : 1) présenter un aperçu des stratégies fondées sur les résultats de recherche pour remédier au problème de pénurie des travailleurs de la santé, comme le transfère/partage de tâches ; 2) fournir des ressources aux participants afin qu'ils puissent appliquer des modèles de transfère de tâches ; 3) fournir des recommandations pour la mise à échelle de stratégies de transfère de tâches.

Un bref résumé des expériences de pays sélectionnés dans le transfère de tâche relatif à la planification familiale sera suivi de groupes de discussion sur ces expériences nationales, lesquels se concentreront sur : 1) les politiques et recommandations permettant d'aider au processus de mise à échelle ; 2) l'introduction, l'application et le maintien de la qualité de programmes au long du processus de leur mise à échelle.

Heure: 14 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: Pathfinder International, IntraHealth, FHI 360, JSI, UNFPA

Contact: Candace Lew, Clew@pathfinder.org

Sixième session:

Encourager le changement pour augmenter l'accès aux méthodes permanentes et de longues durées

Les méthodes de longue durée et permanentes ont de nombreux bénéfices, dont : leur grande efficacité, leur adaptabilité à la fois aux femmes souhaitant espacer leurs grossesses et à celles voulant limiter leur nombre d'enfants. Par ailleurs, elles ne requièrent pas d'action particulière de l'usager et n'échouent ainsi jamais par faute de l'usager ; elles ont des taux de continuation plus élevés que les méthodes de court terme, évitant ainsi le besoin d'approvisionnement continu et diminuant ainsi le fardeau des systèmes de santé ; elles ont du succès auprès des femmes et des hommes qui les utilisent et sont rentables. Malgré ces avantages, l'accès aux méthodes permanentes et de long terme est souvent restreint et les problèmes de rupture de stock, de manque de formation des prestataires de services, les peurs d'effets secondaires, le soutien et le conseil inadéquats, ainsi que le coût élevé de ces méthodes, et d'autres barrières encore persistent. La réalité que nous essayons de créer est celle où des clients informés, confiants et soutenus dans leurs choix entre de nombreuses méthodes sont la norme. Mais comment encourageons-nous les changements nécessaires à la réalisation de cet idéal ? Et comment mettons-nous à échelle ces solutions ? Les objectifs de cette session seront : 1) identifier les défis et partager des solutions pour augmenter l'accès des clients aux méthodes permanentes et de longue durée ; 2) examiner les pratiques de haut impact pour assurer l'accès à ces méthodes du point de vue de la demande, c'est à dire des clients.

La session orientera d'abord les partenaires sur des problématiques liées à la demande et la mise à échelle des services fournissant des méthodes permanentes et de longue durée. La plus grande partie de la session se déroulera autour d'une dynamique de discussion par groupes sur différents aspects de l'accès aux services mentionnés (financier, géographique, liés à l'information, etc.). Les participants travailleront avec les organisateurs pour « solutionner des problèmes » posé par un défi de mise à échelle de l'accès aux méthodes permanentes et de longue durée, en utilisant le guide de l'IBP pour impulser le changement.

Heure: 14 novembrem 12h-13h20

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: EngenderHealth, MSI, Jhpiego, PSI, FHI 360, Pathfinder International, JSI

Contact: Sarah Thurston, Sarah.Thurston@mariestopes.org.uk

Septième session:

Éviter les ruptures de stocks

La sécurité contraceptive existe lorsque chaque individu est en mesure de choisir, obtenir et utiliser des contraceptifs de qualité, dont des préservatifs, dans le but de contrôler les naissances et de prévenir la transmission de maladies infectieuses. L'un des plus grands freins à l'amélioration de la sécurité contraceptive est le manque de produits fiables. Cela pose un problème important au moment de la mise à échelle des programmes de planification familiale. Les objectifs de cette session seront : 1) sensibiliser sur les défis et les opportunités pour renforcer et accroître la capacité de la chaîne d'approvisionnement et les systèmes de gestion de commodités contraceptives, répondant à un environnement en constante mutation ; 2) familiariser les participants aux instruments et ressources de suivi pour remédier aux ruptures de stocks et planifier la mise à échelle.

Une brève présentation sur les défis globaux et les opportunités sera donnée, suivie de sessions de discussion par petits groupes sur les pratiques fondées sur les résultats de recherche pour la mise à échelle de programmes d'approvisionnement aux niveau international, national et communautaire. Des instruments spécifiques utilisés pour planifier et suivre l'approvisionnement de commodités contraceptives seront partagés.

Heure: 14 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Small Conference Hall 4

Organisateurs de la session: IPPF et JSI

Contact : Marcela Rueda, mruedagomez@ippf.

Huitième session:

Faire tomber les barrières politiques de niveaux multiples à la planification familiale

Les politiques gouvernementales nationales fortes pour la PF constituent un point de départ essentiel pour étendre et mettre à échelle les programmes de planification familiale. Cependant, ces politiques doivent être accompagnées de politiques opérationnelles pratiques et de stratégies financières pour répondre aux barrières empêchant la prestation de services de PF à des populations cibles, comme les jeunes, les femmes célibataires, les pauvres, etc. Les objectifs de cette sessions seront : 1) souligner les barrières politiques clés et émanant du secteur privé aux niveaux local et communautaire

empêchant la mise à échelle rapide des services et programmes de planification familiale ; 2) décrire les pratiques fondées sur les résultats de recherche et les instruments utilisés pour rendre les politiques publiques opérationnelles afin de fournir des services de PF à un plus grand nombre ; 3) identifier les approches de partenariat efficace en soutien aux initiatives de mise à échelle durable.

Après un aperçu générale de ces questions liées à la mise en œuvre de politiques publiques et sa relation à la mise à échelle des services de PF, les participants se répartiront en petits groupes pour discuter de différentes questions liées à ce thème, dont le financement les ressources humaines et l'engagement du secteur privé. Chaque groupe abordera et réfléchira sur 1) les principales barrières politiques de chaque domaine d'activité ; 2) les approches/instruments/solutions mises en œuvre pour dépasser ces problèmes ; 3) la contribution de ces approches à la mise à échelle des services de PF ; 4) leçons tirées par chaque pays participant.

Heure: 14 novembre, 16h20-17h40

Lieu: 3^{ème} niveau Small Conference Hall 4

Organisateurs de la session: Futures Group, Abt Associates, ECSA-HC, JSI, PRB, Jhpiego, EngenderHealth

Contact: Rachel Kiesel, RKiesel@futuresgroup.com

SESSIONS IBP: RÉPONDRE AUX DÉFIS DE MISE EN OEUVRE ET DE MISE À ÉCHELLE

Ateliers de travail sur les pratiques efficaces/de haut impact pour le changement dans la mise à échelle et le partenariat

En plus des huit sessions interactives qu'IBP conduira pendant la conférence, les partenaires d'IBP organiseront plusieurs ateliers de travail ou séminaires dans le but de partager des instruments et des ressources soutenant la mise en œuvre de meilleures pratiques, tout en approfondissant la discussion abordée dans les sessions interactives d'IBP. Ces ateliers présenteront également les diverses stratégies dont IBP et ses membres peuvent participer à ces initiatives aux niveau national et régional. Ces ateliers IBP se dérouleront au troisième niveau du Centre de Conférence de l'Union Africaine, dans les salles « Caucus » 26 et 27.

1. Introduction à l'Initiative IBP: De quoi s'agit-il et qu'a t-elle à offrir ?

L'Initiative IBP est un partenariat interactif unique en son genre, au travers duquel les décideurs, les responsables de programmes, les organisations chargées de la mise en œuvre de ceux-ci, et les prestataires de services peuvent identifier et appliquer des pratiques efficaces fondées sur des résultats de recherche, tout en améliorant les résultats de planification familiale/santé reproductive (PF/SR) dans le monde. L'Initiative IBP utilise des pratiques prouvées efficaces dans le changement de modèles de gestion visant à mettre en œuvre et à échelle des approches cliniques et programmatiques. Le facilitateur de l'atelier présentera l'Initiative IBP, expliquera comment ses 40 organisations membres interagissent et contribuent à cette initiative, et commenterà les bénéfices générés par leurs participation.

À la fin de l'atelier, les participants sauront: 1) comprendre la mission d'IBP ; 2) comment participer dans cette initiative ; 3) identifier les instruments disponibles à travers d'IBP pour améliorer leurs programmes de PF/SR.

Heure: 13 novembre, 10h30-11h50

Lieu: 3rd Level Caucus Room 26

Organisateurs: Secrétariat d'IBP et Pathfinder International (Président)

Contact: Ados May, avelezmay@pathfinder.org

2. Communauté de praticiens pour des approches systémiques de mise à échelle durable et de meilleures pratiques en planification familiale/santé reproductive (PF/SR)

Alors qu'une large gamme de pratiques efficaces en PF/SR ont été développées et testées, leur utilisation répandue dans des programmes nationaux n'est pas encore d'actualité. Par conséquent, l'accès aux services de PF/SR de qualité demeure limitée. Le besoin de se concentrer davantage sur la mise à échelle de ces pratiques a été largement reconnu comme une manière importante de répondre à ce défi, y compris par IBP dont le centre d'intérêt principal repose sur ce thème. Il est également nécessaire de lier les initiatives de mise à échelle aux niveaux régional et national avec les discussions globales dans le but de générer des opportunités d'apprentissage. En prenant par à cet espace de discussion pour l'échange de connaissances et d'expériences sur la mise en œuvre d'approches systémiques de mise à échelle durable, la communauté de praticiens fait avancer avec IBP le domaine de la santé globale vers plus d'accès et une plus grande qualité des services de PF/SR, particulièrement les droits et le choix reproductif.

À la fin de cet atelier, les participants auront: 1) échangé des expériences et tiré des leçons sur l'utilisation d'approches systémiques ; 2) diffusé de l'information sur les instruments pratiques et les recommandations de mise à échelle ; 3) partagé des expériences de programmes nationaux et d'interventions de mise à échelle conçues pour renforcer la prestation de services et générer la demande contraceptive.

Heure: 13 novembre, 12h-13h20

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: Evidence to Action Project (E2A)

Contact Person: Salwa Bitar, sbitar@e2aproject.org

3. Pour une volonté d'agir plus forte: Aperçu des meilleures pratiques pour la santé reproductive (sur invitation)

Le partage et la construction de stratégies vérifiées, efficaces, et adaptables à différentes échelles est clé pour assurer le progrès de la santé reproductive. Chaque année, le Conseil de leaders mondiaux pour la santé de la reproduction (*Global Leaders Council for Reproductive Health*, GLC) présente le prix « Resolve », un prix hautement compétitif et non monétaire qui vise à célébrer les gouvernements ayant mis en œuvre des approches innovantes et évolutives pour accélérer le progrès vers l'accès universel à la santé reproductive. Cet atelier de travail explorera les leçons tirées des innovations nationales ayant reçu le prix « Resolve », et identifiera les stratégies les plus efficaces pouvant être appliquées dans d'autres contextes nationaux.

Heure: 13 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: OMS/IBP et The Aspen Institute

Contact : Elise Mann, elise.mann@aspeninstitute.org

4. Kit de ressources pour la formation (*Training Resource Package* ,TRP)

Le Kit de ressources pour la formation en planification familiale, ou TRP pour ses initiales en anglais, est une série de documents pédagogiques conçus pour soutenir la formation actualisée en planification familiale et en santé reproductive. Le TRP contient des éléments de curriculum et des instruments nécessaires à la conception, application et évaluation des formations. Il fournit des ressources essentielles pour les formateurs, superviseurs et responsables de programmes de planification familiale et de santé reproductive. Les contenus sont adaptés aussi bien à la formation pré-service qu'à la formation continue, et peuvent être appliqués aux secteurs public et privé. Le facilitateur de l'atelier présentera le TRP et

discutera de ses différentes applications.

À la fin de l'atelier, les participants seront en mesure de: 1) accéder aux ressources du TRP, y compris son site internet ; 2) identifier les opportunités d'utilisation de ces contenus pour soutenir la formation aux niveau régional et national.

