

# Engaging Health Sector Leaders

## Why engage health sector leaders?

Health sector leaders are well positioned to make the case for the health benefits of family planning. They are aware of the dangers to life and the illnesses associated with poorly timed and unintended pregnancies and are among the most credible advocates of family planning.

## Goal of this brief

This brief aims to help provide family planning advocates with the tools to mobilise health sector leaders 1) to advocate persuasively with policy-makers, partners, and donors for supportive policies, financing, and expansion of high-quality family planning services, and 2) to motivate their own staff to improve their family planning programmes.

## Identifying health sector leaders

Health sector leaders include high-ranking ministry of health officials and their district and community counterparts. They include the minister and deputy minister of health, the director of reproductive health services, the director of the HIV/AIDS programme, district health directors, the director of maternal and children's health, and managers of family planning services programmes. These officials control budgets allocated to the health ministry and overall staffing. At the national level, they define health policies, for example whether unmarried adolescents can receive contraceptives at clinics, and are responsible for



Credit: Holley Stewart

communicating the health priorities and funding needs in government prioritization and financing discussions.

Senior, well-respected clinicians in private practice or in faith-based or nongovernmental organisations can also be influential at the policy level and should be enlisted as important advocates in the government, among professional colleagues, and in the community. Professional associations of midwives, nurses, physicians, obstetricians and gynaecologists, and other health professional associations should be mobilised to advocate for policy change, increased funding, and development and implementation of high-quality standards in family planning services.

## Why should the health sector leadership care about family planning?

Family planning has lost its importance recently as international development strategies and priorities have changed. Yet increasing numbers of men and women across Africa want to adopt family planning and exercise their right to freely choose the number and spacing of their children. The current environment is difficult for managers of programmes that are trying to meet this growing demand. The international health and development community is focusing on new priorities, including the HIV/AIDS epidemic and pervasive poverty, and it often overlooks the integral role that family planning plays in these areas. Reforms in the delivery of health services have created new management challenges, including changes in funding mechanisms, integration of services, and decentralization of service delivery to the district level. These challenges are often outside the responsibility of the local management units, and thus, in some cases, have weakened family planning services.<sup>1</sup>

The new donor and lender funding mechanisms also have made the need for family planning advocacy particularly urgent. These include funding a “basket” of interventions, sector-wide approaches, and poverty reduction strategy papers that often omit family planning. Health sector leaders must understand the new funding environment so that they can work to incorporate family planning goals and funding requirements in these multisectoral and multilateral plans.<sup>2</sup>

It is important now more than ever that family planning information and services be made more broadly available. Family planning offers life-saving benefits and could be doing much more to save the lives of mothers and their children and to combat HIV/AIDS by reducing both the sexual and mother-to-child transmission of the virus. Family planning also contributes to a range of development targets, including poverty

reduction, gender equality, and environmental sustainability, as well as maternal and children’s health. To garner resources in the fiercely competitive funding environment, family planning advocates must provide policy-makers and donors with information about the full range of family planning benefits so they can see why family planning is a good investment.

Other more specific reasons that health sector leaders should be concerned about family planning include:

- **Family planning saves lives.** Although pregnancy and childbirth are natural, many pregnancies pose serious health risks for mothers and their children, specifically pregnancies characterised as:
  - *Too early*—girls under 18 face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks.



Credit: Liz Gilbert/David and Lucile Packard Foundation

Box 1

## Reaching out to the youth in Senegal with family planning services

Some political leaders in Dakar, Senegal, were initially opposed to the provision of contraceptive services to the youth as part of an initiative to improve family planning services in urban areas.

Health sector officials convened a broad-based coalition of community groups, under the auspices of the mayor's office. When this group conducted a focused needs assessment, district mayors quickly saw that local data and community sentiment underscored the unmet reproductive health needs of the youth.

The mayors, with the full support of the community coalitions, quickly refocused the programme to address this underserved group.<sup>3</sup>

- **Too many**—women who have many births are more likely to have problems with their later pregnancies, and face increased risk of death or disability, as do their newborns.
- **Too late**—mothers over the age of 35 have a higher than normal risk of death or disability associated with pregnancy, and their babies have more problems than is normal.
- **Too soon**—children spaced too closely have a higher risk of illness and death. Women should wait at least two years after giving birth before trying to become pregnant again. This birth interval increases infant and child survival and protects the health of the mother.

By supporting birth spacing, health sector leaders will be improving the survival and health of women and their children.

- **Family planning helps prevent HIV/AIDS.** Integrating family planning and HIV/AIDS services will lower the numbers of unintended pregnancies, resulting in fewer HIV-positive babies and orphans. In addition, condoms provide dual protection against unintended pregnancies and HIV transmission.
- **Family planning reduces abortions.** Family planning reduces the number of unintended pregnancies that may lead to abortion. Unsafe abortion accounts for 13% of maternal deaths globally, and African women have the highest risk of abortion-related deaths in the world.<sup>4</sup> By promoting family planning, health sector leaders will help to save women's lives.
- **Women want to regulate their fertility.** In 21 countries in sub-Saharan Africa, one-fifth or more of married women have an unmet need for family planning—that is, they would want to avoid or defer pregnancy but are not using contraception (see the brief on family planning in sub-Saharan Africa for data on specific countries).
- **Family planning empowers women and families.** Cultural and social norms limit women's decision-making power in relationships and in the home, contributing to women's lower status compared to men. As a result, many women have limited control over their sexual lives, a factor in the high numbers of unintended pregnancies and births. Early childbirth often results in girls dropping out of school, seriously limiting their future options. Family planning enables individuals and couples to have the number of children they desire with the spacing and timing they want.
- **Family planning helps achieve national health goals.** Family planning contributes directly to the

achievement of the health-related Millennium Development Goals (MDGs) and other economic and social development goals, by reducing household poverty, improving the health of mothers and children, reducing the transmission of HIV, and giving women more opportunities to contribute fully to development.

