SCALING UP ACCESS TO QUALITY FAMILY PLANNING AND SAFE ABORTION SERVICES

BACKGROUND

The world community recommitted itself to the attainment of the Millennium Development Goals (MDGs) in September 2010. At that time the United Nations’ Secretary General also launched his Global Strategy for Women and Children’s Health to advance progress on attainment of MDG4 (reduce child mortality) and MDG5 (improve women’s health). MDG5 targets reduction of maternal mortality and achievement of universal access to reproductive health (RH).

The facts requiring energetic policy and programme efforts are clear:

• Maternal mortality decline has started globally within the last two decades, but progress remains too slow to attain the MDG target of a 75% reduction from 1990 levels;
• A substantial proportion of pregnancies are unintended or unplanned; in several developing countries unmet need for family planning (FP) exceeds contraceptive prevalence;
• Recourse to abortion remains high and unsafe abortion has been responsible for approximately 10% of maternal mortality; even where permitted by law, access to safe medical abortion remains restricted;
• Infant and child mortality levels have shown greater progress but inequities remain: closely spaced births and first births to very young women raise mortality risks.

THE RESPONSE

The goal of the “Strengthening Evidence for Programming on Unintended Pregnancy” (STEP UP) Research Programme Consortium (RPC), backed by funding from the United Kingdom’s Department for International Development (DfID), is to improve the health of the poorest and most vulnerable, particularly women, in the developing world. The RPC supports an evidence-based approach to scaling up access to quality FP and safe abortion services. Ensuring greater accessibility to family planning and safe abortion services (where available within the context of national laws) is critical not only to achieving the health-related MDGs, but to enabling countries to reduce poverty, advance women’s empowerment, slow their population growth and safeguard the environment.

Over the period 2011–2016, our RPC will address two key themes by generating knowledge that can be used to:

• Strengthen and expand the reach of existing RH programmes so that they function more effectively and efficiently, address women’s and men’s RH rights, and foster increased political commitment to reproductive, maternal and child health; and
• Develop and evaluate innovative service delivery and financing models to increase the range of options available to policymakers and programme managers, and to address the needs of diverse sub-populations.
To achieve its purpose, the RPC will produce four key outputs:

- A coherent body of high-quality, peer-reviewed and policy-relevant research that makes a significant contribution to strengthening and broadening RH programmes to reduce unintended pregnancies.
- Strong research partnerships amongst consortium partners, and dynamic networks with policymakers and other stakeholders.
- Effective dissemination of high-quality, policy- and programme-relevant research results and their uptake by key national and international stakeholders.
- Increased capacity of partners to identify, generate and communicate results and to support research utilisation for policy and programme strengthening.

OUR AREAS OF CONCENTRATION

We will address five strategic issues for strengthening existing health systems:

- Reduction of unmet need for FP in extremely challenging situations (including in urban slums and post-conflict situations)
- Delivering FP to poor rural communities
- Delivering FP during extended postpartum period
- Maximizing access to safe abortion in legally less restricted settings
- Maximizing access to and quality of FP and rights-based and voluntary safe abortion services (where legal) for people living with HIV (PLHIV).

We will address four strategic issues for advancing innovations in technology, delivery and financing:

- Advancing the acceptability and introduction of emerging FP technologies
- Introducing and mainstreaming medical abortion, where legally available
- Developing and evaluating innovative financing models to reduce inequities, increase access and improve efficiencies in delivering FP and safe abortion services
- Increasing access to FP and safe abortion through Information and Communication Technologies (ICTs).

Particular attention will be given to three cross-cutting issues:

- Reducing unmet need for FP and, where legally available, safe abortion among poor urban youth;
- Meeting the FP and other maternal health needs of women in the extended postpartum period;
- Reducing barriers that limit access to medical abortion.

A wide range of research designs and analysis methods will be used to produce evidence that is scientifically valid, ethically sound and directly relevant for policy and programmatic decision-making. RPC partners offer the entire range of research expertise, including implementation and evaluation research, randomized controlled trials, population and cohort surveys, demographic surveillance systems, economic and costing analysis, policy analysis, qualitative and participatory research, management and geographic information systems, and health facility assessments. Wherever appropriate, we will engage the ultimate beneficiaries, that is, women with unmet need for these services, and particularly the poorest and most vulnerable.

Ensuring uptake of the evidence for decision-making is critical. RPC partners will collaborate closely with key stakeholders, right from the start of all research activities, to ensure that the knowledge generated responds to the needs of policymakers and programme managers and can be used for improving programme design, implementation and evaluation. Moreover, our RPC will build capacity among researchers and research institutions with which we partner in developing countries, as well as supporting policymakers and programme managers to better appreciate and utilize research-based evidence for decision-making. We will engage with existing networks and build new partnerships between those producing evidence, those using evidence, and those benefiting from the improved services resulting from the evidence generated.

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