Heure: 13 novembre, 16h20-17h40

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: Secrétariat d'IBP et Pathfinder International

Contact : Candace Lew, Clew@pathfinder.org

5. Encourager le changement – Ressources actuellement disponibles

Le lancement récent de la version actualisée du Guide « Encourager le Changement » (« *Fostering Change Guide* ») relie des pratiques de changement effectif à des pratiques cliniques et programmatiques pour atteindre des résultats clés, en décrivant des principes essentiels du changement effectif, en augmentant la connaissance de ces approches vérifiées, en offrant des recommandations pratiques pour atteindre avec succès les changements souhaités, y compris la mise à échelle, et en décrivant les défis clés de la mise à échelle et les instruments et stratégies recommandées pour répondre à ces défis. Le facilitateur de l'atelier présentera le guide et sa méthodologie en partageant des exemples de mise en œuvre réussie dans divers contextes.

À la fin de l'atelier, les participants seront en mesure de: 1) comprendre la méthodologie de « *Fostering Change* » ; 2) utiliser le guide pour la mise à échelle ; 3) identifier les domaines potentiels d'amélioration dans leurs programmes respectifs à l'aide de la méthodologie enseignée ; 4) augmenter la connaissance des ressources actuellement disponibles pour la mise à échelle et l'amélioration des services de santé.

Heure: 14 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: MSH et Secrétariat d'IBP

Contact: Suzanne Reier, reiers@who.int

6. Instruments et approches pour faciliter l'engagement du secteur privé

Cet atelier vise à approfondir la discussion engagée sur l'implication du secteur privé comme un élément vital du système de santé holistique, permettant de satisfaire les besoins et désirs de PF/SR de tous les individus –particulièrement si l'on tient compte des limites budgétaires des gouvernements. Les participants de cet atelier pourront utiliser une série d'instruments soutenant la mise en œuvre et la mise à échelle de ces pratiques.

Heure: 14 novembre, 12h-13h20

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: Abt Associates, Marie Stopes International, Futures Group, PSI, Jhpiego

Contact: Robin Keeley, Robin_Keeley@abtassoc.com

7. Réseaux sociaux : Nouvelles méthodes pour impliquer les communautés et agir en réponse aux besoins insatisfaits de PF

L'analyse des réseaux sociaux consiste à cartographier et mesurer les relations et le flux d'information et d'influence entre des personnes, des groupes et des organisations. Les nœuds du réseau sont les personnes et les groupes, alors que les liens représentent les relations ou le flux d'échanges entre les nœuds. L'analyse des réseaux sociaux offre à la fois un visuel et

une analyse mathématique de ces systèmes humains complexes. L'utilisation de l'analyse des réseaux sociaux dans les programmes communautaires visant à développer des interventions basées sur les réseaux sociaux pour répondre aux besoins non satisfaits de PF permet une application intéressante des théories de diffusion et de réseau social, dont un exemple est actuellement en phase de test via le projet Tekponon Jikagou au Bénin. Les résultats préliminaires de ce projet indiquent que ces interventions catalysent la capacité des communautés à faire tomber les barrières sociales qui empêchent les femmes et les hommes de contrôler leur fertilité. De telles approches ont un potentiel d'augmentation de l'efficacité des initiatives de mobilisation communautaire pour la PF.

À la fin de l'atelier, les participants seront en mesure de: 1) appliquer les concepts d'analyse des réseaux sociaux ; 2) comparer les approches d'analyse des réseaux sociaux à d'autres approches de mobilisation communautaire pour identifier les différences potentielles d'efficacité.

Heure: 14 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: IRH Georgetown, Plan USA & CARE

Contact: Laurette Cucuzza, Laurette.Cucuzza@planusa.org

8. Impliquer la société civile pour soutenir la sécurité contraceptive et la santé reproductive

Les améliorations des systèmes de santé et des chaînes d'approvisionnement sur le long terme ne peuvent être atteintes que lorsque le pays en voie de développement est déterminé à agir et possède les instruments de sa propre durabilité. Les gouvernements assument souvent cette tâche, mais la société civile peut jouer un rôle important en devenant un partenaire clé du processus de suivi et responsabilisation pour maintenir l'efficacité de la chaîne d'approvisionnement. Les citoyens et les promoteurs de la santé sont en mesure de soutenir et fournir des informations de grande valeur permettant la prise de décision des responsables politiques pour renforcer la performance de la chaîne d'approvisionnement. À la fin de l'atelier, le groupe de participants aura identifié et commenté les contributions possibles pouvant améliorer la disponibilité de commodités de santé au travers de la société civile et du partenariat avec le gouvernement.

Heure: 14 novembre, 16h20-17h40

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: JSI, USAID | PROJET DELIVER

Contact: Walter Proper, askdeliver@jsi.com

9. Approches et instruments de mise à échelle de l'accès aux méthodes permanentes et de longue durée

Assurer l'accès aux services de qualité et aux méthodes contraceptives permanentes et de longue durée (y compris les services de retrait pour les méthodes réversibles) est une question complexe, multidimensionnelle, comportant des barrières du point de vue de la demande (client) et du point de vue de l'offre (système de santé). Suivant la session de discussion « Encourager le changement pour la mise à échelle de l'accès aux méthodes permanentes et de longue durée », au cours de laquelle les participants pourront identifier et résoudre des problèmes d'accès rencontrés par les clients nécessitant des méthodes de contraception permanentes ou de longue durée, cet atelier donnera l'opportunité aux participants d'approfondir ce thème. Dans cet atelier conformé de petits groupes de discussion, des organisations tel que EngenderHealth, MSI, Jhpiego, PSI, FHI 360, Pathfinder International et JSI discuteront des approches spécifiques et des instruments utilisés pour identifier comment dépasser les barrières à la provision de services de santé. Les participants pourront partager leurs expériences, et réfléchiront de manière collective à l'adaptabilité d'approches efficaces à d'autres contextes. Par ailleurs, le guide d'IBP « *Fostering Change* » (« Encourager le changement ») sera commenté dans la

mesure où il aborde les problèmes clés d'accès relatifs à la demande. À la fin de l'atelier, les participants seront en mesure de: 1) comprendre les défis clés d'accès aux méthodes permanentes et de longue durée ; 2) identifier les instruments utilisés par les organisations chargées de la mise en œuvre de programmes visant à faire tomber les barrières mentionnées plus haut ; 3) et se seront familiarisés avec le Guide d'IBP « *Fostering Change* ».

Heure: 15 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Caucus Room 26

Organisateurs: EngenderHealth, MSI, Jhpiego, PSI, FHI 360, Pathfinder International, JSI

Contact: Sarah Thurston, Sarah.Thurston@mariestopes.org.uk

10. Gestion du savoir pour la planification familiale et la santé reproductive

Partager, adapter, créer et utiliser les connaissances de manière optimale peut permettre aux professionnels de travailler plus efficacement. Cet atelier présentera un aperçu général de la gestion du savoir et des connaissances dans les programmes de planification familiale et de santé reproductive. Le facilitateur de l'atelier fournira des exemples démontrant comment la gestion du savoir a été utilisée pour faciliter la collaboration, l'apprentissage, l'information sur les politiques publiques et l'amélioration de formations.

À la fin de l'atelier les participants seront en mesure de : 1) comprendre en quoi consiste la gestion du savoir et comment celle-ci peut être utile aux programmes de PF/SR ; 2) identifier les éléments clés du cadre de gestion du savoir et des connaissances ; 3) utiliser les concepts de gestion du savoir et des connaissances, et trouver les instruments et approches destinées aux professionnels de la PF/SR.

Heure: 13 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: Équipe de travail pour la gestion du savoir de l'IBP

Contact: Angela Nash-Mercado, anashme@jhuccp.org

11. Introduction à l'Initiative IBP: Comment s'engager auprès d'IBP?

IBP collabore avec ses organisations membres et la communauté plus large de la planification familiale et la santé reproductive (PF/SR) pour identifier, appliquer et faire évoluer des pratiques efficaces au travers du partage des connaissances et des ressources, de la minimisation de pratiques non efficaces redondantes, et la promotion de la collaboration. Le facilitateur de l'atelier présentera l'Initiative IBP et son orientation stratégique pour impliquer ses membres aux niveaux régional et national.

À la fin de cette présentation, les participants seront en mesure de : 1) comprendre en quoi consiste IBP et son rôle dans l'appui aux initiatives de mise à échelle régionales et nationales ; 2) impliquer IBP dans les programmes nationaux et régionaux ; 3) connaître les différents instruments mis à disposition par IBP pour soutenir les programmes nationaux et régionaux de mise à échelle dans le domaine de la planification familiale.

Heure: 13 novembre, 12h-13h20

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: Secrétariat d'IBP et ECSA

Contact: Ados may, avelezmay@pathfinder.org

12. IBP Amérique latine et Caraïbes (en espagnol) (sur invitation)

Dans la région Amérique latine et des Caraïbes (ALC), IBP cherche à venir en aide aux Ministères de la Santé et à réunir des partenaires et d'autres acteurs clés au sein de la communauté de PF/SR. La stratégie utilisée par IBP est d'identifier les pays leaders du thème et au sein duquel il est possible de construire un partenariat pour soutenir les Ministères de santé. En raison de la longue expérience et des fortes connaissances existantes dans la région ALC, IBP travaille avec des partenaires locaux « champions » de ces thèmes d'intérêt et pouvant servir de modèles. Au niveau national, ces champions peuvent repositionner et/ou générer le soutien d'activités de PF/SR. Le facilitateur de l'atelier présentera le travail naissant d'IBP en ALC et sa collaboration avec ses partenaires locaux.

À la fin de l'atelier, les participants seront : 1) familiarisés avec le travail des partenaires d'IBP dans la région ALC ; 2) capables d'identifier les domaines potentiels de collaboration avec des parties prenantes de la région.

Heure: 13 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: Family Care International et MSH

Contact : Fabio Castaño, Fcastano@msh.org

Taller IBP en Latino América y el Caribe

En la región de Latino América y el Caribe, la iniciativa IBP (por sus siglas en inglés) busca apoyar la gestión de los ministerios de salud y trabajar con entidades claves en la comunidad dedicada a planificación familiar y salud reproductiva. La estrategia de la iniciativa IBP es identificar un actor basado en la región/país para dar apoyo a su respectivo ministerio de salud. Esta estrategia es considerada eficaz. Dada la experiencia y conocimiento que existe en esta región, la iniciativa desea colaborar con “campeones” locales que a nivel de país tomen el liderazgo para repositionar y alcanzar amplio apoyo a las actividades de PF/SR. El facilitador del taller, presentara la naciente colaboración con la región y facilitara una charla sobre el trabajo que ya se ha llevado a cabo en Latino América, así como también explorar las posibilidades de compartir las experiencias de la región con otras regiones.

Al final del taller, se espera que los participantes vayan a estar 1) familiarizados con la gestión de los miembros de la iniciativa IBP en la región y 2) dispuestos a identificar oportunidades de colaboración e intercambio en la región.

Fecha: Noviembre 13 2:30pm a 3:50pm

Lugar: Tercer Nivel, Sala Caucus 27

Organizadores: Family Care International y MSH

Facilitador: Fabio Castaño, Fcastano@msh.org

13. Collaboration avec les membres régionaux ECSA et WAHO

ECSA et WAHO sont des organisations clés dans leurs localités respectives, qui soutiennent des programmes efficaces et apportant un soutien technique à leurs États membres, au travers de nombreuses plateformes, dont le Forum de Meilleures Pratiques. Les facilitateurs de cet atelier présenteront leurs organisations respectives et parleront de différents domaines de collaboration avec d'autres partenaires d'IBP. À la fin de cet atelier, les participants seront : 1) familiarisés avec ces organisations régionales et la façon dont chacune aborde la mise à échelle de pratiques efficaces dans leurs régions respectives ; 2) comprendre les programmes soutenus par ces organisations ; 3) parler de l'intégration de programmes nationaux à IBP et de partenariats possibles entre ECSA et WAHO.

Heure: 13 novembre, 16h20-17h40

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: East, Central and Southern Africa Health Community et West Africa Health Organization

Contact: Odongo Odiyo, odongo@ecsa.or.tz

15. Introduction aux Pratiques de Haut Impact (PHIs)

Les PHIs sont des pratiques prometteuses, ou meilleures pratiques, qui, lorsque mises à échelle et institutionnalisées, maximisent les investissements dans une stratégie intégrale de planification familiale. Identifiées par des experts internationaux en planification familiale et santé reproductive, les PHIs aident les programmes de planification familiale à concentrer leurs ressources et leurs efforts pour s'assurer que ces derniers aient le plus grand impact possible. Le facilitateur de l'atelier présentera un aperçu des PHIs et abordera les stratégies de diffusion et d'application de celles-ci.