- **Family planning saves health sector funds.** Making family planning available to all who need it will reduce both family and national expenditure on reproductive and children's health problems. In addition, families can stretch their budgets further by having fewer children to feed, clothe, and educate.
- **Family planning reduces health workers' burden.** By improving and expanding quality family planning services, health providers will have fewer cases of pregnancy-associated morbidity and mortality, especially those related to high-risk pregnancies, such as obstetric emergencies, postabortion complications, and mother-to-child transmission of HIV.

## What can health sector leaders do to advance family planning?

Health sector leaders are well placed to lead advocacy efforts and to extol the benefits of family planning. There are many activities that health sector leaders could undertake to support family planning within the health system and in the broader national policies and targets, including those listed below:

- Be vocal in supporting family planning.
- Identify and mobilise support to overcome barriers to quality care, including inadequate contraceptive stocks, lack of equipment, and inadequate counselling services and staff training. Promote research to identify and solve family planning-related problems and use the findings to advocate for change.

### Box 2

## Advocating for postpartum family planning in Kenya

Recent demographic and health survey data revealed that at one year postpartum, over 50% of women did not have their family planning need met, indicating that information and services were not effectively reaching these women. A pilot initiative aimed at strengthening postpartum care to include family planning is being implemented in the Embu District in Kenya by the Ministry of Health with the support of several partners. Specifically, the programme aims to add to the number and content of the consultations that a woman and her newborn will receive, with emphasis on family planning as a key component of the consultation.

To ensure acceptance of the programme and adequate coordination, the Ministry of Health and international NGOs brought together a large number of partners for an advocacy and planning meeting. The groups included the provincial and district health management teams, the National AIDS and STD Control Programme, local NGOs, and faith-based organisations (who together provide around 40% of Kenya's health-care services).

The result of these discussions was a postpartum and postnatal care package that is currently being assessed for feasibility of implementation; acceptability to providers and women and their partners; cost; and effectiveness. Preliminary results show that district health service providers support the programme, facilities have set aside a special room for postnatal care, LAM is now being offered along with other popular contraceptive methods, and mothers are keeping their postnatal visits at two and six weeks.<sup>5</sup>

- Contribute to the updating of professional standards and protocols on family planning and promote their use among providers. Provide technical updates and training for providers.
- Advocate for the provision of family planning as a core service in the basic health services package.
- Lead in integrating family planning into other health services such as HIV counselling and testing, postpartum care and other maternal and children's health services (see Box 2).
- Encourage provision of youth-friendly services and involvement of men in family planning services.
- Encourage partnerships of the public and private sectors to advance family planning.
- Lead multisectoral coalitions to overcome the major barriers in the health system, for example by mobilising the commercial sector to tackle contraceptive stock shortages.
- Advocate for social marketing of contraceptives as a complement to clinic-based services.
- Advocate for contraceptives to be included on the official government list of essential drugs, be imported without duty, and be included in health insurance schemes.
- Find sustainable ways to support family planning within the changing financing environment, including provision of contraception in health insurance schemes.
- Give talks on family planning to schools and organisations.
- Provide ready-to-use family planning information to the media, and write media articles, or participate in radio or television broadcasts on family planning issues.
- Gather evidence on the health and socioeconomic benefits of family planning and advocate for the inclusion of family planning as a key component in all relevant development programmes, including poverty-reduction strategy papers, debt relief and sectorwide programmes, and programmes for achieving the Millennium Development Goals.

### What do health sector leaders need to advance family planning?

- ✓ Data and information on the current status of family planning service delivery and reproductive health commodity security;
- ✓ Orientation on how to position family planning in the rapidly changing context of the health system;
- ✓ Tools and case studies to deal with the challenges of integration of health services within the new financing environment;
- ✓ Adequate training, for example to understand and explain to others the relative risks of pregnancy and abortion;
- ✓ A well-organised advocacy movement that will strengthen the likelihood of the creation of a favourable policy environment for family planning;
- ✓ Fact sheets, summaries of relevant research on reproductive and children's health problems and the benefits of family planning, and PowerPoint slides for advocating for family planning among top decision-makers.

## References

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3. John Snow, Inc. Family Planning Service Expansion and Technical Support Project.
4. *Promises to keep: the toll of unintended pregnancies on women's lives in the developing world*. Washington, DC, Global Health Council, 2002.
5. The Kenya Embu District postpartum initiative is being implemented by JHPIEGO's ACCESS programme and the Population Council's FRONTIERS project with funding from the United States Agency for International Development.