



Weekly News Review – 28 July 2017

A round-up of the week's most important, Africa-focused Family Planning and Reproductive Health reporting

US Family Planning Policy and Funding

The end of the week saw the defeat of the Republican Party's attempt to repeal the Affordable Care Act ("Obamacare"). For the moment, that eliminates the [threat to maternal care insurance](#) coverage or funding for family planning organizations, including Planned Parenthood. Will some of the other administration healthcare policy proposals follow the same fate?

The proposed cuts, in addition to the restrictions of the expanded Global Gag Rule, could have devastating effects around the world. [IPPF calculated the human cost](#): "With the blocked funding IPPF could have prevented 20-thousand maternal deaths, 4.8 million unintended pregnancies, 1.7 million unsafe abortions..." The International Women's Health Coalition says the ["pro-life" agenda is actually endangering women's lives](#). "The funding cuts and policy restrictions...are an extension of President Trump's persistent and pernicious assault on women and girls. The effects will be particularly devastating for the poorest and most marginalized women, including those living in rural and hard to reach communities."

Specific program cuts could be ["death sentences" in Malawi](#); in [Uganda "women will die"](#); in [Zimbabwe, the policy "endangers teenagers."](#)

International Funding

Another reminder of [the benefits of investing in family planning](#) for avoiding maternal deaths and child survival was noted in an article that said the [US Congress could learn something from Rwanda](#): Because of nearly universal health care, "its infant mortality rate... dropped by almost three-quarters since 2000, to 31 per 1,000 births in 2015, vastly outpacing the decline in its region. In the United States, by contrast, infant mortality declined by about one-fifth over the period, to 5.6 per 1,000 births."

While the [UNFPA](#) "is appealing for \$308 million to deliver life-saving work in 2017 to support about 38 million people, including more than 5.6 million pregnant women across 56 countries in conflict or natural disasters," the [\\$5 billion tally from the recent Family Planning Summit](#) is being examined. "While the pledges are undeniably positive and point to growing momentum among some donors and developing countries towards supporting family planning, experts pointed out that the \$5 billion pledged is nowhere near the \$8 billion that the London-based think tank the Overseas Development Institute estimates will be needed annually to meet the challenge. Some have also questioned whether all of the commitments will materialize, and say it is difficult to tell if it all represents new and additional funding."

The [She Decides movement](#), which has commitments of \$300 million, is preparing to activate its funds. Devex spoke with Lilianne Ploumen, the Dutch minister for foreign trade and development cooperation behind the fund: "Rather than a fund, she described it as a "global

movement,” which does not have its own “bureaucracy” but is “lean and mean” and aims to avoid duplicating existing efforts. As such, one of its main roles is to raise awareness and mobilize financial and political support for family planning efforts. The manifesto, launched last week, lays out a mission that takes a rights-based approach to family planning.”

At the International AIDS Society conference in Paris, [a KFF/UNAIDS study revealed that global funding had been reduced by around \\$500 million](#) to just over \$7 billion. “With global HIV funding now at 2010 levels while now supporting treatment access to nearly three times the number of people, efficiencies are exhausted.”

FP-HIP notes that any funded programs need [supportive environments to be successful](#) and offers implementation tips and tools.

What is the role of the private sector? Two views this week. The EU Reporter says that [family planning has to be a focus of a “Marshall Plan for Africa”](#): “Until the private sector decides it is worth investing in the economic boom that results from sustained investment in family planning, governments will need to keep doing so.” Though Africa Business notes that [Africa’s healthcare challenges cannot be met by public finance alone](#).

The Abortion Legal Framework

Serious discussion about liberalizing abortion laws are taking place in [Kenya](#), [Sierra Leone](#) and [Swaziland](#). Yet as a [recently-confirmed US Federal judge who compared abortion to slavery](#), and continuing debates in [Wisconsin](#), California (“[Abortion Pill Reversal](#)”) and [Texas](#) (all previously discussed), one columnist pleaded “[For the Love of Women! Absurd Abortion Laws Must Be Stopped](#).”

CIRHT in Ethiopia

Two milestones for CIRHT partner initiatives: One year after the [inaugural OB-Gyn residency class](#) graduated from St. Paul’s Millennium Medical College, they are making a difference across Ethiopia. And the Federal Ministry of Health and Ministry of Education are launching a [unified family planning curriculum](#) that will be introduced and used in every medical school in the country. (Also see a beautiful Flickr site of [photos from Ethiopia](#) supplied by The Maternal and Child Survival Program.)

Medicine and Technology

The Maternal Health Taskforce blog has an intriguing entry about [what maternal health can learn from the aviation industry](#). It comes down to four management lessons: Standardization, Adaption, No Task Too Small, and Implementation Matters. Among the references the author makes is to the [WHO Safe Childbirth Checklist](#). A few other tools which came to light this week: [Family Planning and Related Preventive Health Services Checklists for Women and Men](#) from FPNTC, [New Guidelines for Preventing and Treating Malaria in Pregnancy](#) from MHTF, and the [WHO Updated Family Planning/Contraception Fact Sheet](#).

Other medical innovation news this week: A [battlefield dressing could be repurposed](#) to help prevent post-partum hemorrhage; a reproductive justice advocacy group in Washington DC launched a new case management system and encourages anybody with a tech background to participate in [abortion access hackathons](#); in [Benin unmet need for family planning](#) is being addressed using social media; a group of [Kenyan girls created an app to end FGM](#) and will

present to Google; in [Namibia women are “slow to embrace the use of a menstrual cup”](#); and in Nigeria a [vaginal ring to prevent HIV](#) will be tested.

Stigma

The funding, legal, access and technology advancements can always be undercut by stigma. One academic study recently released showed “[exposure to the stories of women who have had abortions can reduce abortion stigma](#).” TV and film can be powerful anti-stigma influencers. Two sets of movies are in the world about the Chicago underground abortion network in the 60’s called “[Ask For Jane](#)”, and Kveller released a list of [5 TV Episodes That Actually Treated Abortion With Dignity](#).

Finally, in Nigeria, an interesting look at the research from The Conversation. [Knowledge about contraception options does not equate with usage](#): “The biggest contributor to the low uptake has been a lack of knowledge about the various available options, combined with misconceptions about the use of contraceptives. But understanding what we mean by “knowledge” is key to unlocking Nigeria’s problem. We all accept that human behaviour is generally affected by what people know. A reasonable deduction would therefore be that knowledge about contraception should be an important predictor of contraceptive use. The reasonable assumption would be that the more people know about contraceptives, the more they would use them. Nigeria’s 2013 demographic health survey showed that this isn’t the case. About 85% of women and 95% of men reported knowing a contraceptive method. But just 15% were using it. The unmet needs of women wishing to stop or delay births by not using contraception is 16%.”

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