À la fin de l'atelier, les participants seront en mesure de : 1) comprendre en quoi consistent les PHIs et comment elles peuvent être utiles aux programmes de planification familiale et de santé reproductive ; 2) identifier les PHIs pertinentes dans les contextes particuliers ; 3) accéder aux instruments soutenant l'application de PHIs.

Heure: 14 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: UNFPA et USAID

Contact: Nuriye Ortayli, ortayli@unfpa.org

16. Lier les partenaires de prestations de services (SR/PF) aux promoteurs basés aux Etats-Unis pour améliorer la coordination, l'apprentissage et les résultats

Plus que jamais, les promoteurs de la PF/SR sont régulièrement appelés par le Congrès américain et l'administration du gouvernement américain à témoigner sur les réalités de terrain des programmes de PF/SR, y compris, mais pas uniquement, en racontant l'impact des politiques, en donnant des exemples de projets et canaux de financements intégrés, et en expliquant les répercussions potentielles d'une coupe budgétaire éventuelle. Dans les réunions au Capitole ou à la Maison Blanche, le refrain est souvent le même : « montrez-nous ce qui marche ». Demander à l'administration Obama de rendre des comptes sur les nouvelles orientations de politiques publiques liées aux jeunes, la contraception d'urgence, et l'intégration PF/VIH dans le cadre du programme PEPFAR incitera aussi au partage d'informations et à la collaboration entre promoteurs et partenaires. Cet atelier interactif permettra aux organisations chargées de l'application de programmes de partager leurs expériences de terrain et aux promoteurs basés aux Etats-Unis de poser des questions sur la mise en œuvre de politiques publiques. À la fin de l'atelier, les participants seront : 1) familiarisés avec les politiques américaines et les conditions législatives pour la mise en œuvre de programmes de PF/SR, 2) capables de partager des informations sur l'impact et les défis liés à des questions politiques clés ; 3) identifier les actions nécessaires au maintien d'une coordination et communication régulière concernant l'application de politiques parmi les promoteurs et responsables de la mise en œuvre, au travers d'histoires et de données.

Heure: 14 novembre, 12h-13h20

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: Pathfinder International et Marie Stopes International

Contact: Jonathan Rucks, jrucks@pathfinder.org

17. Accélérer la mise à échelle de services d'implants accessibles et de haute qualité

L'objectif de cet atelier de renforcement des capacités est d'offrir aux travailleurs, formateurs et chargés de programmes dans le domaine de la santé un espace de discussion pour échanger sur les éléments techniques et programmatiques

essentiels à l'expansion de l'accès aux implants contraceptifs. La session commencera avec un panel de discussion de 40 minutes sur le nouveau programme d'accès aux implants soutenu par un consortium de bailleurs de fonds, dont la Fondation Bill & Melinda Gates. Après ce panel, les participants se repartiront par petits groupes pour observer quatre stands de démonstration (chacune montée dans un coin de la salle) exposant des instruments de commodités d'implants, plaidoyer, formation et prestation de services. L'un des deux facilitateurs présentera sur chaque stand les instruments en démonstration et répondra aux questions. À la fin de cet atelier participatif, les participants seront en mesure de : 1) décrire l'approche systémique d'amélioration de l'accès aux implants ; 2) faire la liste des connaissances techniques essentielles et des étapes à suivre pour assurer la provision d'implants de manière sûre et efficace ; 3) identifier les éléments clés du programme pour commencer à fournir des services d'implants et à les faire évoluer sur le long terme ; 4) faire la liste des ressources techniques disponibles pour la mise à échelle des services d'implants.

Heure: 14 novembre, 14h30-15h50

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: Jhpiego, Clinton Health Access Initiative, La Fondation Bill & Melinda Gates

Contacts: Rehana Gubin, rehana.gubin@jhpiego.org et Ricky Lu, ricky.lu@jhpiego.org

18. Éléments techniques et programmatiques clés pour la mise à échelle des services de PF post-partum

L'objectif de cet atelier est d'offrir aux travailleurs, formateurs et chargés de programmes dans le domaine de la santé un espace de discussion pour échanger sur les éléments techniques et programmatiques essentiels à la mise en œuvre et la mise à échelle de services de planification familiale post-partum (PFPP), y compris l'insertion du stérilet après l'accouchement. La session commencera par une plénière de 20 minutes qui introduira le contexte de la PFPP, soulignant les techniques clés d'insertion du stérilet pour maximiser son effet et sa sécurité, et discutera de l'approche systémique de la mise à échelle de ce service. S'en suivra une séance dédiée aux « voix de terrain » visant à partager le travail des start-ups dans ce domaine. Le reste de la session se consacrera à une discussion par groupes modérée par un ou deux facilitateurs senior, qui présenteront : 1) des ressources exposées sur un stand d'exposition ; b) une simulation (insertion post-placentaire et suivant immédiatement l'accouchement), et c) des techniques de formation.

À la fin de l'atelier, les participants seront en mesure de : 1) définir comment la PFPP peut répondre aux besoins non satisfaits de contraception ; 2) décrire des connaissances techniques essentielles et les étapes à suivre pour la provision de services de PFPP de manière sûre et efficace ; 3) identifier les éléments clés du programme pour commencer à fournir des services de PFPP et à les faire évoluer sur le long terme ; 4) faire la liste des ressources techniques disponibles pour la mise à échelle de ce service.

Heure: 14 novembre, 16h20-17h40

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: MCHIP-FP and PSI

Contact: Anne Pfitzer, anne.pfitzer@jhpiego.org and Ricky Lu, ricky.lu@jhpiego.org

19. Réponses stratégiques à la pénurie de travailleurs de la santé dans les programmes de PF

Étendre l'accès et l'utilisation de services de PF de qualité nécessite que les pays remédient également à leur pénurie et/ou mauvaise distribution de travailleurs de la santé. Il existe différents instruments pouvant être utilisés par les pays pour comprendre leur situation actuelle de ressources humaines dans ce domaine, et prendre des décisions pour changer cette situation et améliorer l'accès aux soins. Deux exemples seront présentés, y compris les Recommandations de 2012 de l'OMS pour l'optimisation des rôles des travailleurs de santé de la mère et du nouveau-né (nous nous concentreront sur la PF), ainsi que d'Indicateur des besoins de ressources humaines pouvant aider les pays à recueillir et interpréter des

données sur les besoins et la composition du personnel de santé. Le facilitateur de l'atelier présentera les deux instruments/recommandations et modèrera les discussions par petits groupes.

À la fin de cet atelier, les participants seront en mesure de : 1) comprendre les Recommandations de l'OMS et l'Indicateur des besoins de ressources humaines ; 2) comprendre comment ces instruments peuvent contribuer à la mise à échelle des services de PF, et 3) identifier la disponibilité de ressources additionnelles.

Heure: 15 novembre, 10h30-11h50

Lieu: 3^{ème} niveau, Caucus Room 27

Organisateurs: IntraHealth, Pathfinder International, FHI 360 et JSI

Contact: Sara Stratton, sstratton@intrahealth.org

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Roundtables

This post is also available in: [French](#)

The 2013 International Conference on Family Planning featured two options for roundtable discussions during each lunch session of the conference: [Topical Roundtables](#) and [CEO Roundtables for Emerging Leaders](#). Hosted by conference partners, roundtables facilitated dialogue and networking among groups of 8-10 participants sharing common interests related to family planning and the overall conference theme, Full Access, Full Choice.

Topical Roundtables expanded the coverage of topics during the conference. Thank you to all organizations who hosted a Topical Roundtable.

CEOs Roundtables for Emerging Leaders provided the opportunity for mid-career professionals to interact with leaders in the field, with discussions centered on a topic of the leader's choosing.



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Tables Rondes

This post is also available in: [Anglais](#)

Comme à Dakar en 2011, la CIPF 2013 prévoit deux options de tables rondes de discussion durant chaque déjeuner de la Conférence (les 13, 14 et 15 novembre). Ces tables rondes thématiques ont eu beaucoup de succès en 2011, permettant de prolonger le dialogue et de couvrir des sujets de discussion complémentaires. Organisées par des partenaires de la Conférence, ces tables rondes sont conçues pour faciliter le dialogue et le networking au sein de groupes de 8 à 10 participants partageant des mêmes centres d'intérêt liés au thème central de la Conférence: Accès Intégral, Choix Intégré.



Ces Tables Rondes Thématiques peuvent être organisées par toute personne membre d'une organisation, dans le but d'étendre la gamme des sujets abordés lors de la Conférence. Le placement à ces Tables Rondes Thématiques est libre (premier arrivé, premier servi); de même, il n'est pas nécessaire de postuler ni de s'inscrire pour participer à ces tables rondes, mais les organisations souhaitant modérer une discussion devront remplir le formulaire correspondant. Une liste de toutes les Tables Rondes Thématiques sera imprimée dans le programme de la Conférence, et affichées dans l'espace de déjeuner avec des numéros par table et par sujet.

Les tables rondes « PDGs pour Leaders Émergents » donnent l'opportunité aux professionnels en milieu de carrière d'interagir avec des leaders de la santé reproductive et de la planification familiale, autour de discussions dont le thème central est choisi par le leader invité. **Inscrivez-vous** pour vous asseoir et discuter avec un leader de votre domaine. Seuls les professionnels en milieu de carrière et les jeunes sont éligibles pour participer à ces tables rondes. Les candidatures seront acceptées jusqu'au **30 septembre**.

Pour toutes questions, veuillez contacter roundtable@fpconference2013.org.

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- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
- [HLMM Final Report](#)
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Exhibit

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Conference Exhibitors:

Abt Associates
Addis Ababa University
Bayer HealthCare
CARE USA
Center for Health and Gender Equity
Christian Connections for International Health (CCIH)
Coalition Advancing Multipurpose Innovation
DKT Ethiopia
DKT International
DSW (Deutsche Stiftung Weltbevoelkerung)
EngenderHealth
Ethiopian Midwifery Association
Ethiopian Ministry of Health
Ethiopian Public Health Association
Ethiopian Society of Obstetricians & Gynecologists
Evidence to Action (E2A) Project
Family Guidance Association of Ethiopia
FHI360
Guttmacher Institute
Integrated Family Health Program (IFHP)
Institute for Reproductive Health, Georgetown University
International Consortium for Emergency Contraception



International HIV AIDS Alliance
International Planned Parenthood Federation
IntraHealth International
Ipas
Jhpiego
John Snow, Inc.
Johns Hopkins Center for Communication Programs
Management Sciences for Health
Marie Stopes International
MEASURE DHS Project
MenCare+: A 4-country initiative
MSD
Nigerian Urban Reproductive Health Initiative
Pan-African Positive Women's Coalition
PAPPFAM at League of Arab State
PATH
Pathfinder International
Planned Parenthood Federation of America
Population Council
Population Health and Environment Ethiopia Consortium
Population Reference Bureau
Pregna International Ltd
PSI (Population Services International)
Reproductive Health Matters
Save the Children International – Ethiopia Country Office
Softcup
SUPPORT
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USAID SHOPS Project
WomanCare Global
Women Deliver
World Health Organization
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Exposition

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Un espace d'exposition sera disponible au Centre de Conférence de l'Union Africaine. Cet espace est une grande opportunité pour présenter le travail de votre organisation à un public captivé de chercheurs, décideurs, directeurs et praticiens. Les organisations ne pourront tenir qu'un stand pour permettre aux plus grand nombre d'organisations de participer.

Veuillez contacter info@fpconference2013.org pour toutes questions.

Stands d'exposition

Taille: 6m², trois faces, blanc (3m largeur x 2m profondeur x 2.5m hauteur)

Nom de votre organisation: Max. 20 lettres, Arial Black, 10cm hauteur

Electricité: 5 Amp. 220V, trois prises

Internet: le wifi peut être disponible dans le bâtiment de l'UA.

Autre équipement: une table avec nappe, deux chaises, une poubelle à papiers, et des projecteurs (lampes).

Prix: \$500



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Site Visits

This post is also available in: [French](#)

Site Visits were offered on Tuesday November 12, 2013 during the day prior to the Opening Ceremony.

