

THE UNFINISHED AGENDA TO MEET FP2020 GOALS

12 ACTIONS TO FILL
CRITICAL EVIDENCE GAPS

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This book is based on *Reviewing the Evidence and Identifying Gaps in Family Planning Research: The Unfinished Agenda to Meet FP2020 Goals*, background document prepared for Family Planning Research Donor Meeting, December 3–4, 2012.

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Foreword

IN RECENT YEARS, the global community and many national governments have renewed their commitment to family planning. We have witnessed the dedication of new resources, the involvement of new actors, and the emergence of new ideas for delivering high-quality services to women and couples who want to plan their families.

The most ambitious demonstration of this commitment is FP2020, the initiative to halve the world's unmet need for contraception in the next seven years.

This book demonstrates that achieving the goal is entirely possible. Decades of research and on-the-ground experience have taught us much about what works and about the most effective investments in voluntary family planning programs. But fulfilling FP2020 won't be easy. To get there, we need more evidence and a deeper understanding of how to increase access and improve equity. This book summarizes what we know and identifies the types of data we still need.

But evidence alone is not enough. We also need serious, focused effort from governments, civil society, and the private sector to use existing and newly generated evidence. We need donors to provide coordinated support to research that will generate evidence to inform national FP2020 strategies. Researchers and program implementers need to work hand-in-hand to ensure that critical evidence gaps are identified, research is undertaken in and by the countries requiring the evidence, and the data generated are effectively translated into recommendations for improved policy and practice. Proven programs must be scaled up to reach the women, girls, and couples in need.

And innovation is essential—in how we reach women, deliver contraceptive services, and develop new contraceptive technologies.

An investment in family planning is a powerful investment in women and children. As UN Secretary-General Ban Ki-moon said, “Investing in the health of women and children is critical for development. We have generated considerable momentum. The challenge now is to maintain and accelerate it.”

FP2020 puts us on the right path. If we achieve its goal, we will save lives, foster prosperity, and unlock the potential of women and girls for generations to come.

PETER J. DONALDSON
President, Population Council

Introduction

“THE EVIDENCE IS CLEAR: Family planning improves health, reduces poverty, and empowers women.”¹ Voluntary high-quality family planning programs speed fertility declines, thus improving health and promoting economic growth. These programs are one of the most cost-effective health and development investments available to governments.²

The case for family planning has been made. Yet more than 200 million women in the developing world who want to avoid pregnancy are not using a modern contraceptive method. There are many reasons for this, including lack of access to information and appropriate health services, traditional gender norms that prevent women from using contraception, opposition by community and family members, real and perceived concerns about safety and side effects, and cost. Underlying socio-behavioral issues, including risk perception, ambivalence, and social costs, may also play a role in demand and use.

The international community convened at the London Family Planning Summit in July 2012 and strengthened their resolve to address unmet need. National governments, civil society, and the private sector committed US \$2.6 billion toward an ambitious goal of making contraceptive information, services, and supplies available to an additional 120 million women and girls by 2020.

In 2012, the Population Council disseminated two influential publications that assess the situation during this critical time:

1 Bongaarts et al. 2012.

2 Bongaarts et al. 2012; Cleland et al. 2006.

- 1) *Family Planning Programs for the 21st Century: Rationale and Design* made the case for increased funding and recommended best practices for program implementation.
- 2) *Reviewing the Evidence and Identifying Gaps in Family Planning Research: The Unfinished Agenda to Meet FP2020 Goals* synthesized current research and identified key knowledge gaps.

This two-in-one book elaborates on the second publication. Here we present a research and action agenda that seeks to fill many of the gaps in knowledge identified earlier. We then summarize the evidence from social science and operations research regarding the determinants of demand for and use of family planning. The flip side of the book presents an annotated bibliography of the scholarly articles, books, conference papers, discussion papers, public statements, and other publications we consulted in our review of that evidence. The bibliography also serves as a knowledge-base for future research.

Simply stated, we know that the most effective way to achieve the goal of FP2020 is to ensure universal access to family planning—to provide all women with access to effective, acceptable, and affordable contraceptives through multiple service delivery channels with high-quality care. Achieving this goal, however, will require political will, human and economic resources, technical expertise, vision, and leadership.

By mapping the current research landscape and identifying gaps in the evidence, this book details the investments in research that are critically needed to inform the design, implementation, and evaluation of FP2020 initiatives.

A new research and action agenda

A GREAT DEAL OF EVIDENCE EXISTS on the determinants, outcomes, and dynamics of contraceptive use and unmet need for family planning. Investments in research and evaluation—including building capacity to produce and use research-based evidence—have yielded a substantial body of knowledge for developing and expanding family planning services and information in many developing countries.

Many factors contribute to unmet need in a variety of ways. We propose the following twelve actions to fill the major knowledge gaps. They serve as a springboard for developing a coordinated agenda to conduct the required research.

12 Actions to Fill Critical Evidence Gaps

1

Conduct research that identifies the needs of the most vulnerable or underserved individuals

2

Evaluate interventions to reduce inequities and vulnerability

3

Understand the dynamics of contraceptive decisionmaking and use

4

Meet the needs of married and unmarried adolescents

5

Improve and sustain the quality of family planning services

6

Expand effective models of integrated services

7

Serve rural communities more efficiently and equitably

8

Reach the urban poor

9

Shape contraceptive markets to improve access

10

Expand access and increase affordability through innovative financing

11

Develop strategies for advocacy and accountability

12

Build capacity and improve research to generate evidence on family planning

1 *Conduct research that identifies the needs of the most vulnerable or underserved individuals*

The social determinants of family planning demand and use are well understood. But governments need a better understanding of the national and subnational context to effectively implement rights-based approaches to reducing unmet need.

Population-based surveys that can accurately identify inequities in access to and use of family planning—that routinely include vulnerable or underserved individuals such as married and unmarried girls, sex workers, migrants, and indigenous and slum populations—are urgently needed. Repeated regularly, these surveys could track levels of inequities over time.

Researchers can provide in-depth analyses that identify service needs and barriers for the most underserved and marginalized populations. Moreover, evidence could be used to empower vulnerable groups, enabling them to hold governments accountable for ensuring their rights and access.

2 *Evaluate interventions to reduce inequities and vulnerability*

The role of social and structural factors in limiting access to and use of family planning is widely known. New research would identify the feasibility and effectiveness of interventions to reduce the inequities and vulnerabilities caused by such factors among vulnerable populations, including adolescents, urban slum dwellers, migrants, sex workers, and other marginalized groups.

Adolescents are an important vulnerable group in all populations, and researchers can conduct rigorous evaluations on the effectiveness of interventions that reduce early marriage and unmarried girls' exposure to unwanted and coerced sex. Policymakers urgently need evidence about “gendered” interventions that enable girls and women to have more equitable relations with their partners, families, and communities. Prospective evaluations of these interventions would generate the evidence needed to improve women's and girls' reproductive rights.

3 *Understand the dynamics of contraceptive decisionmaking and use*

Family planning program managers must understand why women, girls, and their partners do not use, or are not able to use, contraception when they are at risk of unintended pregnancy. They also need to know how and why these reasons vary.

Evidence could be used to develop the delivery strategies, financing mechanisms, and method options that would best overcome the barriers, as well as new research tools to measure and explain social and behavioral determinants—including risk perception, ambivalence, and fear of side effects.

Recent evidence confirms the association between method discontinuation due to failure or inconsistent/incorrect use of contraceptives and unmet need and unintended pregnancy. Further social science and acceptability research should identify the reasons for discontinuation. Operations research can then develop and test interventions to lower discontinuation rates, thereby reducing unmet need. Such evidence can also inform “market shaping” (to identify appropriate method mixes for particular populations) and product development (to guide new contraceptive designs).

4 *Meet the needs of married and unmarried adolescents*

Adolescents are a diverse group of 10–19-year-olds whose capacities and health needs differ by age, sex, level of education, and marital and childbearing status. Given this heterogeneity, diverse approaches are needed to meet adolescents’ reproductive needs. Adolescent girls and boys, both married and unmarried, represent substantial proportions of individuals with unmet need for family planning. They are among the most vulnerable and underserved populations, and their needs for effective sexuality education are often as great as their need for contraception.

Significant investments are needed in social science and operations research to test and expand strategies to meet the educational

and service needs of adolescent populations. Health management information systems also need to be modified in order to collect and analyze data disaggregated by age and other critical determinants of adolescents' family planning needs.

5 *Improve and sustain the quality of family planning services*

FP2020 recognizes and endorses everyone's right to the highest quality of care. Moreover, evidence indicates that poor-quality counseling and provision are universal barriers to initiation and sustained use of family planning. What's needed are feasible and acceptable counseling tools that better enable providers to respond to clients' individual needs. This can help attract family planning users and reduce discontinuation rates.

By investing in more operations and implementation research, health systems could reduce non-use and discontinuation due to method- and program-related impediments to contraception among women with an unmet need. A key research investment would be the strengthening of quality assurance and monitoring mechanisms to ensure such improvements are standardized and sustained.

6 *Expand effective models of integrated services*

Integrating family planning with other health services is a key strategy for FP2020. Integrated services are likely to be more accessible and affordable, reduce stigma, and lead to more efficient service delivery. However, national researchers need to provide evidence of how to adapt, expand, and institutionalize these services within a national health system.

Implementation research could prospectively document strategies for expanding proven models of integrated services by describing necessary organizational modifications (e.g., in commodity supplies, provider training and supervision, management and evaluation), policy adjustments, budgetary reallocations, and costs and savings.

7 *Serve rural communities more efficiently and equitably*

Many developing countries still have large rural, often remote, populations. Evidence supports the effectiveness of community health workers (CHWs) in increasing access to family planning among these populations, and expansion of such programs is likely to be a significant contribution of many FP2020 initiatives. Investigators should conduct operations and implementation research to determine how CHWs can best provide services to a larger proportion of underserved and vulnerable rural populations.

Greater investments should be made in policy analysis and health systems research to guide program managers in incorporating community-level services into the formal health system, especially in countries seeking to adapt service models proven effective by NGOs or faith-based organizations. Current evidence also supports rapid expansion of mobile outreach services. These can be an essential source of long-acting reversible and permanent contraception, complementing the delivery of short-acting methods supplied by most community health worker programs.

8 *Reach the urban poor*

Rapid urbanization and natural population increase are leading to growing numbers of urban poor, who are often more disadvantaged than the rural poor and whose reproductive and maternal health is often worse. Despite geographic proximity to many outlets for family planning, access to affordable and appropriate services is often limited.

Emerging evidence suggests that private-sector pharmacies, drug sellers, and commercial retail outlets—either independently or within a social-marketing program—have great potential to complement public and private facilities in urban areas. Additional evidence is needed of the feasibility, affordability, and quality of care that private-sector services can provide to the urban poor.

9 *Shape contraceptive markets to improve access*

“Market shaping,” a prominent aspect of FP2020, requires evidence of contraceptive demand and use dynamics and of commodity market dynamics. To guide the development of contraceptive markets, investigators should develop research methods based on the experiences of organizations and donors undertaking market shaping in other health fields (e.g., HIV, malaria). Successful market shaping depends upon the ability of family planning researchers to apply these methods and of health system planners to use the data generated from market shaping analyses.

10 *Expand access and increase affordability through innovative financing*

The substantial commitments of financial and other resources for FP2020 require that the systems in which they invest ensure the widest possible availability of affordable contraceptives provided through efficiently functioning systems. Performance-based financing (PBF) and other demand-side financing models are emerging as a potential complement to conventional input-based public-sector financing for health systems.

