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Setting the agenda for global family planning: A pre-Summit discussion at the LSE

by Alessandra Ferrario and Ernestina Coast

104,000 maternal deaths could be avoided each year if access to contraception were improved (Ahmed et al. 2012). So why are so many women still without access to safe, effective, acceptable voluntary contraception? This global unmet need for contraception is now back on the international development agenda with the Summit on Global Family Planning in London.

In a pre-summit event on 10 July at the LSE, experts, donors and academics discussed the need for the Summit. While the urgency to address both demand for, and supply of, contraception was unanimously recognised by the panellists, so were the enormous challenges in delivering high quality contraceptive services to some of the most marginalised populations. An absence of political commitment and strategic discussions at national and international levels, combined with socio-cultural opposition, are some of the key challenges which have led to family planning dropping down the global health and development agenda.

Lively discussions at the event, which included panellists from the LSE, PSI and the Gates Foundation and was moderated by a senior advisor to the Packard Foundation, covered issues as diverse as child marriage, religion, gender, the population control agenda and abortion. Questions from the audience came from a diverse range of perspectives, prompting many more questions than there was time to answer them.

The complex inter-relationships around fertility and contraception were highlighted in a discussion around early marriage of girls. Marital sex is frequently perceived to be “off limits” for policy-makers, meaning that young married women tend to be overlooked by contraceptive services. This situation is particularly acute in settings where there is strong societal pressure for women to begin childbearing soon after marriage. The hashtag for the event might have been #nocontroversy, underlining that there is no controversy that voluntary contraception is beneficial, but yesterday’s discussion showed that there is plenty of controversy about family planning in general.

There is a need to go beyond the numbers and to ensure that contraceptive services are equitable, accessible and of high quality. Indicators such as Couple Years of Protection and Unmet Need are essential for monitoring progress at national levels, but they need to be accompanied by right-based indicators and evidence that gives voice to the people that use contraceptive services. Quality information and choice need to be made available in order for women and men to be able to make informed decisions about their use (or not) of contraception.

The London Summit is a unique opportunity to bring family planning back onto the global health agenda. Better co-operation among actors is needed. Governments need to provide
the policy framework for actors to move into, reproductive health services need to be better integrated with other health care services, and more engagement of key partners including the media, civil society and the private sector.

Today’s Summit is a first step towards generating the momentum to tackle the unmet need for contraception for millions of people who lack access to modern contraception. Given the evidence on the health benefits of for millions of women and children, this opportunity cannot be wasted.

References

Listen to the podcast: ‘Family Planning: Why Do We Need a London Summit?’