1. Salam Health Center is located in the Gulele sub city in Addis Ababa and serves a catchment population of 13,083. The health center has 88 staff, among which 37 are clinical staff. The health center provides Antenatal Care, PMTCT, Delivery, PNC, Immunization, Family Planning (FP) and Comprehensive Abortion Care (CAC) Service. In terms of Family planning, the health center provides both short and long acting family planning methods including IUD.

Salam Health Center is known for its progressively improving family planning service particularly long acting (LA) FP. This is mainly because the staff and management introduced a mechanism through which they regularly identified problems and took action to improve the service delivery in the facility. Some of the measures taken through this process were: orientation for facility staff and Health Extension Workers on LA FP and referral, training new staff on infection prevention, creating friendly facilities for people with special needs (e.g., the disabled), weekly and monthly staff meeting to assess the progress and quality of service provision and regular staff rotation to prevent burn out. The health center has also introduced FP service integration with other services including CAC for post abortion FP.

The health center has an increasing trend in LAFP methods and PAFP services. The average total visit time including round trip takes three hours.

2. St. Paul's Hospital is a referral and teaching hospital located in the Gulele sub city in Addis Ababa. The hospital provides a range of inpatient and outpatient care. In terms of reproductive health, the hospital provides comprehensive service including obstetric and gynecological care, Family Planning, Comprehensive Abortion Care (CAC), Cervical Cancer Screening and Treatment. The Family Planning service includes all ranges of contraceptive methods including permanent FP and post-partum IUD. It also provides pre-service and in-service trainings to various medical and nursing, midwifery and other

professionals. The average total visit time including round trip takes three hours.

3. Kirkos MSIE Clinic is an INGO clinic established in 1994 with an annual budget of 3 million ETB. It is located in Addis Ababa in the Kirkos subcity. It has a staff of 14 (clinical and support staffs). The center provides integrated services such as family planning included permanent family planning methods, comprehensive abortion care, HIV testing, cervical cancer screening, STI screening and antenatal care. Monthly around 700 clients are served at the center, most of whom seek comprehensive abortion care and family planning. The average total visit time including round trip takes three hours.

4. Family Guidance Association of Ethiopia is a civil society owned clinic in Addis Ababa in the Addis Ketema sub city. The clinic was established in November 2011. It has 7 staff, of which 3 are clinical staff. The objective of the clinic is to increase access to integrated youth-friendly STI/HIV and quality FP services to MARPS to prevent and control HIV/AIDs transmission.

The clinic specifically targets commercial sex workers and their non-paying clients with total beneficiaries 3,500 women in the 15-35 age group in the catchment area.

The clinic has been successful in providing services with a focus on facility and community-based counseling and FP method provision as well as STI/HIV screening, treatment and prevention services through training health care providers, providing supportive supervision and monitoring and evaluation support. The average total visit time including round trip takes three hours.

5. MIKAWA is a public facility in the Oromia region located 55 km north of Addis Ababa. The facility has total of 24 staff, among which 12 are clinical providers. The center provides FP services to the community, men, women, youth/adolescents, PLHIV and students in higher education institutes with beneficiary age group of 10-24. The health center integrates the AYSRH Youth Friendly Service within the existing public facilities to ensure the availability of tailored ASRH information and friendly services through trained providers to materialize the continuum of care approach that the government is striving to address the needs of this vulnerable youth population. The health center focuses on counseling, and FP method provision through training, supportive supervision and monitoring and evaluation of health care providers, and advocacy and provision of youth and adolescent reproductive health service. Provision of adolescent RH services through counseling and referral by peer educators, friendly service by service providers, and the facility management's acknowledgement of the importance of age-appropriate information and services to youth are realized through personnel and budget support. Wara Health Post is part of the primary health care unit under MIKAWA health center, and it will part of the visit to the center. The average total visit time to the health center including round trip takes six hours.

6. Sululta Health Center is a public facility located 25 km North West of Addis Ababa in the Oromia Region. The health center provides services by 29 health care providers to men and women of reproductive age and focuses on capacity building of health care providers through on-the-job training on SRH/FP including comprehensive abortion care. The center provides counseling, health education in facility-based service and mentorship and coaching for providers doing outreach service to strengthen the referral linkage between the health center providers and the health extension workers.

The health center has been successful in capacity building of the health care providers to provide a wide range of FP services, particularly in long acting and permanent method. Kasaweserbi Health Post is part of a primary health care unit under Sululta Health Center, and it will part of the visit to the center. The average total visit time including round trip takes four hours.

7. Galaxy Medium Clinic is a private clinic which was established in 2011. The clinic is located in Addis Ababa and provides

family planning services to up to 200 men and women of reproductive age per month. The average total visit time including round trip is three hours.

8. Zak Higher Clinic is a private clinic located in the Addis Ketema sub city in Addis Ababa. The clinic provides wide method mix of family planning services up to 80 men and women of reproductive age per month. The average total visit time including round trip is three hours.

9. Muka Turi Health Center is a public health facility in Oromia region located at 65 km north of Addis Ababa. The facility has a total of 22 staff, among which 13 are clinical providers. It provides FP services to 7490 eligible men and women in the community.

The health centers focuses in providing health education to the community and FP counseling services. The health center accomplishes service provision through training, supportive supervision and monitoring and evaluation of health care providers and availing the necessary commodities and supplies. The health center has successful Family Planning service initiatives, especially Long-Acting Family Planning (e.g., IUCD and Implanon) scale-up programs including other methods. The primary Health Care Unit approach in accessing Long Acting Family Planning services and information is encouraging, because Health Posts under Muka Turi Health center are also successfully providing Family Health services including Family Planning with a focus on Implanon. Michela Wara Health Post is part of the primary health care unit under Muka Turi Health Center, and it will part of the visit to the center. The average total facility visit time including round trip takes six hours.

10. Burayu Health Center was established in 2001 and provides services to catchment population on the west side of Addis Ababa. The health center has a total of 17 clinical staff who provide health education and social mobilization and provide family planning counseling and service provision to the eligible population. The health center focuses in reducing maternal mortality and morbidity and uses FP service as one method to this goal. Aledima Health Post is part of the primary health care unit under Burayu Health Center, and it will part of the visit to the center. The average total visit time including round trip takes three and half hours.

11. Addis Ababa Women's Association was established in 1998 in the Kirkos sub city of Addis Ababa. The organization has 29 clinical staff to provide FP services to 32,000 beneficiaries. The association is engaged in community mobilization and provision of services for eligible men and women of reproductive age with special attention to urban poor women, youth and adolescents in holistic sexual and reproductive health services through fostering partnership with civic societies and organizations.

The association has been successful in improving its capacity to address factors that affect women's reproductive health and rights. For this achievement it uses community-based peer educators to create awareness of women and their partners. The association involves men as change agents for female reproductive health and wellbeing.

The association has a 1,300,000 Birr annual budget to implement its activities and 85% of the budget is from an international donor-NGO. The average total visit time including round trip takes three hours.

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Visites de terrain

This post is also available in: [Anglais](#)

Les visites techniques de terrain se dérouleront le mardi 12 novembre pendant la journée (8h30-15h) et les participants seront rentrés à temps pour la cérémonie d'ouverture à 16h. Si vous êtes intéressés par l'une de ces visites, cliquez sur le nom du site que vous souhaitez visiter pour vous enregistrer en ligne. Ces visites n'engagent aucun coût additionnel pour les participants, et les places seront attribuées sur la base du « premier arrivé, premier servi », dans la limite des places disponibles. Les navettes partiront du parking de l'Hôtel Ghion, près du stand de remise des badges.

1. Cette visite du site est maintenant complet

Association de planification familiale d'Éthiopie (Family Guidance Association of Ethiopia) est une clinique dirigée par la société civile située à Ketema à Addis Abeba. La clinique a été fondée en novembre 2011. L'équipe est composée de 7 employés, dont 3 membres du personnel clinique. L'objectif de la clinique est d'augmenter l'accès aux services intégrés VIH/MST et FP de qualité pour les jeunes, dans le but de prévenir la transmission du VIH/SIDA et de réduire la mortalité maternelle. La Clinique Modèle a été fondée en 1968 et fonctionne aujourd'hui avec un budget annuel de 3,512,616.68 Birrs éthiopiens. Fondée par la Fédération Internationale pour la planification familiale (IPPF) et le Gouvernement Royal des Pays Bas, la clinique compte 21 membres du personnel, dont 13 sont affectés à des programmes de santé spécifiques.

La clinique cible la communauté, dont des hommes, femmes, jeunes, travailleurs du sexe et personnes sans domicile fixe, soit 45 200 bénéficiaires.

La clinique est spécialisée dans l'éducation de santé, le conseil, l'éducation de santé sexuelle et reproductive, les méthodes contraceptives et les services communautaires au sein de l'établissement. Le succès de la clinique repose sur sa capacité à fournir des services de santé communautaire en collaborant avec le secteur public, privé et les ONG.

La clinique fournit les services suivants:

- Dépistage du cancer du col de l'utérus
- Provision de méthodes de PF de longue durée
- Centre de formation médicale de la Faculté de Médecine de l'Université Jimma à Addis Abeba.
- Liens consolidés avec les hôpitaux gouvernementaux de référence
- Attention aux victimes de viol

La durée de cette visite, y compris les trajets aller et retour, est d'environ 3 heures.

2. Le Centre de Santé Holeta est un établissement public de santé fondé en 1979 et situé à 29 km à l'ouest d'Addis Abeba dans la région d'Oromia. Le Centre de santé fournit des soins administrés par 18 prestataires de santé à des hommes et des femmes en âge de procréer et des personnes atteintes du Sida. Le Centre de santé vise à améliorer la santé de la communauté à travers des services de planification familiale et la mobilisation communautaire, en coordination avec les travailleurs d'extension sanitaire, l'armée du développement de la santé et d'autres acteurs clés. Ce Centre de santé est spécialisé dans l'éducation de santé pour la communauté, le conseil en PF pour les usagers du Centre, et le renforcement des capacités du personnel soignant, dont il encadre, suit et évalue les activités.

Le Poste Sanitaire Sademo a été sélectionné pour la visite de terrain. La durée totale de la visite, y compris les trajets aller et retour, est d'environ 4 heures.

Publications récentes

- [UN Secretary-General Commends Addis Call to Action](#)
- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
- [HLMM Final Report](#)
- [Family Planning Program in Senegal Drawn into Conflict with Religious Leaders](#)
- [2011 ICFP Journal Issue](#)



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Auxiliary Events

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On-Site Events (at the African Union)

Off-Site Events

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Événements Partenaires

This post is also available in: [Anglais](#)

Les organisations souhaitant préparer un événement associé à la Conférence devront le faire par leurs propres moyens, dans un lieu de leur choix. De nombreux hôtels référencés dans notre [liste d'hôtels](#) louent également des salles de réunion. Pour des événements de plus de 100 personnes, les meilleurs hôtels à contacter sont le Hilton, le Sheraton, le Radisson, l'Harmony et le Caleb.

Si vous désirez que l'information de votre événement apparaisse sur le programme officiel de la conférence ainsi que sur notre site internet, veuillez remplir le [Formulaire d'Information sur les Événements Hors-Site](#). Ce formulaire est réservé aux événements ouverts aux participants de la Conférence, et non aux événements privés.

Date limite de l'envoi des formulaires: 20 septembre 2013.

Il est également possible d'organiser un événement au Centre de Conférence de l'Union Africaine en dehors des heures programmées de la Conférence. Veuillez remplir le [Formulaire d'Information sur les Événements au Centre de Conférence de l'Union Africaine](#) pour solliciter un espace.

Date limite de l'envoi des formulaires: 20 septembre 2013.

Publications récentes

- UN Secretary-General Commends Addis Call to Action
- New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
- HLMM Final Report
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Community Village

This post is also available in: [French](#)

The 2013 International Conference on Family Planning hosted a Community Village to create an opportunity to share the objectives and messages of the family planning conference with the community at large. The community village was open to everyone, and was located at the Ethiopian Medical Association (EMA) compound.

Ethiopian organizations hosted booths to showcase their best practices and interact with the public. The Community Village included local craft vendors, a media center, and stages for entertainment activities such as music and cultural shows.

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Village communautaire

This post is also available in: [Anglais](#)

La 3ème Conférence Internationale sur la Planification Familiale accueillera un Village Communautaire pour permettre d'échanger et partager avec la communauté et le grand public les objectifs et messages de la Conférence pour la planification familiale. Le Village Communautaire sera ouvert à tous.