Investigators should invest in operations and implementation research to compare the cost, effectiveness, and equity of various PBF models in the public and private sectors. Because most public health systems will continue to provide family planning services through input-based financing, researchers should also evaluate these mechanisms and identify strategies to improve function and efficiency.

As contraceptive markets continue to diversify, the price of contraceptive commodities, to both governments and users, will become an increasingly important factor. Researchers should assess users’ willingness and ability to pay for various methods and clarify the role of method pricing in determining access for vulnerable and marginalized populations.

11 *Develop strategies for advocacy and accountability*

Two interrelated commitments of FP2020 are interventions for advocacy (to ensure that commitments are realized and invested appropriately) and for accountability (to empower communities to participate in FP2020-supported initiatives). Given the centrality of advocacy and accountability, researchers need to provide evidence for the effectiveness of both types of interventions. They can do so through case studies, operations research that develops and tests interventions, and management and evaluation mechanisms to document their implementation and assess their impact.

12 *Build capacity and improve research to generate evidence on family planning*

The human resources needed to undertake the research proposed above remain highly concentrated in northern countries and organizations. Governments and donors should make substantial investments in southern-based research capacity in order to institutionalize and sustain high-quality research in the countries where it is most needed.

Moreover, some research will require new or adapted measures and methods, requiring investment in their development, validation, and testing in a variety of contexts. Governments in developing countries should consider investment to improve health management information systems, especially through computerization, and to increase the capacity of program managers to use the resulting data to improve program performance.

The evidence review

THE EVIDENCE THAT INFORMED the following review draws from data generated through numerous methodologies and a variety of sources, including:

- research using social science methods to collect and analyze quantitative or qualitative data (including Demographic and Health Surveys);
- evaluations of the feasibility, acceptability, cost, and effectiveness of service-delivery and systems-strengthening interventions to increase access to and use of family planning; and
- literature reviews that address a specific aspect of family planning programs. Through these reviews we also identified additional documentary sources of evidence.

Given the scale and diversity of the evidence base, we initially identified a number of rigorous literature reviews that have been conducted on the topic and published within the past five years. Where appropriate, other key documents with relevant evidence were gleaned from reviews and informed experts.³

In addition, the recent World Health Organization (WHO) prioritization exercises⁴ and USAID's High Impact Practices (HIP) documents⁵ were reviewed. Several systematic reviews, some following the *Cochrane* review methodology, were also identified. From these reviews, and drawing from expert informants and our own experience,

3 Jacobstein et al. 2013.

4 Ali, Cleland, and Shah 2012; Hindin, Christiansen, and Ferguson 2013.

5 Knowledge for Health (K4Health) Project 2012.

we identified documentary sources that were considered to present research-based evidence of sufficient quality and rigor.

We included reviews that reported evidence generated through a range of research methods (demographic, social science, epidemiological, policy analysis, and implementation science/operations research) and excluded evidence from biomedical, clinical trials, and other product development research.

The evidence was collected and collated according to three broad domains identified through consultations with family planning experts:

1. Social determinants of family planning demand and use.
2. Health system determinants of family planning demand and use.
3. Dynamics of family planning demand and use.

Social determinants of family planning demand and use

Many social determinants influence the demand for and use of family planning, either individually or in combination. In developing countries, the most influential determinants are typically girls' and women's social status and decisionmaking agency, level of education, marital and economic status, age, and place of residence.⁶ In some settings, ethnicity, migrant status, and HIV status are also key determining factors.

Evidence from multiple populations illustrates the importance of understanding the most influential factors in determining demand and use in a particular setting. Framing this evidence from an equity perspective is critical in identifying the most disadvantaged, vulnerable, and underserved populations with unmet need—those for whom program investments should be prioritized.⁷ Reducing inequities in access and use is central to a rights-based approach to providing family planning services and to maintaining FP2020's focus on rights and empowerment.

Because social determinants of family planning are dependent on context and population, situation-specific analyses are needed to guide rights-based policies and programs in individual countries. For example, most Demographic and Health Surveys (DHS) include standard indicators for many social determinants and thus provide accessible data.⁸ While the DHS provides useful data for understanding many social determinants, it generally lacks sufficient detail for sub-populations to permit a full understanding of unmet need among numerous groups subject to social inequities—notably married and unmarried adolescents, marginalized ethnic populations, urban slum dwellers, and people living with HIV and AIDS. Because the adverse health,

6 Bongaarts et al. 2012; Cleland et al. 2006; Creanga et al. 2011; DFID 2010a, 2010b; Gillespie et al. 2007; Malarcher, Olson, and Hearst 2010; Ortayli and Malarcher 2010.

7 Creanga et al. 2011; Gillespie et al. 2007.

8 Malarcher, Olson, and Hearst 2010; Ortayli and Malarcher 2010.

social, and economic consequences of unintended pregnancies among these groups are generally more serious than among other groups,⁹ in-depth analyses of vulnerable groups are essential to provide detailed evidence for designing and implementing rights-based policies and programs.

Although the evidence of population-level associations is fairly strong and convincing,¹⁰ there is relatively scarce evidence from evaluated interventions that explicitly seek to address the underlying determinants that lead to inequities in access to and use of family planning.¹¹ This is primarily because such “structural” interventions are usually implemented with the goal of broader social change and require large-scale interventions that may or may not explicitly include changes in reproductive intentions and contraceptive use.

However, structural interventions are emerging that are intended to have a direct impact on access to and use of family planning among populations vulnerable to specific inequities. Examples that are discussed below include reducing early marriage and reaching married adolescents with supportive information and services, reducing poverty-induced barriers by subsidizing the cost of obtaining contraceptives through fees removal or vouchers, and reaching people living with HIV and AIDS with family planning information and services tailored to their situation.

Evidence gaps persist in how to tackle these determinants, as well as for interventions that address:

- violence reduction and contraceptive use, especially for adolescent girls;
- unintended pregnancy among populations living in urban slums, especially adolescents; and
- girls and women engaged in sex work.

9 Gipson, Koenig, and Hindin 2008; Malarcher, Olson, and Hearst 2010.

10 DFID 2010b.

11 DFID 2010a, 2010b.

Adolescents

Although some trends in adolescent health and social outcomes have improved over the past three decades—including school enrollment and retention, early marriage, and early pregnancy¹²—disparities in many adolescent health outcomes persist by age, income, gender, region, and other socio-cultural factors.

Interventions seeking to reduce sexual risk-taking among adolescents have become increasingly common in developing countries in the past decade. These interventions have taken a variety of configurations, from conventional sex education in schools to multi-component, cross-sector efforts aimed at improving educational and economic opportunities and delaying marriage. Relatively few of these have been rigorously evaluated, and the majority of programs that have been evaluated are small in scale and implemented over a relatively brief period. There is a paucity of information concerning intervention costs and little evidence regarding long-term behavioral effects.¹³

Key determinants of adolescent pregnancy include early marriage, sexual coercion, and lack of access to and use of appropriate contraceptives. A systematic review of evaluations of child marriage prevention programs in low-income countries¹⁴ found three main approaches: “horizontal” programs that work directly with girls to empower them with information, skills, and resources; “vertical” programs that use incentives and girls’ school enrollment and retention to delay marriage; and “activist” programs that use national advocacy and legislative interventions or regionally targeted community mobilization approaches. The review of 23 programs concluded that approaches to empower girls through incentives can be effective in preventing child marriage by fostering changes fairly rapidly in attitudes, knowledge, and behavior. However, because of methodological limitations, a better understanding of the long-term impact on sustained change and a thorough grasp of how the interventions function is needed.

12 WHO 2011.

13 Speizer, Magnani, and Colvin 2003.

14 Lee-Rife et al. 2012.

A recent systematic review¹⁵ found little evidence concerning the effect of various nonhealth interventions on unintended pregnancy, and the evidence that does exist is generally weak. As a result, WHO made several research recommendations:

- Assess the impact of improved educational availability on age of marriage;
- Assess the feasibility and long-term impact of economic incentives to girls and their families as a means of delaying age of marriage;
- Determine the effect of formal and nonformal education on adolescent pregnancy prevention;
- Determine the effect of school-retention interventions (e.g., conditional or unconditional cash-transfer interventions) on delaying pregnancy.

For addressing coerced sex, WHO recommends engaging men and boys to alter gender norms and normative behaviors, and highlights the need for research to assess how laws and policies to prevent coerced sex have been formulated, enforced, and monitored and to determine the effectiveness of these laws and policies. A research-prioritization exercise recently completed by WHO identified prevention of health problems associated with adolescents' sexual behavior and the factors that inhibit their ability to access effective interventions as the top-ranking research questions.¹⁶

Awareness of family planning and contraceptive methods

Interventions to raise awareness of the benefits of preventing unintended pregnancies through use of contraception—“children by choice not chance”—have a long history.¹⁷ There is substantial evidence regarding the use of information, education, and communication (IEC) campaigns and social and behavior change

15 WHO 2011.

16 Hindin, Christiansen, and Ferguson 2013.

17 Bongaarts et al. 2012; DFID 2010a.

communication (SBCC) strategies to generate demand for family planning and, to a lesser extent, for specific contraceptive methods.

Four categories of demand-generation interventions can be considered:

- 1) Evidence from quasi-experimental evaluations indicates that *mass media campaigns* can create an immediate demand for family planning services and are associated with approval of and greater partner communication about family planning, as well as increased contraceptive use. “Edutainment” programs using radio and television are associated with increased contact with family planning providers, greater use of family planning, and lower desired family size.¹⁸
- 2) *Community mobilization approaches* are usually implemented jointly with service delivery through community health worker programs or social-marketing programs, both of which have substantial effects on the demand for and use of family planning.¹⁹
- 3) Evidence also supports the effectiveness of interventions that increase *interpersonal communication*, especially between young people, partners and couples, family members, or social peers.²⁰
- 4) Recent developments in *mhealth* for generating family planning demand have stimulated much interest, and several pilot projects are underway. At this writing, however, only one study on family planning mhealth interventions has been published.²¹ Assessments of the effectiveness of mobile technology to promote changes in health behavior and to improve health care delivery show modest or mixed effects.²²

Because vulnerable populations are generally more isolated, poorer, and less literate, they are also less likely to be exposed to demand-gen-

18 Bongaarts et al. 2012; Mwaikambo et al. 2011; Westoff, Koffman, and Moreau 2011.

19 DFID 2010a.

20 DFID 2010a; Mwaikambo et al. 2011.

21 L’Engle et al. 2013.

22 Free et al. 2013a, 2013b.

eration interventions.²³ Moreover, the perceived relevance of these messages may be particularly low for certain vulnerable populations, such as married girls and female sex workers. The extent to which vulnerable populations are influenced by these interventions should be assessed in future research. For example, social-marketing organizations are often required to report on the extent to which their campaigns reach the poorest and most vulnerable populations. Such analyses could be integral to the design and evaluation of future demand-generation interventions.

Reducing unmet need for family planning is the primary goal of FP2020. This objective assumes that a demand for family planning exists and is being partially met. Although the benefits of family planning are widely known in most regions of the world (apart from West Africa), knowledge of contraceptive methods and how to obtain them is often incomplete and inaccurate. Thus, unfounded fear of side effects is widespread, contributing to opposition by women and their partners to contraception.²⁴ Strategic communications²⁵ are therefore still needed within the FP2020 framework, especially for populations unaware of the range of contraceptive alternatives available, how they function, and how to obtain them.