Le Village Communautaire sera situé dans les installations de l'Association Médicale Éthiopienne (EMA), à distance de marche de l'Union Africaine. Des organisations éthiopiennes disposeront de stands pour présenter leurs meilleures pratiques et interagir avec le public. Le Village Communautaire inclura des vendeurs d'artisanats, un centre de médias, et des scènes où se présenteront des activités culturelles. Deux grandes scènes seront dédiées aux concerts et spectacles.

Si vous souhaitez faire partie du Village Communautaire, remplissez votre [candidature](#).

Publications récentes

- [UN Secretary-General Commends Addis Call to Action](#)

HLMM Final Report

Family Planning Program in Senegal Drawn into Conflict with Religious Leaders

2011 ICFP Journal Issue

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INTERNATIONAL CONFERENCE ON FAMILY PLANNING

ADDIS ABABA, ETHIOPIA NOVEMBER 12-15 2013

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Youth

This post is also available in: [French](#)



YOUTH AND FAMILY PLANNING

Youth focus and youth participation was central to the success of the 2013 International Conference on Family Planning. With over 350 youth in attendance, the conference was the largest convening of young people on the topic of family planning.

Today, one in four people on earth are aged 10-25. It is the largest population of youth in history. Young people's beliefs and decisions about family planning are critical to their sexual and reproductive health and rights. Too often, young people lack access to modern contraceptive methods of their choice. Some of the largest barriers to contraceptive use include cultural norms about family planning, lack of finance and political priority.

Many of the commitments made at the 2012 London Summit on Family Planning ([FP2020](#)) focus on increased family planning equity and access among youth populations. The conference in Addis Ababa provided an opportunity to highlight what is needed to maximize young people's sexual and reproductive health.

YOUTH PRE-CONFERENCE EVENTS

- **2013 International Conference on Family Planning Youth Pre-Conference**
 - [Program | Video](#)
- **African Union Youth Pre-Conference**
 - [Website](#)
- **Ethiopian Youth Pre-Conference**

THANK YOU

Thank you to all the fantastic youth who submitted video applications as part of the 2013 ICFP Youth Video Contest. About 40 emerging leaders were selected to participate in the conference. Their roles and videos are listed below. Many thanks to the generous support from all 2013 ICFP partners and organizations that are sponsoring youth delegates.

EMERGING YOUTH LEADERS

International Youth Pre-Conference Moderators and Panel Members (Nov 11-12)

Muzabel Welongo, 23 years, Kenya

Sponsored by David and Lucile Packard Foundation

Adebisi Bidemi, 23 years, Nigeria

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

Ramya Jawahar Kudekallu, 24 years, India

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

High-Level Ministerial Meeting Youth Speaker (Nov 12)

Christelle Kwizera, 19 years, Rwanda

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

2013 ICFP Opening Session Youth Speaker (Nov 12)

Catherine Bongka Baye, 24 years, Cameroon

Sponsored by David and Lucile Packard Foundation

Youth Plenary Speakers (Nov 14)

Maria Angelica Botero, 24 years, Colombia

Sponsored by David and Lucile Packard Foundation

Burcu Buzkurt, 23 years, USA

Sponsored by David and Lucile Packard Foundation

Dakshita Wickremarathn, 23 years, Sri Lanka

Sponsored by David and Lucile Packard Foundation

Barwani Msiska, Malawi

Sponsored by David and Lucile Packard Foundation

Youth Speakers at the launch for the FP2020 Report (Nov 13)

Muzabel Welongo, 23 years, Kenya

Sponsored by David and Lucile Packard Foundation

Philomina Hammond, 20 years, Ghana

Sponsored by David and Lucile Packard Foundation

Youth Speakers at the launch of the UNFPA SWOP report (Nov 14)

WILLIAM OTUCK, 24 YEARS, TANZANIA

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

MWANAISHA SAID, 22 YEARS, KENYA

Sponsored by USAID/PSI Kenya

Co-chairs at youth-focused sessions and panels (Nov 13-15)

JILLIAN GEDEON, 22 YEARS, CANADA

Sponsored by David and Lucile Packard Foundation

SAMITTA ENTSUA, 18 YEARS, LIBERIA

Sponsored by David and Lucile Packard Foundation

AHMED AL-KHATARY, 21 YEARS, YEMEN

Sponsored by USAID Yemen/MCHIP

TRACE-ANN GOODEN, 23 YEARS, JAMAICA

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

ODANE ALLISON, 20 YEARS, JAMAICA

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

FRANCIS FODAY KAMARA, 23 YEARS, SIERRA LEONE

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

PRABESH BIKRAM SINGH, 22 YEARS, NEPAL

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

DJIBRIL SANGARÉ, 23 YEARS, MALI

Sponsored by USAID/PSI Mali

YOUTH ADVOCATES

FELISTER MAKANDI GITONGA, 24 YEARS, KENYA

Sponsored by USAID/PSI Kenya

CAROLINE BORAYA, 23 YEARS, KENYA

Sponsored by USAID/PSI Kenya

ROMARIC OUITONA, 20 YEARS, BÉNIN

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

ISRAEL OLWASEYIDAYO IDRIS, 24 YEARS, UKRAINE

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

ISAIAH OWOLABI, 25 YEARS, NIGERIA

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

Jean Christophe Rusatira, 25 YEARS, RWANDA

Sponsored by USAID/Rwanda Family Health Project

Mohammaed A.O. Mohammed, 20 YEARS, SUDAN

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

Amanda Joan Banura, 20 years, Uganda

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

Queen Maureen Mutsinzi, 23 years, Rwanda

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

Monira Akter, 21 years, Bangladesh

Sponsored by USAID/MCHIP

Francis Oko Armah, 21 years, Ghana

Sponsored by USAID/MSI Ghana

Emily Jane Sullivan, 25 years, USA

Sponsored by the Bill & Melinda Gates Institute for Population and Reproductive Health

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- [UN Secretary-General Commends Addis Call to Action](#)
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Jeunes

This post is also available in: [Anglais](#)



CANDIDATURE POUR JEUNES INTERVENANTS ET MODÉRATEURS

Merci à tous les jeunes talentueux qui ont envoyé leurs vidéos! La date limite d'envoi des candidatures pour Jeunes Intervenants était le 12 août 2013. Nous n'acceptons plus de candidature. Les candidats seront informés du statut de leur acceptation au début du mois de septembre.

Les organisateurs de la Conférence Internationale de 2013 sur la Planification Familiale (CIPF) cherchent des jeunes intervenants et/ou modérateurs de 18 à 25 ans pour participer aux panels sur la jeunesse et d'autres sessions de la conférence. Les frais d'inscription et de voyage des jeunes sélectionnés seront couverts par l'organisation; ainsi, les jeunes joueront un rôle essentiel lors de la conférence, en apportant une nouvelle perspective au programme.

Cette année, dans le souci d'utiliser les nouvelles technologies pour parler et faire parler de la planification familiale, la CIPF acceptera les candidatures de jeunes intervenants au travers de fichiers vidéo. Tous les jeunes désirant participer à ce programme devront envoyer eux-mêmes leur candidature vidéo, mais pourront faire appel à d'autres organisations ou ressources si nécessaire. Le candidat devra compter sur le soutien et la référence d'au moins un professionnel.

Le candidat devra avoir de l'expérience dans le domaine de la planification familiale, la santé reproductive et/ou sexuelle, ou la santé des adolescents, pour participer à la conférence en tant que modérateur ou intervenant durant les sessions spécialisées sur la jeunesse. Il est recommandé que les candidats abordent la planification familiale en faisant le lien avec le thème central de la conférence – **Accès Intégral, Choix Intégré** – ou qu'ils élaborent une vidéo sur ce thème.

Candidature Pour Jeunes Intervenants et Modérateurs

Pour toutes questions sur le processus de candidature, veuillez contacter: youth@fpconference2013.org

Dante limite de l'envoi des candidatures: 12 août 2013

RÈGLES ET INSTRUCTIONS

A. Eligibilité

Pour participer au concours de vidéos de jeunes, vous devez avoir entre 18 et 25 ans le 1er novembre 2013. Vous ne pouvez participer au concours qu'une seule fois.

B. Sélection

Un jury composé de membres du Comité pour la Jeunesse de la CIPF de 2013 choisira les vainqueurs. Les meilleurs candidats seront sélectionnés pour participer en tant qu'intervenant ou modérateur de la conférence à Addis Abeba, Ethiopie. Les vidéos les plus marquantes, vainqueurs ou pas, seront réunies dans une compilation et présentées lors de la conférence et/ou sur son site officiel.

La sélection des jeunes intervenants/modérateurs et celle des résumés scientifiques sont deux processus différents. En d'autres termes, la CIPF accepte volontiers l'envoi de résumés scientifiques de la part de jeunes conférenciers, mais ceci n'est pas une obligation pour pouvoir participer à la conférence en tant que jeune intervenant.

Les candidatures seront évaluées en fonction des critères suivants:

- Clarté du message sur la planification familiale et/ou la santé sexuelle et reproductive des adolescents
- Habilité à parler en public et transmettre un message
- Expérience et référence(s)
- Intérêt et capacité à apprendre et apporter à la conférence
- Clarté de l'image et du son de la vidéo (pour être projetés sur des grands écrans).

C. Format de la vidéo

La vidéo doit permettre de transmettre votre expérience dans le domaine de la planification familiale, ainsi que votre créativité et habileté à transmettre un message important au public. Vous pourrez utiliser des photos, de bandes sonores ou d'autres graphiques pour illustrer votre propos, mais vous devrez également parler devant la caméra.

La Vidéo envoyée doit être le fruit de votre travail. Vous, le candidat, devrez posséder tous les droits d'auteur de votre vidéo, y compris le copyright. Vous pourrez solliciter l'aide d'un tiers pour réaliser cette vidéo (exemple: pour la caméra), du moment que le produit final reflète votre propre travail.

La Vidéo devra durer au moins trente (30) secondes et ne devra pas excéder cinq (5) minutes. Si votre vidéo dure plus de 5 minutes, merci d'indiquer la minute de début et de fin de l'extrait à visualiser, ce dernier ne pouvant dépasser 5 minutes.

La Vidéo devra être en anglais ou français. Si elle est dans une autre langue, merci d'utiliser des sous-titres en anglais.

Dans le cas où, après avoir envisagé toutes les opportunités et options possibles, vous n'auriez pas accès au matériel nécessaire ou ne pourriez pas réaliser votre vidéo pour toute autre raison, merci de contacter Anna Kaagesten à youth@fpconference2013.org. Nous tenterons de vous mettre en contact avec des organisations locales et d'autres acteurs. Vous pourrez également utiliser du matériel existant tel que des discours enregistrés; cependant, il est recommandé que du nouveau matériel soit inclus afin d'aborder votre candidature pour participer à la conférence.

D. Restrictions de contenu

- En aucun cas la vidéo ne devra contenir des images ou propos violant ou limitant les droits d'autrui, y compris, mais pas uniquement, liés au thèmes de la privacité, la publicité, le tort ou la propriété intellectuelle (dont le copyright, marque déposée ou droit de brevet).
- La vidéo ne pourra contenir de la musique, images, séquences, rushes, oeuvres ou vidéos protégée par des droits d'auteurs et n'appartenant pas au candidat.
- En aucun cas la vidéo ne pourra contenir des images ou propos déplacés, indécents, obscènes, discriminatoires ou incitant à la haine et violant les droits de l'Homme internationaux.

E. Références

Au moins une (1) référence (exemple: une organisation ou un individu professionnel) devra être fourni en soutien de vos qualités d'intervenant.



Publications récentes

- UN Secretary-General Commends Addis Call to Action
- New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
- HLMM Final Report
- Family Planning Program in Senegal Drawn into Conflict with Religious Leaders
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Media Center

This post is also available in: [French](#)

The 2013 International Conference on Family Planning sparked a global media campaign focused on family planning, generating significant coverage of reproductive health and rights in the lead-up to, during and following the conference.

• Media Resources

• News

Nearly **200 national and international journalists** from print, broadcast and online outlets attended the conference.