23 Ortayli and Malarcher 2010.

24 Darroch, Sedgh, and Ball 2011.

25 Bongaarts et al. 2012.

Health system determinants of family planning demand and use

National health systems largely determine the institutional structures through which family planning is delivered and accessed. These systems should be considered from the perspective of the “total market” through which family planning is made available, including public, commercial, not-for-profit, and faith-based sectors.²⁶ A total market can be said to operate when “the public and nonprofit sectors provide subsidized services for needy consumers while maintaining sustainable commercial provision for consumers who are able to pay.”²⁷ To present the evidence on family planning delivery through a total market, we use the World Health Organization’s six “building blocks” of health systems: service delivery, human resources, systems information, commodities, financing, and leadership and governance.

Service delivery

The number and type of service delivery channels for family planning has increased substantially over the past two decades. This reflects both expansion within the public sector and the growth of other sectors as sources of family planning. We group these channels into eight broad categories: clinic-based, integrated with other services, community-based, mobile outreach, social marketing, pharmacies, services for married and unmarried adolescents, and services for other vulnerable populations.

Clinic-based. Clinic-based delivery of family planning services remains the primary channel for married women. Increasingly, this occurs through private-sector facilities as that sector expands in many countries. How to provide clinic-based family planning services is broadly understood; the major challenge is to improve quality and choice.

²⁶ Barnes, Vail, and Crosby 2012.

²⁷ Barnes, Vail, and Crosby 2012.

The key components of high-quality services, as described in the Bruce–Jain framework,²⁸ are widely established. There is substantial evidence that strengthening these components improves client–provider interactions, client satisfaction, and effective and sustained method use.²⁹ Numerous interventions to improve quality have been developed, but few have been rigorously evaluated.³⁰

A recent synthesis of the evidence³¹ yielded two broad conclusions: increasing the number of methods available to clients increases choice, leading to more new users, reduced discontinuation through switching, and increased prevalence overall; and improving providers' skills and attitudes increases their technical competence and ability to identify and meet clients' needs. However, evidence of which interventions most efficiently increase the number of methods offered and most effectively improve providers' skills, particularly in counseling new clients, remains limited.³²

There is also limited evidence on the effectiveness of mechanisms for quality assurance and monitoring. Several interventions have been piloted over the past two decades with little documentation or evaluation. Key issues concerning standardized indicators, data-collection systems, and feedback and data utilization mechanisms remain poorly understood.

The growing involvement of the commercial sector in providing family planning through private clinics is particularly noticeable, especially through social franchising. Recent reviews provide strong evidence that franchising increases access to and use of family planning services and moderate evidence of improved quality and increased use by the poor.³³ Given the potential of social franchising, further research is justified to assess its effect on quality of care, equity, and cost-effectiveness.

28 Bruce 1990.

29 RamaRao and Mohanam 2003.

30 Mwaikambo et al. 2011; RamaRao and Mohanam 2003.

31 Jain 2012.

32 Cleland et al. 2006; RamaRao and Mohanam 2003.

33 Koehlmoos et al. 2011; Madhavan and Bishai 2010; Mwaikambo et al. 2011; Stephenson et al. 2004.

Integrating family planning with other services. Increasing emphasis is placed on integrating family planning into other health services, acknowledging that women's reproductive health needs are often multiple and that visiting a clinic for another service provides an excellent opportunity to meet their family planning needs. There is extensive evidence on the feasibility, acceptability, and cost-effectiveness of integrating family planning into maternal, infant, and child health services. Recent reviews summarize the evidence and provide recommendations concerning which models of integration with maternal, newborn, and child health services have been effective and should be expanded.³⁴

For almost two decades, postabortion care has incorporated counseling and, if women choose, provision of family planning. The evidence is unequivocal that clients are more likely to use a contraceptive method when it is offered as part of service provision than when it is not.³⁵ The limited evaluation of longer-term outcomes found that use of family planning following abortion resulted in significantly fewer subsequent abortions and unintended pregnancies in the following 12 months.³⁶ We know of no studies, however, on the impact on maternal mortality and morbidity of providing postabortion family planning.³⁷

In most developing countries, postrape care is still a nascent reproductive health service, although growing recognition of the scale and severity of sexual assault has led to greater investment in piloting and expanding country-specific interventions. Emergency contraception is becoming an integral component of postrape care. Current evidence is limited to documenting the feasibility of offering emergency contraception within a comprehensive package of services;³⁸ there is no evidence of its effectiveness in reducing pregnancy following rape.

34 Hiller, Griffith, and Jenner 2007; MCHIP 2012; Vernon 2009.

35 USAID 2012b.

36 Johnson et al. 2002; USAID 2012b.

37 Tripney et al. 2011; Tripney, Kwan, and Bird 2013.

38 Keesbury and Thompson 2010.

The rationale for integrating family planning with HIV services is well established, both through offering family planning within HIV services for women living with HIV and as a means of HIV prevention within family planning services.³⁹ Moreover, evidence on the feasibility of various models of integration is sufficiently strong to support investment in piloting and expansion.⁴⁰ Significant recent investments in evaluation of integrated models that measure their association with unintended pregnancies and HIV/STI incidence and stigma, as well as comparisons between linked services and stand-alone services, will yield substantial evidence in the next few years.⁴¹

From an HIV prevention perspective, evidence from modeling demonstrates that reducing unmet need for family planning, and consequently unintended pregnancies, in a population with high HIV prevalence has a significant impact on reducing perinatal transmission of HIV.⁴² A WHO expert group recently found conflicting evidence regarding whether women using progestin-only injectable contraceptives may be at increased risk of HIV infection. The review recommended that women using these contraceptives be strongly advised to use condoms and other preventive measures as well.⁴³

Community-based. Community-based distribution of family planning remains an important approach in all world regions. Substantial research has demonstrated the acceptability and cost-effectiveness of community-based distribution agents⁴⁴ and has provided recommendations for program implementation.⁴⁵ With the expectation that providing family planning through multipurpose community health workers may better meet women's needs and be more efficient than doing so through community-based distribution agents, attention has shifted to identifying how community health workers can best

39 Wilcher, Cates, and Gregson 2009.

40 Church and Mayhew 2009; Spaulding et al. 2009.

41 Integration for Impact 2012; Integra Initiative 2013.

42 Reynolds et al. 2008.

43 WHO 2012a.

44 USAID 2012a.

45 Mwaikambo et al. 2011; Phillips, Greene, and Jackson 1999.

provide family planning information and services. A recent review⁴⁶ showed that community health workers can meet the immediate and growing demand for human resources where services are most needed; they can help reduce inequities in family planning use, particularly for women with constrained geographic mobility; and they can safely and effectively provide a wide range of methods, including pills, condoms, injectables,⁴⁷ the standard days method, long-acting methods, and emergency contraception.

Preliminary evidence also indicates that under appropriate conditions some community health workers can provide implants and IUDs,⁴⁸ but WHO states that further evidence is needed on the safety and impact of their providing these long-acting methods.⁴⁹ Further evidence is also needed concerning:

- the role of community health workers in meeting the needs of unmarried adolescents, recently married girls, males, and urban slum populations;
- the relative cost-effectiveness of community health workers compared with clinic-based and mobile outreach providers; and
- the feasibility and effectiveness of outreach workers in other sectors (e.g., agriculture, development) as family planning providers.

Mobile outreach. A recent review of the evidence⁵⁰ indicates that, in many settings, outreach by mobile teams of trained providers, in a modified vehicle or a temporary facility or camp, can supply between one-fifth and more than half of all users of long-acting methods; outperform fixed facilities at a lower cost; reduce inequities by reaching some underserved populations, especially those living in remote locations; and reach women who have never previously used a family planning method.

⁴⁶ Foreit and Raifman 2011.

⁴⁷ USAID 2012a.

⁴⁸ USAID 2012a.

⁴⁹ WHO 2012b.

⁵⁰ USAID Unpublished-b.

Evidence remains limited on issues such as women seeking care for complications, method-switching or discontinuation, client satisfaction, quality of services, reaching vulnerable populations in remote locations, and cost-effectiveness.⁵¹

Social marketing. Using commercial marketing principles to promote socially beneficial behaviors and to make subsidized family planning commodities and services available through commercial outlets is an increasingly popular service delivery model. This is particularly true for delivering short-acting methods that can be client-initiated, such as pills (including emergency contraception), condoms, standard days method (cycle beads), and injectables.

A recent review found evidence that social marketing increases access to family planning products and messages, although its effect on inequities was not measured.⁵² Strong evidence was found of the cost-effectiveness of social marketing and some evidence that increasing price reduces use. An earlier review found that the socioeconomic status of women served through social marketing tends to be lower than that of women purchasing commercial brands and higher than that of women who obtain products from the public sector.⁵³

Pharmacies. Although pharmacies often participate in social-marketing programs, there is little evidence of their ability to safely provide many methods. A recent review also highlights the great potential of pharmacies to reach large portions of the urban poor, including unmarried adolescents and males who may be stigmatized when visiting clinics.⁵⁴ The review notes the lack of rigorous evidence on these questions and on the quality of care and cost-effectiveness of pharmacies in providing family planning.

51 Eva and Ngo 2010.

52 Madhavan and Bishai 2010.

53 Chapman and Astatke 2003.

54 USAID Unpublished-a.

Services for married and unmarried adolescents. Many interventions have been developed to reduce barriers to health services for adolescents, but few have been rigorously evaluated. A review of youth centers, a popular approach for reaching unmarried adolescents, concluded that they generally serve only a small fraction of young people.⁵⁵ Those served are primarily young men who are attending school or college nearby and are older than the target age. The main users of reproductive health services at youth centers are young women, who again are likely to be older than the target age group. Use of these services was generally low.

Although the majority of sexually active adolescent girls in developing countries are married,⁵⁶ health system-based interventions to meet their family planning needs are relatively new. They mainly seek to reach married adolescent girls and their husbands and families with targeted services. Few rigorous evaluations have been undertaken, but a number of promising practices are emerging from studies using quasi-experimental designs. Such studies evaluate social and behavior change strategies for communities, couples, and individuals and assess school- and home-based supply of family planning, especially during a woman's first postpartum period.⁵⁷

Services for other vulnerable populations. Evidence on the delivery of family planning services to urban slum dwellers, especially young people, is growing, largely as a result of the multi-country Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative.⁵⁸ Further evidence will be needed as the number and range of urban-focused interventions expands through FP2020 initiatives. In particular, evidence of the capacity of such interventions to reduce inequities within urban areas, especially among young and unmarried persons, is critical.

55 Zuurmond, Geary, and Ross 2012.

56 Haberland 2003.

57 DFID 2010a.

58 Urban Reproductive Health Initiative 2013.

The private sector is likely to play a prominent role as a source of commodities, and electronic media—especially mobile phones—are likely to be a main source of information. As urban slum populations continue to grow rapidly, the importance of generating a rigorous evidence base to guide program design for meeting the needs of the urban youth living in poverty cannot be exaggerated.

Nomadic and migratory populations, although relatively small in number, are often highly vulnerable and their needs can be acute. Interestingly, a recent study examining the social and economic drivers of internal migration for adolescent girls suggests both risk and opportunity associated with migration.⁵⁹ No evidence exists concerning service delivery or models for reaching them, however.