Conference organizers and Global Health Strategies worked with the United Nations Foundation, United Nations Population Fund (UNFPA), Population Reference Bureau, Pathfinder, International Planned Parenthood Federation and the HIV/AIDS Alliance to facilitate media scholarships that allowed the attendance of 47 international journalists who would not otherwise have had means to travel to Ethiopia.

More than **225 original articles** have been published by media outlets in 21 countries as a result of the conference media campaign.

Recent Posts

- [UN Secretary-General Commends Addis Call to Action](#)
 - [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
 - [HLMM Final Report](#)
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Médias

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Press Releases

- [7 October 2013 – Global Leaders – Including Melinda Gates – to Urge ‘Full Access, Full Choice’ at Third International Conference on Family Planning \(version française\)](#)
- [13 August 2013 – Family Planning Leaders to Call for ‘Full Access, Full Choice’ at Third International Conference on Family Planning \(version française\)](#)

ICFP Press Materials

- [ICFP Schedule: Press Briefings \(version française\)](#)

Logos & Images – right-click to download

ICFP 2013 Logo – Française



Publications récentes

- UN Secretary-General Commends Addis Call to Action
- New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
- HLMM Final Report
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Media Resources

Press Releases

- [15 November 2013 – Global Conference Closes with Call for Family Planning to Be at Center of Development Agenda](#)
- [14 November 2013 – Facing Huge Need for Contraception, Young Leaders Pioneer Innovative Solutions](#)
- [13 November 2013 – Women Drive Progress on Family Planning—Let's Join Their Fight](#)
- [12 November 2013 – As Largest Global Family Planning Conference Begins, Political Leaders Urge “Full Access, Full Choice”](#)
- [11 November 2013 – Largest-Ever Global Family Planning Conference to Open This Week in Ethiopia](#)
- [7 November 2013 – Government Ministers Convene ahead of ICFP 2013 to Examine Returns on Investment in Family Planning \(version française\)](#)
- [7 October 2013 – Global Leaders – Including Melinda Gates – to Urge ‘Full Access, Full Choice’ at Third International Conference on Family Planning \(version française\)](#)
- [13 August 2013 – Family Planning Leaders to Call for ‘Full Access, Full Choice’ at Third International Conference on Family Planning \(version française\)](#)

ICFP Press Materials

- [ICFP Fact Sheet: Family Planning in Ethiopia](#)
- [ICFP Schedule: Press Briefings \(version française\)](#)
- [ICFP Schedule: Partner Side Events](#)
- [ICFP Glossary: Key Family Planning Terms](#)
- [ICFP Guide: Social Media & Virtual Participation](#)

Daily Update: 12 November

• **Daily Update:** 13 November

Additional Resources

- **Guttmacher Institute:** Costs and Benefits of Investing in Contraceptive Services in the Developing World
- **Guttmacher Institute:** Costs and Benefits of Investing in Contraceptive Services in Sub-Saharan Africa
- **Guttmacher Institute:** Meeting the Need for Maternal and Newborn Care in the Developing World—Estimates for 2012
- **IPPF:** Family Planning and the Demographic Dividend
- **MSI:** Why Do 222 million Women Have an Unmet Need for Contraception? (Infographic)
- **PRB:** The Potential of Youth for a Demographic Dividend
- **PRB:** The Challenge Ahead – Initiating a Demographic Dividend
- **UNFPA:** “Motherhood in Childhood” – State of the World Population 2013

Partner Press Releases

- **FP2020:** Countries with Greatest Family Planning Needs Lead Progress to Expand Access to Contraceptives
- **Girls Not Brides:** Full access full choice in family planning not possible without tackling child marriage (version française)
- **Aman Foundation:** Saving Mothers and Children: New Health Initiative Launched in Karachi, Pakistan
- **MSI:** Lessons from East Africa could help countries make huge cost savings and reduce unintended pregnancies

Conference Partner Program Information

- **Abt Associates:** Expanding and Improving Family Planning/Reproductive Health Services
- **Abt Associates:** Scaling Up Family Planning in Zambia
- **MCHIP:** Ethiopian Midwives Gain Skills in Postpartum Family Planning to Combat Maternal and Child Mortality
- **MCHIP:** Postpartum Family Planning Enables Ethiopian Mother of Four to Improve Life for Her Family
- **MCHIP:** Husbands in India are Key to Adoption of Family Planning Services
- **MCHIP:** Couple in Mali Opt for Family Planning Thanks to Counseling by Health Workers
- **MSI:** Family Planning Fact Sheet
- **MSI:** Expanding Access to Safe Abortion and Post-Abortion Care Services
- **MSI:** Task Sharing
- **MSI:** eVouchers in Ethiopia
- **MSI:** Sexual Health Helpline in Ethiopia
- **MSI:** Private Sector Collaboration in Ethiopia
- **MSI:** Task Sharing in Ethiopia
- **PAI:** Integrated Population, Health & Environment Events at ICFP 2013

- **PATH:** Sayana Press: Pilot Introduction and Evaluation
- **Rutgers WFP:** Men Care+ Fact Sheet

Logos & Images – right-click to download

Photographs from the conference are available to download [here](#) and [here](#).

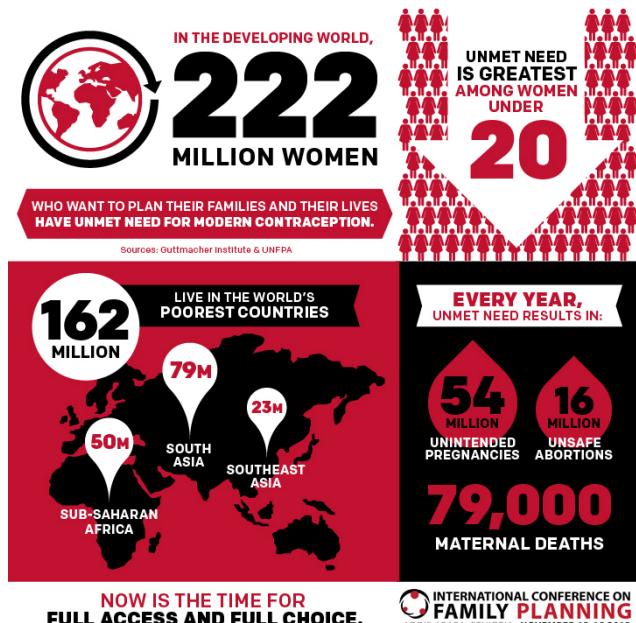
ICFP 2013 Logo – English:



ICFP 2013 Logo – Française



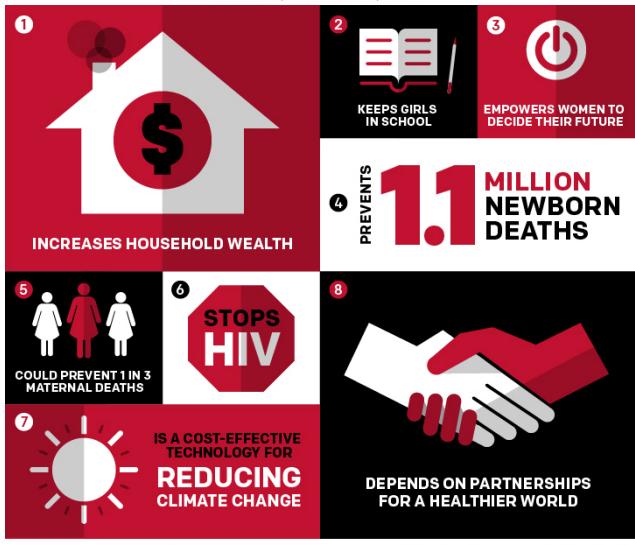
Infographic – Unmet Need for Contraception



Infographic – Family Planning and Global Development

FAMILY PLANNING DRIVES GLOBAL DEVELOPMENT

Sources: WHO, Guttmacher Institute, FH360



NOW IS THE TIME FOR FULL ACCESS AND FULL CHOICE.

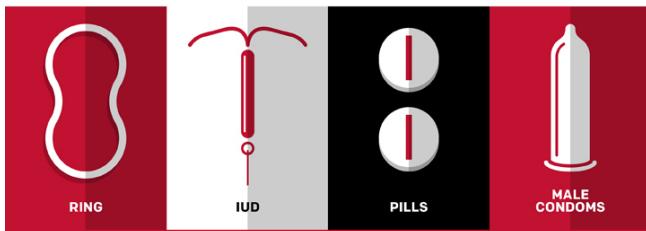
INTERNATIONAL CONFERENCE ON FAMILY PLANNING
ADDIS ABABA, ETHIOPIA NOVEMBER 12-15 2013

Infographic – The FP2020 Goal



Infographic – Full Choice of Methods

WHEN PEOPLE HAVE **ACCESS** TO A RANGE OF FAMILY PLANNING METHODS,
THEY'RE MORE LIKELY TO **CHOOSE** AND **USE** ONE EFFECTIVELY.



TO ENSURE **EVERYONE** CAN GET THE FAMILY PLANNING SERVICES THEY WANT, **AFFORDABLE OPTIONS** ARE KEY.



**NOW IS THE TIME FOR
FULL ACCESS AND FULL CHOICE.**

INTERNATIONAL CONFERENCE ON
FAMILY **PLANNING**
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MCHIP Infographics



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UN SECRETARY-GENERAL COMMENDS ADDIS CALL TO ACTION

SEPTEMBER 11, 2014

By FAMILYPLANNING

United Nations Secretary-General and his Special Adviser on Post-2015 Development Planning commended the [Addis Call to Action](#), a declaration of support for family planning as a key part of development and inclusion in the Sustainable Development Goals.

Nearly 1,000 individuals and organizations from more than 80 countries signed onto the Call to Action, representing the millions of women, men, and young people around the world asking leadership to secure sexual and reproductive health services for all people. The declaration urges the Post-2015 development framework to commit to universal access to voluntary, high quality family planning.

Dr. Jotham Musinguzi of Partners for Population and Development launched the Call to Action at the closing event of the [2013 International Conference on Family Planning](#) in Addis Ababa, Ethiopia.

Dr. Michael J. Klag, Dean of the Bloomberg School of Public Health at Johns Hopkins University, presented the collective global appeal for family planning to remain a core component in upcoming discussions of the Sustainable Development Goals and Post-2015 Development Agenda. In [his letter to the Secretary-General](#) Dean Klag praised the inclusion of family planning and universal access to sexual and reproductive health care services by 2030 in proposed goal 3, as stated in the final draft of the 13th session of the [Open Working Group for Sustainable Development](#). He also encouraged the United Nations leadership to ensure:

- Universal access to voluntary, high quality family planning and sexual and reproductive health services, including of the widest possible contraceptive choice, is included in the post-2015 framework;

- Existing Millennium Development Goal targets on maternal mortality and access to reproductive health that have not been met are carried over into the new framework as key goals and targets; and
- Closing the gap in unmet need for family planning in full within the time frame of the new post-2015 framework.

In response, Special Adviser Amina J. Mohammed, on behalf of Secretary-General Ban Ki-moon, shared their appreciation of the Addis Call to Action and reiterated their commitment to the Post-2015 Development Agenda, noting that, “the integration of sexual and reproductive health care services will ensure a truly transformative development landscape.” She stated that the input would be duly considered as the Synthesis of the Secretary-General is prepared.

The majority of the supporters of the Call to Action signed on as individuals (60%), 35% signed on both as an individual and on behalf of an organization, and 5% signed on as organizations. A number of global institutions contributed their weight to the list, including:

African Institute for Development Policy (AFIDEP), Nairobi, Kenya

Center for Communication Programs, Johns Hopkins University

DKT International

DSW (Deutsche Stiftung Weltbevölkerung)

EngenderHealth

European Parliamentary Forum on Population and Development (EPF)

FHI360

Gates Institute for Population and Reproductive Health, Johns Hopkins University

Guttmacher Institute

Institute for Reproductive Health

International Center for Research on Women (ICRW)

International HIV/AIDS Alliance

IntraHealth International

Ipas

Jhpiego

John Snow Inc. (JSI)

Management Sciences for Health (MSH)

Matei Multipurpose Cooperative Society (MATCOPS), Sierra Leone

Pathfinder International

Population Services Inc. (PSI)

Population Council

Save the Children

Universal Access Project

World Education, Inc.

Women Deliver

[View the full list of signees.](#)

[Read the full Addis Call to Action statement.](#)

For more information contact gatesinstitute@jhu.edu.