Evidence for interventions that meet the family planning needs of HIV-positive women is growing rapidly through both research and experience. Interventions initially focused on integrating family planning with services that prevent mother-to-child transmission and provide antiretroviral therapy to HIV-positive women in high-prevalence settings.⁶⁰ Increasingly, there are efforts to determine clients' HIV status during provision of family planning, antenatal care, and postpartum services.

A recent review concluded that research, policy, and programs still do not meet clients' pregnancy-related needs, rights, and decisions.⁶¹ Contraceptive options to enable HIV-positive women to avoid pregnancy are insufficient: condoms are not always available or acceptable, and other options are limited by affordability, availability, or efficacy. Further, coerced sterilization of women living with HIV has been reported. There is a lack of evidence on the effectiveness, safety, and best practices of assisted reproductive technologies for people living HIV. Attention to neonatal outcomes generally outweighs attention to the health of women living with HIV before, during, and after pregnancy. Access to safe abortion and postabortion care services is often cur-

59 Temin et al. 2013.

60 WHO 2009.

61 MacCarthy et al. 2012.

tailed, and inadequate attention is given to HIV-positive sex workers, injecting drug users, and adolescents.

Human resources

Many types of health workers have been trained to provide family planning information, counseling, and services. Task-shifting and task-sharing are being promoted as strategies for expanding access to family planning by enabling more health workers to offer a wider range of methods. A recent review of task-sharing offered recommendations to identify which cadres could safely and effectively provide contraceptive methods.⁶² The review also called for research to determine whether trained lay health workers and traditional birth attendants could provide implants; whether auxiliary nurses could provide IUDs and vasectomies; whether auxiliary nurse-midwives could provide vasectomies; and whether nurses and midwives could provide tubal ligations and vasectomies.

As health systems expand their capacity to offer family planning services, a focus on task-sharing should not divert attention from broader human resource problems that can prevent health systems from functioning at full potential.⁶³ Shortages of staff, their distribution and rotation, competency, lack of supervision, and other human resource issues are frequently cited barriers during implementation of new family planning programs. Localized evidence to identify solutions to these problems is needed, primarily generated through health-systems research: training audits, competency assessments, case studies, health facility assessments, and policy analysis.

A second area where evidence is needed is the role of electronic and mobile information and communication technology for training, monitoring, and supervising health workers. Despite great potential for these technologies to improve provider competence and system efficiency, there is little evidence regarding feasibility, acceptability, and cost-effectiveness. It is essential, therefore, to rigorously evaluate

62 WHO 2012b.

63 DFID 2010b.

large-scale ehealth/mhealth interventions to determine how their introduction will affect the health system.

Systems information

Effective delivery of family planning services requires the production, analysis, and communication of data on the performance of delivery sites and providers, and on the relationship between use of family planning services and the prevention of unintended pregnancy. Performance monitoring is critical to attaining the goals of FP2020. Developing a framework for progress that is applicable at national and global levels is essential. Also crucial is the identification of high-priority indicators to track progress and of procedures to collect and report on systems data.⁶⁴ To ensure that interventions are rights-based and that they reduce inequities requires monitoring through new or modified health management information systems.

Most national systems inadequately monitor family planning performance. Incorporating data from the private sector into such systems has been difficult. Because systems do not usually track client characteristics, determining whether inequities are being reduced will also be difficult. Because these systems do not regularly monitor quality of care, substantial investments are needed to upgrade national systems and link them with the global framework for FP2020. Moreover, if an accountability mechanism is to be established and routinely determine whether service delivery is rights-based, it will need to be linked directly with the national health management information system.

Although new family planning users can be tracked through an improved information system, the population-level impacts of interventions will also need to be measured through data generated from representatively sampled surveys. Traditionally, the Demographic and Health Survey has provided these data, but an increased focus on unmet need, unintended pregnancy, and equitable access—all mea-

⁶⁴ Nutley and Reynolds 2013.

tures that require population-level samples—will require substantial investment in surveys. This includes investing in the human resources to undertake the surveys, analyze their findings, and support the use of this evidence by stakeholders and decisionmakers.

Paper-based health management information systems are increasingly being replaced by electronic systems and handheld devices for data collection and transmission, and computerized analyses are facilitating budgeting and planning decisions. Despite their rapid proliferation, there are few rigorously tested and validated electronic systems that can be easily used by program and clinic managers. Substantial investment in computerization of national information systems and in building the human resources to use them effectively should be a priority as FP2020 is implemented at the country level.

Contraceptive commodities

Maximizing global access to affordable family planning commodities in accordance with quality assurance requirements, or “market shaping,” is one of the key objectives of FP2020. Problems with commodity production, pricing, efficient supply logistics, and quality assurance are key barriers that restrict women’s access and choice, contributing to unmet need. A market-shaping strategy that reduces barriers to family planning commodities requires processes and tools for demand forecasting, coordinated procurement, innovative financing, well-coordinated supply chains, and testing of innovative products. All of these processes and tools will require valid data. While some of these data can be generated routinely through health management information systems, most will need to be documented and analyzed using new procedures and mechanisms.

In particular, “total market assessments” will be needed to determine the characteristics of existing and future markets. These assessments will define the comparative advantage of commercial, social marketing, NGO, and public-sector actors and will analyze their competence and cost-effectiveness in delivering products and services to different market segments, including the poorest individuals.⁶⁵

65 Barnes, Vail, and Crosby 2012.

Rigorous methods for defining, measuring, and monitoring the method mix are essential for maximizing choice. Service delivery guidelines for individual contraceptive methods have been developed using an evidence-based approach. Best practices reflecting evidence on information exchange and method safety and effectiveness have been summarized.⁶⁶ Here we identify the need for new research related to the provision of various contraceptive commodities.

Condoms. Male condom use is increasing rapidly among unmarried young people, especially in sub-Saharan Africa. Research is needed on how to sustain condom use after marriage, especially as a dual protection strategy. Evidence for female condom programming is increasing.⁶⁷ A recent review of randomized clinical trials of interventions for promoting effective condom use concluded, however, that “despite the public health importance of increasing condom use there is little reliable evidence on the effectiveness of condom promotion interventions.”⁶⁸

Emergency contraception. Although evidence-based guidance on the introduction and use of emergency contraceptive pills (ECP) exists,⁶⁹ the UN Commission on Life-Saving Commodities for Women and Children has included emergency contraception (together with implants and female condoms) in its list of underutilized commodities. Earmarked investments will become available to expand the evidence base regarding the supply of this commodity. A recent review concluded that “available evidence supports that advance provision of ECP to women and adolescents is safe and increases use of ECP following unprotected intercourse.”⁷⁰

Injectables. Use of injectables is increasing more rapidly than any other contraceptive method in Africa. While this increase is undoubtedly meeting a demand for family planning, its effect on the broader method mix in national markets needs better understanding. Con-

66 WHO and CCP 2011.

67 UNFPA 2013.

68 Free et al. 2009.

69 Hossain et al. 2009.

70 Rodriguez et al. 2013.

versely, use of injectables in South Asia is relatively limited. Research is needed to determine whether there is greater potential demand and, if so, how this can best be met.

Implants. The evidence gap for implants is the extent to which provision of this method, including access to removal, can be task-shifted to lower-level cadres to increase access, especially in rural areas. Evidence on their use by young women is limited. However, statements by WHO and the American College of Obstetricians and Gynecologists suggest that implants can be used safely and effectively by young women.⁷¹

IUDs and intrauterine systems. The evidence regarding reasons for non-use is generally adequate. The main evidence gap is the extent to which method provision can be task-shifted to lower-level cadres to increase access to both insertion and removal, especially in rural areas.

Lactational amenorrhea method (LAM). Research is needed on how to facilitate the transition from LAM to an effective contraceptive method after women stop breastfeeding.

Oral contraceptive pills. No further evidence is needed to improve service delivery.

Standard days method. Evidence suggests that demand exists for SDM and can increase with greater availability and awareness. The method is most popular among women not currently using any method, thus providing programs with an opportunity to reach underserved couples. How best to do this can be determined through locally obtained evidence.⁷²

Tubal ligation. Options for easier procedures are being explored, and evidence is needed to determine the extent to which lower-level cadres can task-share such procedures.

Vasectomy. Evidence is needed concerning the reasons for non-use and to identify innovative and effective ways to provide information about the method, especially in Africa.

71 Jacobstein and Stanley 2013.

72 Lundgren et al. 2012.

Financing

Increased effectiveness and efficiency in the functioning of health systems is closely related to the manner in which systems are financed. Most public-sector and NGO health programs fund facilities and providers for the inputs needed to provide family planning services. Over the past decade, many models have been developed and tested that instead fund programs according to their performance. Examples include pay-for-performance, results-based financing, output-based aid, performance-based financing, and performance-based incentives. Some major donors are configuring their service delivery tenders so that payment is performance-based.

As described by a recent *Cochrane* review, the evidence for performance-based financing is too weak to draw general conclusions. Its impact depends on the interaction of several variables, including the design of the intervention (e.g., who receives payments, the size of the incentives, the targets, and how they are measured), the amount of additional funding, other components such as technical support, and the organizational context in which it is implemented.⁷³

Several performance-based financing mechanisms are being adapted specifically for family planning services.⁷⁴ These include: donors incorporating such financing in payment structures to countries by conditioning aid on health results; national governments transferring funds to subnational levels of government based partly on attainment of health or coverage targets; donors paying NGOs for results that include family planning provision; rewarding health facilities for quality counseling and availability and use of modern family planning methods; selling vouchers to poor women for subsidized family planning services from accredited providers;⁷⁵ and conditional cash transfer programs providing income support to poor families who can provide evidence of family planning use.⁷⁶

73 Witter et al. 2012.

74 Eichler et al. 2010.

75 Bellows, Bellows, and Warren 2011; Meyer et al. 2011.

76 Mwaikambo et al. 2011.

Given the widespread interest in performance-based financing, further research on these mechanisms is critical. Concerns regarding potential coercion when incentives are offered to family planning providers must be carefully addressed.⁷⁷ The effect of performance-based financing on equity also requires attention in light of the inconclusive evidence.⁷⁸ Moreover, evidence is lacking on the relative cost-effectiveness of alternative performance-based financing models.

Many national governments have made substantial commitments to FP2020. While it is likely that traditional “input-based” financing for family planning services will remain the predominant model in the public sector, research is needed to assess how government financing mechanisms can be improved, for example through country-specific assessments and meta-analyses of national health accounts and other resource-tracking methods.

The influence of price on the acceptability and use of various contraceptive methods is not clear. Definitive evidence on the price elasticity of contraceptive demand is scarce, much of it derived from observational studies conducted in the 1980s and 1990s. Most evidence indicates that contraceptive demand is surprisingly inelastic,⁷⁹ although income seems to be a factor in determining elasticity, implying that the poorest are more likely to be affected by user fees.⁸⁰ Research is needed to determine the impact of user fees or out-of-pocket payments on contraceptive use, reproductive health, and equity in access.

Leadership and governance

Global and national support for family planning is associated with increased demand and use.⁸¹ The stall in fertility decline in sub-Saharan Africa can be attributed in large part to ambiguous national will and reduced global commitment to family planning throughout

77 Eichler et al. 2010.

78 Hotchkiss, Godha, and Do 2011; Ravindran and Fonn 2011.

79 Cleland et al. 2006.

80 DFID 2010a.

81 Cleland et al. 2006; DFID 2010b.

the 1990s and early 2000s.⁸² Conversely, recent rapid increases in family planning use in several African countries can be attributed to renewed political commitment.⁸³

Evidence supports the critical role of such commitment in increasing awareness of and demand for family planning, and in stimulating investments in and effective implementation of service delivery strategies to reduce unmet need.⁸⁴ Substantial investments in advocacy are expected to be made over the next few years to support the commitments made in London in 2012. In addition to evaluating recent advocacy initiatives, prospective research is needed to evaluate the feasibility, implementation modalities, and effectiveness of forthcoming advocacy projects.