Filed Under: [ANNOUNCEMENTS](#), [NEWS](#), [UNCATEGORIZED](#)

NEW CSIS REPORT AND VIDEO: FAMILY PLANNING AND LINKAGES WITH U.S. HEALTH AND DEVELOPMENT GOALS

APRIL 28, 2014

By [FAMILYPLANNING](#)

Re-post: [Smart Global Health Mailing List](#)

Ethiopia has attracted global attention for its leadership in advancing family planning. Contraceptive use rose from 15% in 2005 to 29% in 2011, due largely to the government's ambitious Health Extension Program. The U.S. has made significant investments in Ethiopia's health and development programs, and has been a critical partner in its achievements in family planning.

To examine the impact of family planning in Ethiopia and its linkages with broader health and development goals, CSIS visited Ethiopia to produce a video and to lead a delegation in February 2014. The delegation included bipartisan staff from three congressional offices, and from the Bill & Melinda Gates Foundation and Hope Through Healing Hands.

This blog discusses the **CSIS video** and the delegation's findings, which focus on the opportunities and challenges presented by Ethiopia's program. The **delegation's report** underscores the importance of continuing U.S. global leadership in family planning, and calls on the Obama administration and the U.S. Congress to use upcoming opportunities in 2014 to demonstrate the U.S. commitment. Despite multiple enduring challenges, Ethiopia's program offers important lessons for other countries, and for U.S. policy.





Filed Under: [ANNOUNCEMENTS](#), [NEWS](#)

HLMM FINAL REPORT

APRIL 8, 2014

By [FAMILYPLANNING](#)

The [Final Report](#) for the High-Level Ministerial Meeting, “The Youth Dividend – Return on Investment in Family Planning,” is now available.

Filed Under: [ANNOUNCEMENTS](#), [NEWS](#)

FAMILY PLANNING PROGRAM IN SENEGAL DRAWN INTO CONFLICT WITH RELIGIOUS LEADERS

MARCH 25, 2014

By [FAMILYPLANNING](#)

Repost From: [The Washington Post](#)

Written by: Allyn Gaestel

In MERETO, Senegal — From the corner of his family’s bustling courtyard, El Hadji Fally Diallo looked out approvingly at his large extended family. Several women with babies on their hips prepared the massive midday meal, and children studying the Koran mumbled verses to themselves.

“It’s like we expanded from one family to three,” Diallo, a 76-year-old village leader, said of his own three wives and expansive brood. “With 30 children, some can go to the field, some can deal with the cattle, some can go abroad. It’s a lot of

money you can have with this size family, so that is a lot of power.”

The Diallos have a time-tested definition of success in which a large family plays a central role. But that model is clashing with a government program to increase contraceptive use and reduce family sizes. Largely financed by international donors, the program is part of a global campaign that aims to give 120 million more women around the world access to contraception by 2020.

For supporters of the program, the benefits of contraception are clear: better health for women and children, economic benefits and smaller families.

This last justification, smaller families — and so smaller populations — has drawn the women’s health program into conflict with religious leaders and rekindled suspicions about the motivations for international aid.

For Diallo and his son Ibrahima Diallo, who is an imam, their large family is not only an economic boon, it is also a moral imperative.

“If Europeans say the population is too large so we need to limit births, Islam can’t agree with that because God says, ‘You are my people, multiply,’ and it is the duty of God to take care of the family,” the younger man said. “It’s not for Europeans to bring family planning and say, ‘You have a large population, you will have consequences.’ ”

Senegal, a country of 13 million, is 94 percent Muslim, and the views of imams such as Diallo are deeply respected.

West Africa has one of the lowest rates of contraceptive use in the world. And while some local activists have been pushing for family planning for decades, much of the current programming is funded by international donors.

A Senegalese women’s rights network called Siggil Jigeen has been advocating family planning for nearly two decades, and program director Fatou Ndiaye Turpin is frustrated with its dismal progress. The biggest hindrances, she said, are Islam and rumors about side effects of contraception.

“If religion allowed it, there would be no problem,” she said.

Siggil Jigeen regularly works with imams to find ways to promote theological justifications for family planning, such as highlighting sections of the Koran that emphasize preserving women’s health and spacing children. “It’s always men who come and say this is forbidden by Islam,” she said. “Women don’t know what’s in the Koran.”

Turpin said she has been criticized for promoting what many here see as an international agenda that goes against Senegalese values. “Some people understand our mission, but some think this is an invasion that came from outside the country because they give us money,” she said.

At a [global conference](#) on family planning in Addis Ababa, Ethiopia, in November, numerous sessions focused on explosive population growth. [West Africa and the Sahel region](#) were highlighted as particularly vulnerable. By 2050, the region’s population could triple to 300 million, worsening an already palpable food crisis.

The United Nations projects Senegal’s population to reach 58 million by 2100, largely because of the high birth rate. Women

here have an average of five children; in rural areas such as Mereto, the average is 6.3.

At the Ministry of Health, Bocar Daff, the director of reproductive health, said that his role is to “improve the health of the population.” A lower fertility rate would “affect the development, security, school, electricity, it’s clear,” he said, “but if we go to the population, I don’t think that’s the strategic way” to present the issue.

But at the financial ministry, Lanfia Diané, who works in the population and development planning division, was more direct.

“The population should be at the heart of all development,” he said, “Five children per woman? No country in the world has developed themselves with this rate.”

In the Diallo courtyard, such macro-level analyses are discounted as culturally inapplicable. “In Senegal, we have solidarity; you can take your child to . . . your brother’s house for help,” Imam Diallo said. “We can have even a bigger and bigger population, but with solidarity we won’t have problems.”

Family planning activists often point to the economic strain of a population with fewer workers than dependents. But religious leaders worry that the focus on family size ties contraceptive programs with population control, something most imams see as un-Islamic.

“Family planning is not reproductive health, is not space between babies; it’s not health of women, it’s to limit births,” said Imam Ahmed Ndiaye, an outspoken critic of family planning programs and a frequent guest on television programs in the capital, Dakar.

But little by little, Senegalese women are turning to family planning themselves as they learn about contraception from each other, community health workers and government radio announcements.

In Koumpentoum, the district where the Diallos live, only 4.7 percent of women used family planning methods in 2013, according to the health center. And midwives say the tiny minority who use contraceptives often hide them from their husbands.

Yassin Diouf, 40, who lives across the village from the Diallo family, has had 10 children, though only six survived. She has used contraception in the past and plans to use it again.

“No more, this is enough, thank you, thank you, God. God help me to stop here,” she said, cooing to her suckling 4-month-old baby. “Maybe it’s forbidden by Islam, but women are so tired of giving birth.”

Filed Under: **NEWS**

2011 ICFP JOURNAL ISSUE

MARCH 14, 2014

By FAMILYPLANNING

Research presented at the 2011 International Conference on Family Planning has been published in the International Journal of Gynecology and Obstetrics! Links to the full-text articles may be found on the [ICFP Papers](#) page.

Filed Under: [ANNOUNCEMENTS](#), [NEWS](#)

YOUTH VOICES SERIES: PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH

FEBRUARY 26, 2014

By [FAMILYPLANNING](#)

Many of our [ICFP Youth 2013](#) from the [International Conference on Family Planning](#) are still on the ground in their communities advocating for sexual and reproductive health months after the conference has ended. [FHI 360](#) has highlighted a few of them here.

Re-post: [Degrees.fhi360.org](#)



[Implementing youth-friendly health services in Malawi](#)

Barwani Msiska, a youth advocate from Malawi, discusses the critical role of policy change in the improvement of youth sexual and reproductive health.



[Why I choose to be a youth advocate for family planning](#)

Burcu Bozkurt, a youth advocate, explains why she is so passionate about the sexual and reproductive health of young people.



One youth's quest to improve reproductive health in Nigeria

Isaiah Owolabi, a participant in the Interagency Youth Working Group online forum, Following through on the 2013 ICFP: Youth, SRHR and policy change, offers his views on youth sexual and reproductive health.

Filed Under: [NEWS](#)

Tagged With: [PLENARY](#), [YOUTH DELEGATE](#), [YOUTHER SPEAKER](#)

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- [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
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Visiting Ethiopia

This post is also available in: [French](#)

GENERAL INFORMATION

Weather

November in Addis Ababa is warm and dry. With a subtropical highland climate, you can expect the temperature to range between 16-25 °C (61-77 °F). The evenings are milder; therefore, don't forget to pack a jacket.

Currency

The local currency is called the Ethiopian Birr (ETB). All local banks provide currency exchange services with an exchange rate that is uniform across the board. The current exchange rate can be found on the website of the [National Bank of Ethiopia](#). Please note that it is illegal to exchange your currency on the black market – only deal with official banks. All major hotels have FOREX services on site you can easily use.

Mobile Phones

International mobile phones will need to be “unlocked” in order for them to work in Ethiopia, but you may incur roaming charges. Please contact your mobile carrier for information about your individual plan options. Of note, Blackberry Messaging services are not available in Addis Ababa as of now.

Alternatively, for less than \$20 you can purchase a local pre-paid SIM card for your unlocked mobile phone. There is only one telecommunications company in Ethiopia: Ethio Telecom, formerly Ethiopian Telecommunications Corporation (ETC).

Electricity

The electricity in Ethiopia is 220V/50Hz. Don't forget to bring appropriate adapters (and convertors for 110V electrical goods).

Language

The official working language in Addis Ababa is called Amharic. However, almost everyone you encounter will speak at least enough English for you to communicate.

HEALTH

Vaccination and Medication

The [United States Center for Disease and Control Prevention](#) recommends that all travelers be up-to-date on routine vaccines and that they visit their doctor 4-6 weeks prior to their trip to discuss any vaccination or medications they may need for traveling. Information on yellow fever and malaria can also be found [here](#).

Water

It is strongly recommended that you do not drink the tap water during your stay in Addis Ababa. Bottled water is easily available.

Elevation

Addis Ababa is the third highest capital city in the world. Due to this high elevation, travelers may experience altitude sickness while acclimating.

FURTHER INFORMATION

[Ethiopia's Ministry of Culture and Tourism](#) has information on various other relevant topics.



Recent Posts

- [UN Secretary-General Commends Addis Call to Action](#)
 - [New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals](#)
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Voyager en Éthiopie

This post is also available in: [Anglais](#)

INFORMATION GÉNÉRALE

Climat

Le mois de novembre à Addis Abeba est chaud et sec. Avec un climat subtropical d'altitude, les températures oscillent généralement entre 16 et 25°. Les soirées étant plus fraîches, prévoyez également de quoi vous couvrir.

Monnaie

La monnaie locale est le Birr éthiopien (ETB). Toutes les banques locales offrent un service de change à un taux uniformisé entre toutes les banques. Le taux de change courant est publié sur le site de la [Banque Nationale d'Éthiopie](#). Veuillez noter qu'il est illégal de changer son argent sur le marché noir -merci de ne traiter qu'avec les banques officielles. Tous les grands hôtels offrent le service FOREX, que vous pourrez utiliser facilement.

Téléphones portables

Les téléphones portables internationaux devront être débloqués pour fonctionner en Éthiopie, et l'usage de votre téléphone mobile pourra générer des frais additionnels de roaming. Veuillez contacter votre opérateur de téléphonie mobile pour obtenir des informations sur les options de forfaits auxquelles vous pourrez souscrire. Par ailleurs, veuillez noter que la Messagerie instantanée Blackberry n'est pas encore disponible à Addis Abeba.

Vous pouvez également acheter une carte SIM prépayée pour moins de 20 dollars, que vous pourrez utiliser avec votre téléphone portable débloqué. Il n'existe qu'un seul opérateur de téléphonie mobile en Éthiopie: Ethio Telecom, autrefois la Corporation de Télécommunications Éthiopienne (ETC).

Électricité

Le courant électrique en Éthiopie est de 220V/50Hz. N'oubliez pas d'apporter un adaptateur (et un transformateur pour les appareils électriques de 100 voltes).

Langue

La langue officielle d'Addis Ababa est l'Amharic. Cependant, presque toutes les personnes que vous rencontrerez parleront assez l'anglais pour que vous puissiez communiquer.

Transports

Durant chaque jour de la conférence, vous pourrez utiliser un service de navettes gratuites entre les hôtels et le Centre de Conférence de l'Union Africaine. Le service de navettes gratuites sera également disponible pour toutes les activités de nuit sponsorisées par la Conférence.

Les navettes desserviront toute la zone hôtelière. Les limites exactes de cette zone seront déterminées en fonction des inscriptions des participants à la conférence, processus au cours duquel il vous sera demandé de préciser vos informations de logement. Si vous êtes déjà inscrits, veuillez [actualiser votre profile](#) avec votre information d'hôtel. L'arrêt de votre navette sera situé à proximité de votre hôtel.

SANTÉ

Vaccins et médicaments

Le [Centre pour la Prévention et le Contrôle des Maladies des États-Unis \(CDC\)](#) recommande que tous les voyageurs aient leurs vaccins de routine à jour et qu'ils consultent leurs médecins entre 4 à 6 semaines avant d'effectuer leur voyage pour discuter des possibles vaccins ou médicaments nécessaires. Plus d'informations sur la fièvre jaune et le paludisme peuvent également être trouvées [ici](#).

Eau

Il est strictement déconseillé de boire l'eau du robinet durant votre séjour à Addis Abeba. Il vous sera facile de vous procurer de l'eau en bouteille.

Altitude

Addis Ababa est la troisième capitale la plus élevée du monde. En raison de sa haute élévation, les voyageurs pourront éprouver des maux d'altitude durant la période d'acclimatation.

INFORMATION COMPLÉMENTAIRE

Plus d'informations sur d'autres sujets pertinents pourront être disponibles sur le site du [Ministère de la Culture et du Tourisme d'Éthiopie](#).

Publications récentes

- UN Secretary-General Commends Addis Call to Action
 - New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
 - HLMM Final Report
 - Family Planning Program in Senegal Drawn into Conflict with Religious Leaders
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INTERNATIONAL CONFERENCE ON **FAMILY PLANNING**

ADDIS ABABA, ETHIOPIA NOVEMBER 12-15 2013

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Conference Center

This post is also available in: [French](#)

The 2013 International Conference on Family Planning was held at the African Union Conference Center.

[mappress mapid="1"]



The African Union



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Centre de Conférence

This post is also available in: [Anglais](#)

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L'Union Africaine

La Conférence Internationale de 2013 sur la Planification Familiale se déroulera au Centre de Conférence de l'Union Africaine. Des navettes gratuites seront disponibles entre le centre de conférence et les hôtels.

Publications récentes

- UN Secretary-General Commends Addis Call to Action
- New CSIS Report and Video: Family Planning and Linkages with U.S. Health and Development Goals
- HLMM Final Report
- Family Planning Program in Senegal Drawn into Conflict with Religious Leaders
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Hotels

This post is also available in: [French](#)

Under \$100 per night

\$100-\$200 per night

Over \$200 per night

Other hotels



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Hôtels

This post is also available in: [Anglais](#)

Au moment de faire votre réservation, veuillez informer les hôtels que vous venez à la CIPF 2013. Veuillez également donner le nom de votre hôtel au moment de votre inscription à la conférence en [actualisant votre profile](#). Cette information vous permettra d'organiser le [service gratuit de transport](#) entre les hôtels et le Centre de Conférence de l'Union Africaine.

Hôtels de moins de USD \$100 par nuit

Hôtels entre \$100-\$200 par nuit

Hôtels de plus de \$200 par nuit

Autres hôtels

Publications récentes

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Visas and Getting to Addis Ababa

This post is also available in: [French](#)

Airfare

Ethiopian Airlines was the official carrier of the 2013 ICFP and generously offered a 10% fare discount to all conference participants on Economy class and Business class tickets.

Visa Information

Visas are required to travel to Ethiopia except for holders of diplomatic, service, AU, UN and ADB passports, and citizens of Kenya and Djibouti. Requesting a business visa requires:

- 1) A valid passport with at least six months of validity remaining and at least two blank visa pages, and
- 2) An official invitation letter from Ethiopia provided after registering online.

The Government of Ethiopia requires that conference delegates from countries with Ethiopian Diplomatic Missions secure their visas from the Ethiopian Embassy or Consulate located in their country of residence.

Vaccination Requirements

To enter Ethiopia, a [yellow fever vaccination certificate](#) is [required](#) for travelers over the age of one who are coming from [countries with risk of yellow fever transmission](#). Please see the section on [International Certificate of Vaccination or Prophylaxis \(ICVP\)](#) for more details.

For more information on vaccinations, see the [Visiting Ethiopia](#) page.

Immigration/Customs

Either on your flight or at the airport, you will be given an entry card that you will need to fill out and provide to the immigration officer along with your passport.

If you are carrying in excess of \$3,000 (or its equivalent) in cash, you are required to officially declare it. You will find relevant declaration forms either on your flight, or you can ask the immigration officer.

After getting your passport stamped by the immigration officer, you may collect your luggage and proceed to customs clearance. The customs agents can check the content of your luggage at their discretion.



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Visas & Accès à Addis Abeba

This post is also available in: [Anglais](#)

Arriver en avion

Ethiopian Airlines est la compagnie aérienne officielle de la CIPF 2013. Tous les participants de la Conférence pourront bénéficier d'une réduction de 10% sur les billets d'avion en classe économique et en classe affaires. Au moment d'effectuer votre réservation réservation, veuillez utiliser le Code de Promotion suivant: ADD1726A. Cette promotion sera valable jusqu'au 15 novembre, en prenant un retour à une date postérieure au 12 novembre 2013.

Information concernant les Visas

Un Visa est requis pour tous les participants étrangers voyageant en Ethiopie, à l'exception des détenteurs de passeport diplomatique, de service, de l'Union Africaine, de l'ONU et ADB, ainsi que les citoyens kenyans et djiboutiens. Pour solliciter votre visa pour séjour de travail, vous aurez besoin d'un passeport valide avec au moins 6 mois de validité jusqu'à sa date de renouvellement et au moins deux pages blanches.

Les délégués provenant de pays dans lesquels est implantée une Mission Diplomatique ou Ambassade ont invités à réaliser leurs démarches de visa dans l'Ambassade/ Consultat éthiopien de leur pays de résidence.

Vous devrez remettre une lettre d'invitation officielle d'Ethiopie pour votre demande de visa. Cette lettre d'invitation vous sera envoyée par email après que vous vous soyez correctement enregistrés à la conférence (formulaire en ligne et paiement).

Veuillez contacter l’Ambassade ou le Consultat éthiopien de votre pays pour toute information sur l’obtention de votre visa.

Visas à votre arrivée

Si et seulement si vous n’êtes pas en mesure de vous procurer un visa d’entrée en Ethiopie car aucune Ambassade ni Consultat éthiopien se trouve dans votre pays de résidence, un organisateur vous aidera à obtenir votre visa le jour de votre arrivée sur le territoire éthiopien. Veuillez nous prévenir avant le 14 octobre 2013 en nous envoyant une copie scannée de votre passeport, y compris la page de votre photo, à icfp@flawlessevents.net afin de faciliter votre entrée en Ethiopie.

Nous vous recommandons vivement de procéder aux démarches d’obtention de visa le plus tôt possible avant votre voyage afin d’éviter tout désagrément.

Vaccins obligatoires

Pour entrer en Ethiopie, un **certificat de vaccin contre la fièvre jaune** est **requis** pour les voyageurs de plus d’un an et provenant des **pays à risque de transmission de la fièvre jaune**. Veuillez vous rendre sur le site du **Certificat International de Vaccination ou Prophylaxis (ICVP)** pour plus d’information.

Pour plus d’information sur les vaccins, nous vous invitons également à vous rendre sur notre section relative à la santé sur la page **Voyager en Éthiopie** du site de la conférence.

Immigration et douanes

Dans l’avion et/ou à l’aéroport, vous recevrez un formulaire d’entrée dans le pays qu’il vous faudra remplir et présenter avec votre passeport aux agents d’immigration.

Si vous amenez plus de USD \$3,000 (ou son équivalent) en liquide, il vous faudra le déclarer. On vous remettra le formulaire de déclaration des douanes dans l’avion, et dans le cas contraire, veuillez en demander un exemplaire aux agents d’immigration.

Après avoir passé l’immigration où votre passeport devra être tamponné, vous pourrez récupérer vos bagages et passer les douanes. Les agents de douanes pourront contrôler vos bagages.

Transport à l’hôtel

Veuillez faire une réservation de transport de l’aéroport à votre hôtel en même temps que vous réserverez votre chambre d’hôtel. Ces navettes sont généralement gratuites, ou ne coûtent que \$5 maximum par course.

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Travel Support

This post is also available in: [French](#)

Conference Travel Scholarships

Conference organizers provided travel scholarships to a limited number of researchers from developing countries with abstracts selected for oral presentations. Priority was given to junior researchers.

Additional Scholarships

The Maternal Health Task Force (MHTF) from the Women and Health Initiative of Harvard School of Public Health provided scholarships for developing country nationals studying or working in maternal health in a public or private academic institution/facility, or with a local non-governmental organizations.

Ethiopian Nationals

Support for Ethiopian nationals was provided by the Ethiopian National Steering Committee.





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Bourses de Voyage

This post is also available in: [Anglais](#)

Bourses de Voyage

Les organisateurs de la Conférence attribueront des bourses de voyage à un nombre limité de chercheurs dans les pays en voie de développement. Seuls les individus ayant été acceptés en tant qu'intervenant à la Conférence sont éligibles pour postuler à cette bourse. La priorité sera donnée aux chercheurs juniors. Les formulaires de candidature seront envoyés avec la lettre d'acceptation à la conférence.

Bourses supplémentaires

La *Maternal Health Task Force* (MHTF) de l'Initiative pour la Femme et la Santé de l'Université d'Harvard est heureuse d'annoncer la disponibilité de bourses pour les citoyens de pays en voie de développement étudiant ou travaillant dans le domaine de la santé maternelle et désirant se rendre à la Conférence Internationale de 2013 sur la Planification Familiale. Seuls les candidats ayant été acceptés à la conférence pour présenter leur travaux sur la santé maternelle, et seuls les individus travaillant dans une institution publique ou privée ou une ONG locale sont éligibles pour postuler à cette bourse. Les personnes travaillant pour de grandes ONG internationales ne sont pas éligibles. Pour plus d'information sur cette bourse de voyage, veuillez [télécharger les instructions](#) et vous rendre sur le [Site internet de la Maternal Health Task Force](#), **Date limite de l'envoi des candidatures: 2 août 2013 11:59 pm EST.** Les boursiers seront informés avant le 16 août 2013.



Addis Ababa



Publications récentes

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August 1, 2014

His Excellency Mr. Ban Ki-moon
Secretary General of the United Nations
New York, NY, USA

Dear Mr. Secretary General,

I am writing to applaud the inclusion of family planning and universal access to sexual and reproductive health care services by 2030 in proposed goal 3, as stated in the final draft of the 13th session of the Open Working Group for Sustainable Development.

Nearly 1,000 individuals and organizations—with more than 75% representative of the Global South—urge you to reaffirm the attached declaration, made at the 2013 International Conference on Family Planning in Addis Ababa, Ethiopia, to ensure that:

- Universal access to voluntary, high quality family planning and sexual and reproductive health services, including of the widest possible contraceptive choice, is included in the post-2015 framework;
- Existing MDG targets on maternal mortality and access to reproductive health that have not been met are carried over into the new framework as key goals and targets; and
- The gap in unmet need for family planning is closed in full within the time frame of the new post-2015 framework.

Millions of women, men and young people around the world are counting on your leadership to secure sexual and reproductive health services for all people. It is our hope that family planning remains a core component in upcoming discussions of the Sustainable Development Goals and Post-2015 Development Agenda.

Sincerely,

A handwritten signature in blue ink that reads "Michael J. Klag".

Michael J. Klag, MD, MPH

cc:

H.E. Mr. Macharia Kamau
Ambassador Extraordinary and
Plenipotentiary
Permanent Representative

H.E. Mr. Csaba Kőrösí
Ambassador Extraordinary and
Plenipotentiary
Permanent Representative

Dr. Babatunde Osotimehin
Executive Director, UNFPA
Under-Secretary-General
of the United Nations

Ms. Helen Clark
Administrator, UN Development
Programme and Chair,
UN Development Group

Mr. Wu Hongbo
Under-Secretary-General for Economic
and Social Affairs

Mr. John Wilmoth
Director, UN Population Division

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