FP2020 supports efforts that hold governments, donors, and organizations accountable to intended beneficiaries. This is to ensure that these commitments lead to investments in a rights-based approach to provision of family planning. Research is essential to guide efforts to empower communities, especially the most marginalized, to voice their needs and demand their entitlements. This evidence will also inform decisionmaking on the design and implementation of service delivery and monitor potential rights abuses related to family planning provision. Such accountability mechanisms exist for family planning services, but evidence of their feasibility and effectiveness is limited primarily to case studies.⁸⁵ Operations research to develop, test, and evaluate accountability interventions is a priority.

82 Bongaarts et al. 2012; Cleland et al. 2006.

83 Murunga et al. 2012; USAID Africa Bureau 2012.

84 Jacobstein et al. 2013; Lee et al. 1998.

85 Bongaarts et al. 2012; DFID 2010a, 2010b.

Dynamics of family planning demand and use

A context-specific understanding of the demand for and use of family planning is critical for planning and budgeting related to FP2020. Analyses should disaggregate population-level data by each country's relevant social determinants to identify interventions that can reduce inequities in access. As noted above, the DHS provides substantial datasets to permit many such analyses. However, the scale of future investments and the need to serve diverse populations require additional population-specific research, especially for vulnerable and marginalized populations.

Understanding of the reasons for non-use of contraception remains limited, in part because of an over-reliance on the “reasons for non-use” questions in the DHS. While these are useful if carefully interpreted, additional standardized measures are needed to describe women's ambivalence toward contraceptive use and their perceptions of risks associated with use or non-use. More nuanced interpretations of women's responses and their implications for investments in family planning programs are also needed.

Recent evidence describes the reasons for method discontinuation, switching, and failure and their role in unintended pregnancy and women's inability to achieve reproductive intentions.⁸⁶ On average, one-third of unintended pregnancies occur among women using family planning (i.e., women who are considered to have a met need). More effectively meeting these women's individual needs may be as effective a strategy for reducing unintended pregnancy as focusing on reaching new users.⁸⁷ High rates of discontinuation demonstrate the need for access to a range of contraceptive methods, including long-acting effective methods. Service quality, particularly counseling about side effects and other health concerns, must be improved so that women

86 Ali, Cleland, and Shah 2012.

87 Jain 1989; Jain et al. 2013.

can make informed choices and are forewarned about side effects and reassured about health concerns. Ensuring that timely and informed method-switching options are available will enable women to avoid unintended pregnancies, unsafe abortion, and unwanted or mistimed births. A lack of longitudinal data, especially prospectively collected, hinders better understanding of these use dynamics.

One weakness of the DHS is that it does not adequately sample adolescents and unmarried women, women living in vulnerable situations (e.g., sex workers, women living with HIV), and men. More research is essential to understand contraceptive demand and use dynamics among these underserved populations, either through modifying the DHS or conducting additional surveys.

Aspects of use dynamics—such as whether a woman is using a method appropriate for her life-cycle stage, and whether there are other, more suitable methods to which she lacks access—influence choice and cost. The likelihood of unintended pregnancy is increased if a woman is using a less effective method because more effective options are inaccessible, unaffordable, or unacceptable. Longer-acting methods generally cost less per couple-year of protection than short-acting methods, so lack of access can increase costs to the woman and the program. More information on the appropriateness of a method for a woman's reproductive intentions is critical for market-shaping initiatives.

Associations between family planning use, non-use, and distal outcomes

The associations between family planning use and fertility are well established after decades of research.⁸⁸ This evidence is used primarily to advocate for political and financial commitment to family planning, which has been essential in refocusing attention on the adverse outcomes of unintended pregnancy and unwanted fertility. As the integral role of a population's reproductive and maternal health in reducing poverty and promoting economic and social growth is

88 Bongaarts et al. 2012; Bongaarts and Sinding 2011.

increasingly understood by economists and politicians, this evidence is also used for development planning within emerging economies.

Continued investment in the generation and interpretation of demographic evidence remains essential, especially in countries where the transition to lower fertility is not yet complete or has stalled. Moreover, in countries that could potentially benefit from a “demographic dividend”⁸⁹—in which the working-age population is increasing faster than the dependent population, leading to rapid economic growth—country-specific analyses of how this dividend can be achieved would be important for advocacy interventions. A recent review of the likelihood of a demographic dividend in African countries cautions against expecting a dividend on the same scale as those seen in East and South Asia, unless the institutional settings become more favorable, national economies are better able to create employment and provide education and health care for the growing labor force, and household savings lead to productive investments.⁹⁰ Without these positive factors, rapidly increasing numbers of unemployed, poorly educated young people can cause discontent and civil conflict.

As the number of women of reproductive age increases as a result of population growth, so does the number needing contraceptive services and commodities. For example, an additional 42 million women worldwide began using contraception between 2008 and 2012, with half of this increase attributable to population growth.⁹¹ Thus, for many developing countries seeking to increase access to family planning, the number of commodities required will increase dramatically as the result of both contraceptive prevalence and population size. Evidence to inform how such countries can rapidly procure and make available these substantially larger quantities of commodities is urgently needed.

Research on the associations between family planning use, population, the environment, and climate change has become in-

89 Bloom, Canning, and Sevilla 2003; Cleland 2012.

90 Cleland 2012.

91 Singh and Darroch 2012.

creasingly prominent.⁹² Links between global climate patterns and a woman's right to have children by choice and not by chance may seem tenuous. However, evidence from such research will become increasingly important for policy discussions and investment choices, especially in countries experiencing environmental degradation and problems meeting the food, water, and sanitation needs of their populations.

92 Jiang and Hardee 2011.

Conclusion

RESEARCH SHOWS THAT GOVERNMENTS can generate substantial improvements in health, wealth, human rights, and education, and reduce population growth as well, through high-quality voluntary family planning programs. Family planning programs for the twenty-first century require thoughtful design—involving both public and private sectors—to meet the growing need for safe and effective family planning services.

A new generation of girls and women, and their male partners, will enter their reproductive years over the next several years. They must be provided with the knowledge, skills, and technologies to demand and access their reproductive rights, including family planning. This large and heterogeneous group represents future consumers, future family planning users, and future parents.

The challenges ahead for family planning programs will be to increase access while reducing inequities in people's ability to use a method of their choice, particularly inequities resulting from poverty, sex, age, and marital status. While a substantial amount of evidence exists to inform efforts to expand equitable access, further research should be conducted to improve health systems and identify effective interventions to empower girls and women to make informed decisions about pregnancy and childbearing.

These challenges will occur in the context of continually increasing populations in most African countries, necessitating additional investments just to meet existing levels of need. Targeted investments in research to address the main evidence gaps identified in this report, and in building the human and institutional capacities needed to generate and capitalize on such research, should be an integral component of FP2020 budgeting and implementation.

References

- Ali, Mohamed M., John Cleland, and Iqbal H. Shah. 2012. "Causes and consequences of contraceptive discontinuation: Evidence from 60 Demographic and Health Surveys." Geneva: World Health Organization.
- Askew, Ian and Martha Brady. 2012. *Reviewing the Evidence and Identifying Gaps in Family Planning Research: The Unfinished Agenda to Meet FP2020 Goals*, background document prepared for Family Planning Research Donor Meeting, 3–4 December 2012. New York: Population Council.
- Barnes, Jeffrey, Janet Vail, and Dawn Crosby. 2012. "Total market initiatives for reproductive health." Bethesda: Strengthening Health Outcomes through the Private Sector, Abt Associates.
- Bellows, Nicole M., Ben W. Bellows, and Charlotte Warren. 2011. "The use of vouchers for reproductive health services in developing countries: Systematic review," *Tropical Medicine & International Health* 16(1): 84–96.
- Bloom, David E., David Canning, and Jaypee Sevilla. 2003. "The demographic dividend: A new perspective on the economic consequences of population change." Santa Monica: RAND.
- Bongaarts, John, John Cleland, John W. Townsend, Jane T. Bertrand, and Monica Das Gupta. 2012. *Family Planning Programs for the 21st Century: Rationale and Design*. New York: Population Council.
- Bongaarts, John and Steven Sinding. 2011. "Population policy in transition in the developing world," *Science* 333(6042): 574–576.
- Bruce, Judith. 1990. "Fundamental elements of the quality of care: A simple framework," *Studies in Family Planning* 21(2): 61–91.
- Chapman, Steven and Hibist Astatke. 2003. "Review of DFID approach to social marketing. Annex 5: Effectiveness, efficiency and equity of social marketing, Appendix to Annex 5: The social marketing evidence base." London: DFID Health Systems Resource Centre.
- Church, Kathryn and Susannah Mayhew. 2009. "Integration of STI and HIV prevention, care, and treatment into family planning services: A review of the literature," *Studies in Family Planning* 40(3): 171–186.
- Cleland, John. 2012. "Will Africa benefit from a demographic dividend?" Oxford: Oxford Policy Management.
- Cleland, John, Stan Bernstein, Alex Ezeh, Anibal Faundes, Anna Glasier, and Jolene Innis. 2006. "Family planning: The unfinished agenda," *The Lancet* 368(9549): 1810–1827.

- Creanga, Andreea A., Duff Gillespie, Sabrina Karklins, and Amy O. Tsui. 2011. "Low use of contraception among poor women in Africa: An equity issue," *Bulletin of the World Health Organization* 89: 258–266.
- Darroch, Jacqueline E., Gilda Sedgh, and Haley Ball. 2011. *Contraceptive technologies: Responding to Women's Needs*. New York: Guttmacher Institute.
- Department for International Development (DFID). 2010a. "Improving reproductive, maternal and newborn health: Burden, determinants and health systems. Evidence overview. A working paper." London: DFID.
- Department for International Development (DFID). 2010b. "Improving reproductive, maternal and newborn health: Reducing unintended pregnancies. Evidence overview. A working paper." London: DFID.
- Eichler, Rena, Barbara Seligman, Alix Beith, and Jenna Wright. 2010. "Performance-based incentives: Ensuring voluntarism in family planning initiatives." Bethesda: Health Systems 20/20 Project, Abt Associates.
- Eva, Gillian and Thoai D. Ngo. 2010. "MSI mobile outreach services: Retrospective evaluations from Ethiopia, Myanmar, Pakistan, Sierra Leone and Vietnam." London: Marie Stopes International.
- Foreit, James and Sarah Raifman. 2011. "Increasing access to family planning and reproductive health services through task-sharing between community health workers and community mid-level professionals in large-scale public-sector programs." New York: Population Council.
- Free, Caroline, Ian G. Roberts, Tanya Abramsky, Molly Fitzgerald, and Frances Wensley. 2009. "A systematic review of randomised controlled trials of interventions promoting effective condom use," *Journal of Epidemiology & Community Health* 2011(65): 100–110.
- Free, Caroline et al. 2013a. "The effectiveness of mobile-health technology-based health behaviour change or disease management interventions for health care consumers: A systematic review," *PLoS Med* 10(1): e1001362.
- Free, Caroline et al. 2013b. "The effectiveness of mobile-health technologies to improve health care service delivery processes: A systematic review and meta-analysis." *PLoS Med* 10: e1001363.
- Gillespie, Duff, Saifuddin Ahmed, Amy Tsui, and Scott Radloff. 2007. "Unwanted fertility among the poor: An inequity?" *Bulletin of the World Health Organization* 85: 100–107.
- Gipson, Jessica D., Michael A. Koenig, and Michelle J. Hindin. 2008. "The effects of unintended pregnancy on infant, child, and parental health: A review of the literature," *Studies in Family Planning* 39(1): 18–38.

- Haberland, Nicole. 2003. "The neglected majority: Married adolescents," in *Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming. A report on a workshop of the UNFPA in collaboration with the Population Council. 1-3 May 2002*. New York: Population Council.
- Hiller, J.E., E. Griffith, and F. Jenner. 2007. "Education for contraceptive use by women after childbirth," *Cochrane Database of Systematic Reviews* 2002(3): CD001863.
- Hindin, Michelle J., Charlotte Sigurdson Christiansen, and B. Jane Ferguson. 2013. "Setting research priorities for adolescent sexual and reproductive health in low- and middle-income countries," *Bulletin of the World Health Organization* 91(1): 10–18.
- Hossain, Sharif M.I. et al. 2009. "ECP handbook: Introducing and mainstreaming the provision of emergency contraceptive pills in developing countries," *FRONTIERS Manual*. Washington, DC: Population Council.
- Hotchkiss, David R., Deepali Godha, and Mai Do. 2011. "Effect of an expansion in private sector provision of contraceptive supplies on horizontal inequity in modern contraceptive use: Evidence from Africa and Asia," *International Journal for Equity in Health* 10:33.
- Integra Initiative. 2013. Reproductive Health and HIV Services in Sub-Saharan Africa Conference. www.integrainitiative.org/projects/integra.
- Integration for Impact. 2012. "Reproductive Health and HIV Services in Sub-Saharan Africa Conference." <http://integrationforimpact.org>
- Jacobstein, Roy and Harriet Stanley. 2013. Contraceptive implants: Providing better choice to meet growing family planning demand, *Global Health: Science and Practice* 1(1): 11–17.
- Jacobstein, Roy, Carolyn Curtis, Jeff Spieler, and Scott Radloff. 2013. "Meeting the need for modern contraception: Effective solutions to a pressing global challenge," *International Journal of Gynecology and Obstetrics* 121: S9–S15.
- Jain, Anrudh K. 1989. "Fertility reduction and the quality of family planning services," *Studies in Family Planning* 20(1): 1–16.
- . 2012. "Quality of care," in *High Impact Practices in Family Planning*, edited by USAID/UNFPA. New York.
- Jain, Anrudh, Francis Obare, Saumya RamaRao, and Ian Askew. 2013. "Reducing unmet need by supporting women with met need," *International Perspectives on Sexual and Reproductive Health* 39(3), forthcoming.

- Jiang, Leiwan and Karen Hardee. 2011. "How do recent population trends matter to climate change?" *Population Research and Policy Review* 30: 287–312.
- Johnson, Brooke R., Singatsho Ndhlovu, Sherry L. Farr, and Tsungai Chipato. 2002. "Reducing unplanned pregnancy and abortion in Zimbabwe through postabortion contraception," *Studies in Family Planning* 33(2): 195–202.
- Keesbury, Jill and Jill Thompson. 2010. "A step-by-step guide to strengthening sexual violence services in public health facilities: Lessons and tools from sexual violence services in Africa." Lusaka: Population Council.
- Knowledge for Health (K4 Health) Project. 2012. *High-Impact Practices in Family Planning (HIPs)*. Baltimore: Johns Hopkins University.
- Koehlmoos, T., R. Gazi, S. Hossain, and M. Rashid. 2011. "Social franchising evaluations: A scoping review." London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Lee, Kelly, Louisiana Lush, Gill Walt, and John Cleland. 1998. "Family planning policies and programmes in eight low-income countries: A comparative policy analysis," *Social Science and Medicine* 47(7): 949–959.
- Lee-Rife, Susan, Anju Malhotra, Ann Warner, and Allison McGonagle Glinski. 2012. "What works to prevent child marriage: A review of the evidence," *Studies in Family Planning* 43(4): 287–303.
- L'Engle, Kelly L., Heather L. Vahdat, Elizabeth Ndakidemi, Christine Lasway, and Trinity Zan. 2013. "Evaluating feasibility, reach and potential impact of a text message family planning information service in Tanzania," *Contraception* 87(2): 251–256.
- Lundgren, Rebecka et al. 2012. "Assessing the effect of introducing a new method into family planning programs in India, Peru, and Rwanda," *Reproductive Health* 9(17).
- MacCarthy, Sarah, Jennifer J.K. Rasanathan, Laura Ferguson, and Sofia Gruskin. 2012. "The pregnancy decisions of HIV-positive women: The state of knowledge and way forward," *Reproductive Health Matters* 20(39S): 119–140.
- Madhavan, Supriya and David Bishai. 2010. "Private sector engagement in sexual and reproductive health and maternal and neonatal health: A review of the evidence." Baltimore: Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.
- Malarcher, Shawn, L. G. Olson, and Norman Hearst. 2010. "Unintended pregnancy and pregnancy outcome: Equity and social determinants," in Erik Blas and Anand Sivasankara Kurup (eds.), *Equity, Social Determinants and Public Health Programmes*. Geneva: WHO, pp. 177–197.

- MCHIP. 2012. "Synthesis of postpartum family planning program literature." Washington, DC: Maternal and Child Health Integrated Program (MCHIP).
- Meyer, Carinne, Nicole Bellows, Martha Campbell, and Malcolm Potts. 2011. "The impact of vouchers on the use and quality of health goods and services in developing countries: A systematic review," London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Murunga, V., N. Musila, R. Oronje, and E. Zulu. 2012. *Africa on the Move! The Role of Political Will and Commitment in Increasing Access to Family Planning in Africa*. Washington, DC: The Wilson Center.
- Mwaikambo, Lisa, Ilene S. Speizer, Anna Schurmann, Gwen Morgan, and Fariyal Fikree. 2011. "What works in family planning interventions: A systematic review," *Studies in Family Planning* 42(2): 67–82.
- Nutley, Tara and Heidi W. Reynolds. 2013. "Improving the use of health data for health system strengthening," *Global Health Action* 6: 20001.
- Ortayli, Nuriye and Shawn Malarcher. 2010. "Equity analysis: Identifying who benefits from family planning programs," *Studies in Family Planning* 41(2): 101–108.
- Phillips, James F., Wendy L. Greene, and Elizabeth F. Jackson. 1999. "Lessons from community-based distribution of family planning in Africa." New York: Population Council.
- RamaRao, Saumya and Raji Mohanam. 2003. "The quality of family planning programs: Concepts, measurements, interventions, and effects," *Studies in Family Planning* 34(4): 227–248.
- Ravindran, T.K. Sundari and Sharon Fonn. 2011. "Are social franchises contributing to universal access to reproductive health services in low-income countries?" *Reproductive Health Matters* 19(38): 85–101.
- Reynolds, H. W., B. Janowitz, R. Wilcher, and W. Cates. 2008. "Contraception to prevent HIV-positive births: Current contribution and potential cost-savings in PEPFAR countries," *Sexually Transmitted Infections* 84 (Suppl II): ii49–ii53.
- Rodriguez, Maria I., Kathryn M. Curtis, Mary Lyn Gaffield, Emily Jackson, and Nathalie Kapp. 2013. "Advance supply of emergency contraception: A systematic review," *Contraception* 87(5): 590–601.
- Singh, Susheela and Jacqueline Darroch. 2012. "Adding it up: Costs and benefits of contraceptive services—estimates for 2012." New York: Guttmacher Institute and United Nations Population Fund.

- Spaulding, A. B. et al. 2009. "Linking family planning with HIV/AIDS interventions: A systematic review of the evidence," *AIDS* 23 (Suppl 1): S79–S88.
- Speizer, Ilene S., Robert J. Magnani, and Charlotte E. Colvin. 2003. "The effectiveness of adolescent reproductive health interventions in developing countries: A review of the evidence," *Journal of Adolescent Health* 33(5): 324–348.
- Stephenson, R. et al. 2004. "Franchising reproductive health services," *Health Services Research* 39(6, Part 2): 2053–2080.
- Temin, Miriam, Mark R. Montgomery, Sarah Engebretsen, and Kathryn M. Barker. 2013. "Girls on the move: Adolescent girls & migration in the developing world." New York: Population Council.
- Tripney, Janice, Karen Schucan Bird, Irene Kwan, and Janice Kavanagh. 2011. "The impact of post-abortion care family planning counselling and services in low-income countries: A systematic review of the evidence." London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Tripney, Janice, Irene Kwan, and Karen Schucan Bird. 2013. "Postabortion family planning counseling and services for women in low-income countries: A systematic review," *Contraception* 87(1): 17–25.
- United Nations Population Fund (UNFPA). 2013. HIV prevention gains momentum: Successes in female condom programming. New York: United Nations Population Fund.
- United States Agency for International Development (USAID). 2012a. "Community health workers: Bringing family planning services to where people live and work." Washington, DC: USAID.
- . 2012b. "Postabortion family planning: Strengthening the family planning component of postabortion care." Washington, DC: USAID.
- . Unpublished-a. "Drug shops and pharmacies: Important sources for family planning commodities and information." Washington, DC: USAID.
- . Unpublished-b. "Mobile outreach services: Expanding access to long-acting and permanent methods." Washington, DC: USAID.
- USAID Africa Bureau. 2012. "Three successful sub-Saharan Africa family planning programs: Lessons for meeting the MDGs." Washington, DC: USAID.

- Urban Reproductive Health Initiative. 2013. Measurement, Learning & Evaluation (MLE) Project.
- Vernon, Ricardo. 2009. "Meeting the family planning needs of postpartum women," *Studies in Family Planning* 40(3): 235–245.
- Westoff, Charles F., Dawn A. Koffman, and Caroline Moreau. 2011. "The impact of television and radio on reproductive behavior and on HIV/AIDS knowledge and behavior." Calverton, MD: ICF International.
- Wilcher, Rose, Willard Cates Jr., and Simon Gregson. 2009. "Family planning and HIV: Strange bedfellows no longer," *AIDS* 23(Suppl 1): S1–6.
- Witter, Sophie, Atle Fretheim, Flora L. Kessy, and Anne Karin Lindahl. 2012. "Paying for performance to improve the delivery of health interventions in low- and middle-income countries," *Cochrane Database of Systematic Reviews* 2:CD007899.
- World Health Organization (WHO). 2009. "Strategic considerations for strengthening the linkages between family planning and HIV/AIDS policies, programs, and services." Geneva: WHO.
- . 2011. "WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries." Geneva: WHO.
- . 2012a. "Hormonal contraception and HIV: Technical statement." Geneva: WHO.
- . 2012b. "WHO recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting." Geneva: WHO.
- WHO and CCP. 2011. *Family Planning: A Global Handbook for Providers*. Baltimore and Geneva: Johns Hopkins Center for Communication Programs and WHO.
- Zuurmond, Maria A., Rebecca S. Geary, and David A. Ross. 2012. "The effectiveness of youth centers in increasing use of sexual and reproductive health services: A systematic review," *Studies in Family Planning* 43(4): 239–254.

THE UNFINISHED AGENDA TO MEET FP2020 GOALS

AN ANNOTATED BIBLIOGRAPHY

This book is based on *Reviewing the Evidence and Identifying Gaps in Family Planning Research: The Unfinished Agenda to Meet FP2020 Goals*, background document prepared for Family Planning Research Donor Meeting, December 3–4, 2012.

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Introduction

FOUR DECADES OF DEMOGRAPHIC, SOCIAL SCIENCE, AND OPERATIONS RESEARCH ON FAMILY PLANNING have produced a vast body of knowledge on the benefits of family planning and have identified strategies for improving programs and policies. Yet women and girls in the world's poorest countries who do not want to become pregnant often do not use modern contraception. In the months following the landmark 2012 London Summit on Family Planning, the international community has recognized that more evidence-based guidance is critically needed to meet the goal of FP2020: ensuring that 120 million additional women and girls have access to effective family planning information and services by the year 2020.

This annotated bibliography was prepared as a companion to *The Unfinished Agenda to Meet FP2020 Goals: 12 Actions to Fill Critical Evidence Gaps*. It includes scholarly articles, books, conference papers, discussion papers, public statements, and other publications used to develop the research and action agenda proposed in that book.

The bibliography provides an overview of family planning research and highlights evidence gaps. Keyword tags provided alongside each alphabetical entry correspond to the three evidence sections in the accompanying publication. Tags are: social determinants, health system determinants, and demand and use dynamics.

The bibliography is by no means exhaustive. Nevertheless, we believe it will be a valuable reference guide for future research crucial for the design, implementation, and evaluation of FP2020 initiatives and beyond.

The principal authors of this bibliography are Lauren Katzen, Nancy Termini, Ian Askew, Martha Brady, and Virginia Kallianes.

EVIDENCE DOMAIN

ALI, MOHAMED M., JOHN CLELAND, AND IQBAL H. SHAH. 2012. “Causes and consequences of contraceptive discontinuation: Evidence from 60 Demographic and Health Surveys.” Geneva: World Health Organization.

DEMAND AND USE
DYNAMICS

Studying the dynamics of contraceptive use can reveal problems in the use of contraceptive technologies and gaps in the provision of services and, therefore, provide guidance essential for improving services. This compendium stresses the need to improve service quality, particularly counseling, to understand why women in certain areas discontinue contraceptive use.

ASKEW, IAN AND MARTHA BRADY. 2012. *Reviewing the Evidence and Identifying Gaps in Family Planning Research: The Unfinished Agenda to Meet FP2020 Goals*, background document prepared for Family Planning Research Donor Meeting, 3–4 December 2012. New York: Population Council.

SOCIAL
DETERMINANTS

HEALTH SYSTEM
DETERMINANTS

This paper reviews and synthesizes family planning research and identifies key knowledge gaps. It reviews both proximate and distal factors contributing to unintended pregnancy through an equity lens and examines those most disadvantaged.

DEMAND AND USE
DYNAMICS

BARNES, JEFFREY, JANET VAIL, AND DAWN CROSBY. 2012. “Total market initiatives for reproductive health.” Bethesda: Strengthening Health Outcomes through the Private Sector, Abt Associates.

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

This primer documents work in defining and implementing total market initiatives—a process in which the suppliers and financers of reproductive health products and services from public, nonprofit, and commercial sectors develop a common strategic framework for maximizing use of products and services to improve equity, efficiency, and sustainability in the health system.

BELLOWS, NICOLE M., BEN W. BELLOWS, AND CHARLOTTE WARREN. 2011. “The use of vouchers for reproductive health services in developing countries: Systematic review,” *Tropical Medicine & International Health* 16(1): 84–96.

HEALTH SYSTEM
DETERMINANTS,
FINANCING

Voucher programs can: 1) reach low-income or high-risk individuals in specific geographic areas; 2) improve consumers’ choice by engaging the private sector and increasing competition; 3) enforce quality standards among facilities; 4) improve quality-of-care for nonvoucher patients; and 5) facilitate greater transparency for measuring efficiency and performance.

EVIDENCE DOMAIN

BLOOM, DAVID E., DAVID CANNING, AND JAYPEE SEVILLA. 2003. "The demographic dividend: A new perspective on the economic consequences of population change." Santa Monica: RAND.

DEMAND AND USE
DYNAMICS

This report examines how population growth affects national economies. The authors conclude that population age structure affects economic development, and that reducing high fertility can create opportunities for economic growth given appropriate educational, health, and labor-market policies. The report also examines specific regions of the world and how their differing policy environments have affected the relationship between population change and economic development.

BONGAARTS, JOHN, JOHN CLELAND, JOHN W. TOWNSEND, JANE T. BERTRAND, AND MONICA DAS GUPTA. 2012. *Family Planning Programs for the 21st Century: Rationale and Design*. New York: Population Council.

SOCIAL
DETERMINANTS

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

DEMAND AND USE
DYNAMICS

This book is a comprehensive resource for policymakers and donors. It makes the case for *why* increased funding and support for voluntary family planning programs are needed and explains *how* reinvigorated family planning programs can be structured to operate more effectively.

BONGAARTS, JOHN AND STEVEN SINDING. 2011. "Population policy in transition in the developing world," *Science* 333(6042): 574–576.

DEMAND AND USE
DYNAMICS

Voluntary family planning programs reduce unplanned pregnancies by providing access to and information about contraception and by reducing socioeconomic obstacles to use. Such programs represent a cost-effective approach to relieving population pressures, stimulating economic development, improving health, and enhancing human freedom.

BRUCE, JUDITH. 1990. "Fundamental elements of the quality of care: A simple framework," *Studies in Family Planning* 21(2): 61–91.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Attention to the quality of family planning services is often neglected, yet improvements in care result in a variety of health gains. This article offers a framework for assessing quality from the client's perspective, and distinguishes three vantage points from which to view quality: the structure of the program, the service-giving process itself, and the outcome of care.

EVIDENCE DOMAIN

CHAPMAN, STEVEN AND HIBIST ASTATKE. 2003. "Review of DFID approach to social marketing, Annex 5: Effectiveness, efficiency and equity of social marketing, Appendix to Annex 5: The social marketing evidence base." London: DFID Health Systems Resource Centre.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Social marketing can be effective in expanding access to family planning and reproductive health knowledge, services, and products, and can lead to positive behavior change. There is not enough evidence to confirm that equity is improved.

CHURCH, KATHRYN AND SUSANNAH MAYHEW. 2009. "Integration of STI and HIV prevention, care, and treatment into family planning services: A review of the literature," *Studies in Family Planning* 40(3): 171–186.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Integration of family planning and HIV services can positively affect client satisfaction, access to component services, cost-effectiveness, and reduction of clinic-based HIV stigma. To maintain quality of care, appropriate delivery models should be informed by local epidemiological, structural, programmatic, and health-systems factors.

CLELAND, JOHN. 2012. "Will Africa benefit from a demographic dividend?" Oxford: Oxford Policy Management.

SOCIAL
DETERMINANTS

This synthesis report asks whether declines in fertility will boost economic growth for sub-Saharan Africa in the same way that it did for East Asia. In East Asia but not in Latin America or North Africa, analyses suggest that changing age structure is associated with accelerated economic growth, two to three times larger than the guaranteed boost. This regional contrast stems from differences in macro-economic policies, institutions, and trends in savings and investment.

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

DEMAND AND USE
DYNAMICS

CLELAND, JOHN, STAN BERNSTEIN, ALEX EZEH, ANIBAL FAUNDES, ANNA GLASIER, AND JOLENE INNIS. 2006. "Family planning: The unfinished agenda," *The Lancet* 368(9549): 1810–1827.

SOCIAL
DETERMINANTS

This is one of the key papers arguing for a reinvestment in family planning. It presents evidence on how family planning contributes to maternal survival, poverty reduction, health, and environmental sustainability. The authors review lessons learned from past family planning programs, including how to mobilize support and raise awareness, which family planning methods to promote, how to make them more accessible, and how to finance such programs.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

HEALTH SYSTEM
DETERMINANTS,
FINANCING

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

EVIDENCE DOMAIN

CREANGA, ANDREEA A., DUFF GILLESPIE, SABRINA KARKLINS, AND AMY O. TSUI. 2011. "Low use of contraception among poor women in Africa: An equity issue," *Bulletin of the World Health Organization* 89: 258–266.

SOCIAL
DETERMINANTS

This study measures population-level changes in met need (i.e., satisfied demand) for contraception as a function of wealth-related inequity. It explores relationships at the individual level between the type of contraceptive method used by a woman, her reproductive goals or intentions, and her household wealth. The success of family planning programs will increasingly depend upon how well services are tailored to the unique needs of specific groups of users and how effectively they address equity issues in service delivery.

DARROCH, JACQUELINE E., GILDA SEDGH, AND HALEY BALL. 2011. *Contraceptive Technologies: Responding to Women's Needs*. New York: Guttmacher Institute.

SOCIAL
DETERMINANTS,
AWARENESS

This report indicates that current contraceptive options do not satisfy the needs of many women in sub-Saharan Africa, South Central Asia, and Southeast Asia who want to avoid pregnancy: 70 percent of women with unmet need are not using contraception primarily because of misinformation about the health risks and appropriateness of family planning for postpartum women or for those who have sex infrequently. Further research and development of contraceptive methods and dissemination of accurate information will benefit women with unmet need.

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID). 2010a. "Improving reproductive, maternal and newborn health: Burden, determinants and health systems. Evidence overview. A working paper." London: DFID.

SOCIAL
DETERMINANTS

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

HEALTH SYSTEM
DETERMINANTS,
HUMAN RESOURCES

HEALTH SYSTEM
DETERMINANTS,
FINANCING

This paper provides a summary of the size of the burden of unintended pregnancy, maternal and newborn mortality, and other adverse outcomes, and the coverage of the main care packages. It summarizes the evidence on the wider determinants of these outcomes and options for influencing them, and sets out the broader epidemiological context of reproductive, maternal, and newborn health.

EVIDENCE DOMAIN

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID). 2010b. “Improving reproductive, maternal and newborn health: Reducing unintended pregnancies. Evidence overview. A working paper.” London: DFID.

SOCIAL DETERMINANTS

HEALTH SYSTEM DETERMINANTS, SERVICE DELIVERY

HEALTH SYSTEM DETERMINANTS, FINANCING

This paper summarizes the evidence on reducing unintended pregnancies, focusing on family planning and safe abortion. The authors review the benefits to women and to the broader society, interventions, and delivery options. The paper also synthesizes evidence on interventions to reduce barriers to supply and demand for services.

EICHLER, RENA, BARBARA SELIGMAN, ALIX BEITH, AND JENNA WRIGHT. 2010. “Performance-based incentives: Ensuring voluntarism in family planning initiatives.” Bethesda: Health Systems 20/20 Project, Abt Associates.

HEALTH SYSTEM DETERMINANTS, FINANCING

Performance-based incentive (PBI) programs present both opportunities and challenges to increasing voluntary family planning service delivery and use. When designed with insufficient subtlety, programs that condition aid on the evidence of health outcomes such as family planning uptake can call into question the voluntarism of contraceptive use. It is nonetheless critical that family planning be included in such schemes—particularly as funder and government interest in PBI increases—to prevent backsliding in provider focus on family planning counseling and service provision.

EVA, GILLIAN AND THOAI D. NGO. 2010. “MSI mobile outreach services: Retrospective evaluations from Ethiopia, Myanmar, Pakistan, Sierra Leone and Vietnam.” London: Marie Stopes International.

HEALTH SYSTEM DETERMINANTS, SERVICE DELIVERY

Over the last two decades, mobile outreach health teams have been utilized to reach men and women with contraceptive services in remote or hard-to-reach areas. However, there is little evidence formally measuring the efficacy of services and client satisfaction and knowledge. Some retrospective studies have indicated that women receiving services are primarily young and uneducated, are nearly all satisfied, had low discontinuation rates, had limited levels of knowledge about contraceptive removal, and in some areas had difficulty finding medical assistance for side effects.

EVIDENCE DOMAIN

FOREIT, JAMES AND SARAH RAIFMAN. 2011. "Increasing access to family planning and reproductive health services through task-sharing between community health workers and community mid-level professionals in large-scale public-sector programs." New York: Population Council.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Community health worker programs vary in structure and emphasis. This literature review addresses the challenge of making connections among inputs, processes, and outcomes of these diverse programs. It analyzes programs with components of family planning and selective reproductive health services, as well as community-based distribution.

FREE, CAROLINE, IAN G. ROBERTS, TANYA ABRAMSKY, MOLLY FITZGERALD, AND FRANCES WENSLEY. 2009. "A systematic review of randomised controlled trials of interventions promoting effective condom use," *Journal of Epidemiology & Community Health* 2011(65): 100–110.

SOCIAL
DETERMINANTS,
AWARENESS

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

Effective condom use can prevent STIs and unwanted pregnancy. Despite this, the bulk of evidence that measures and evaluates the efficacy of condom-promotion interventions is of inconsistent quality, and there is little evidence indicating that existing interventions are effective.

FREE, CAROLINE ET AL. 2013a. "The effectiveness of mobile-health technology-based health behaviour change or disease management interventions for health care consumers: A systematic review," *PLoS Med* 10(1): e1001362.

SOCIAL
DETERMINANTS,
AWARENESS

Mobile technologies could be a powerful tool for providing individual-level health care support. This systematic review of the effectiveness of mobile health interventions indicated that text message-based interventions were successful (increased adherence to antiretroviral therapy and smoking cessation) and should be pursued. High-quality trials are required to further evaluate effects on objective outcomes.

FREE, CAROLINE ET AL. 2013b. "The effectiveness of mobile-health technologies to improve health care service delivery processes: A systematic review and meta-analysis," *PLoS Med* 10: e1001363.

SOCIAL
DETERMINANTS,
AWARENESS

Mobile health interventions can potentially benefit healthcare delivery processes, particularly in resource-poor settings. This systematic review of controlled trials of mobile technology interventions revealed varying degrees of success for different interventions. The findings indicate modest effectiveness with some approaches but high-quality trials measuring clinical outcomes are needed to refine and pursue the most effective approaches.

EVIDENCE DOMAIN

GILLESPIE, DUFF, SAIFUDDIN AHMED, AMY TSUI, AND SCOTT RADLOFF. 2007. "Unwanted fertility among the poor: An inequity?" *Bulletin of the World Health Organization* 85: 100–107.

SOCIAL
DETERMINANTS

In countries with little or no unwanted fertility, and where high fertility among the poor contributes to other health inequities, greater emphasis should be given to the health benefits of birth spacing and couples' rights to reproductive health information and services.

GIPSON, JESSICA D., MICHAEL A. KOENIG, AND MICHELLE J. HINDIN. 2008. "The effects of unintended pregnancy on infant, child, and parental health: A review of the literature," *Studies in Family Planning* 39(1): 18–38.

SOCIAL
DETERMINANTS

Although evidence on the impact of unintended pregnancy on health outcomes for parents and children is limited, unintended pregnancies do heighten abortion-related morbidity and mortality, and negatively affect antenatal care, breastfeeding behavior, and child nutrition. Negative health outcomes are more likely in contexts of poverty or when parents engage in risky health behaviors.

HABERLAND, NICOLE. 2003. "The neglected majority: Married adolescents," in *Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming. A report on a workshop of the UNFPA in collaboration with the Population Council. 1-3 May 2002.* New York: Population Council.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Married adolescent girls represent the majority of sexually active girls in developing countries, yet they are often the most underserved. They are less likely to finish their educations, are highly vulnerable to reproductive health problems, and are rarely able to negotiate the terms or timing of intercourse.

HILLER, J.E., E. GRIFFITH, AND F. JENNER. 2007. "Education for contraceptive use by women after childbirth," *Cochrane Database of Systematic Reviews* 2002(3): CD001863.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Most postpartum family planning projects in developing countries assume that postpartum women are receptive to family planning education and that it is advisable to educate them before they are discharged from the hospital because they are unlikely to return for family planning later. Actual quality of and provider adherence to this education varies, as does the success of projects based on these assumptions.

EVIDENCE DOMAIN

HINDIN, MICHELLE J., CHARLOTTE SIGURDSON CHRISTIANSEN, AND B. JANE FERGUSON. 2013. "Setting research priorities for adolescent sexual and reproductive health in low- and middle-income countries," *Bulletin of the World Health Organization* 91(1): 10–18.

SOCIAL DETERMINANTS, ADOLESCENTS

This paper is intended to help policymakers and donors identify areas of adolescent sexual and reproductive health research that should be prioritized for research funding.

HOSSAIN, SHARIF M.I. ET AL. 2009. "ECP handbook: Introducing and mainstreaming the provision of emergency contraceptive pills in developing countries," *FRONTIERS Manual*. Washington, DC: Population Council.

HEALTH SYSTEM DETERMINANTS, EMERGENCY CONTRACEPTION

Emergency contraceptive pills are an essential component of women's reproductive health care. However, ECPs are still not mainstreamed in many countries; provision of the ECP must be expanded and specialized programs implemented to meet the needs of women in specific situations.

HOTCHKISS, DAVID R., DEEPALI GODHA, AND MAI DO. 2011. "Effect of an expansion in private sector provision of contraceptive supplies on horizontal inequity in modern contraceptive use: Evidence from Africa and Asia," *International Journal for Equity in Health* 10:33.

HEALTH SYSTEM DETERMINANTS, FINANCING

Contrary to criticisms, increased private sector involvement in reproductive health service provision does not increase inequities in the use of modern contraceptives. Indeed, in Nigeria and Uganda inequalities actually decreased, while inequities fluctuated but did not increase overall in Bangladesh and Indonesia.

INTEGRA INITIATIVE. 2013. "Reproductive Health and HIV Services in Sub-Saharan Africa Conference." www.integrainitiative.org/projects/integra.

HEALTH SYSTEM DETERMINANTS, SERVICE DELIVERY

The Integra Initiative aims to gather evidence on the benefits and costs of a range of models for delivering integrated HIV and sexual and reproductive health services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies.

EVIDENCE DOMAIN

INTEGRATION FOR IMPACT. 2012. “Reproductive Health and HIV Services in Sub-Saharan Africa Conference.” <http://integrationforimpact.org>.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

The Integration for Impact conference explored the potential public health impact of integrating reproductive health and HIV services. Attendees shared tools, approaches, and lessons learned; analyzed the successes to date of various country initiatives; and discussed how to increase and improve integration efforts.

JACOBSTEIN, ROY AND HARRIET STANLEY. 2013. “Contraceptive implants: Providing better choice to meet growing family planning demand,” *Global Health: Science and Practice* 1(1): 11–17.

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

Contraceptive implants are extremely effective, long-acting, and suitable for nearly all women, including young women, who often face many barriers accessing effective modern contraception. Widespread provision of implants in a quality manner offers a substantial opportunity to meet the goals of FP2020. For instance, if some 20 percent of women in sub-Saharan Africa using less effective hormonal contraception switched to an implant, more than 1.8 million unintended pregnancies would be averted in five years.

JACOBSTEIN, ROY, CAROLYN CURTIS, JEFF SPIELER, AND SCOTT RADLOFF. 2013. “Meeting the need for modern contraception: Effective solutions to a pressing global challenge,” *International Journal of Gynecology and Obstetrics* 121: S9-S15.

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

The International Federation of Gynecology and Obstetrics (FIGO) has joined with international and donor organizations in calling for increased funding and more effective programs to improve maternal health and family planning in low-resource countries. Continued engagement by FIGO, its member societies, and individual members will be helpful in addressing the numerous barriers that impede universal access to modern contraception in low-resource countries.

EVIDENCE DOMAIN

JAIN, ANRUDH K. 1989. "Fertility reduction and the quality of family planning services," *Studies in Family Planning* 20(1): 1–16.

DEMAND AND USE
DYNAMICS

From a demographic perspective, it may be advisable to concentrate on recruiting a smaller number of family planning users per year and ensuring a focus on their knowledge, health, and continuation of the method, rather than trying to recruit a larger number of users whose needs cannot be met by a program and who subsequently have a greater chance of discontinuation. Discontinuation could ultimately result in a lower net number of continuing family planning users.

JAIN, ANRUDH K. 2012. "Quality of care," in *High Impact Practices in Family Planning*, edited by USAID/UNFPA. New York.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

The benefits of HIV cases averted through discontinuation of DMPA must be weighed against the costs of the number of unintended pregnancies and maternal deaths that would ensue.

JAIN, ANRUDH, FRANCIS OBARE, SAUMYA RAMARAO, AND IAN ASKEW. 2013. "Reducing unmet need by supporting women with met need," *International Perspectives on Sexual and Reproductive Health* 39(3): forthcoming.

DEMAND AND USE
DYNAMICS

This paper estimates the potential contribution of reducing contraceptive discontinuation to reducing current and future unmet need. The authors propose a strategy that focuses on enabling women and girls with a met need to achieve their reproductive intentions by continued use of their current method or another method.

JIANG, LEIWAN AND KAREN HARDEE. 2011. "How do recent population trends matter to climate change?" *Population Research and Policy Review* 30: 287–312.

DEMAND AND USE
DYNAMICS

Studies in the past decade have contributed to the understanding of the mechanisms and complexity of population and climate change. In addition to the growth of total population size, research shows that changes in population composition (age, urban–rural residence, and household structure) are factors and that population policies could make differences for climate change mitigation and adaptation.

EVIDENCE DOMAIN

JOHNSON, BROOKE R., SINGATSHO NDHLOVU, SHERRY L. FARR, AND TSUNGAI CHIPATO. 2002. "Reducing unplanned pregnancy and abortion in Zimbabwe through postabortion contraception," *Studies in Family Planning* 33(2): 195–202.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Women treated for complications from abortion (spontaneous or unsafely induced) often lack access to contraceptive services and are at risk of additional unintended pregnancies and abortions. Ward-based contraception services provided to women treated for incomplete abortion can significantly reduce subsequent unplanned pregnancies and repeat abortions, as can postpartum family planning services in general.

KEESBURY, JILL AND JILL THOMPSON. 2010. "A step-by-step guide to strengthening sexual violence services in public health facilities: Lessons and tools from sexual violence services in Africa." Lusaka: Population Council.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

There is a pervasive lack of adequate volume or quality of post-rape and sexual violence care for women and girls. It is increasingly evident that targeted, systematic interventions at health facilities combined with multi-sectoral approaches and community outreach and involvement are necessary for significant, sustainable impact on the availability and quality of comprehensive post-rape care.

KNOWLEDGE FOR HEALTH (K4 HEALTH) PROJECT. 2012. *High-Impact Practices in Family Planning (HIPs)*. Baltimore: Johns Hopkins University.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

High-impact practices in family planning (HIPs) help family planning programs focus their resources and efforts to ensure they have the broadest reach and greatest impact. They are promising or evidence-based practices that, when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy.

EVIDENCE DOMAIN

KOEHLMOOS, T., R. GAZI, S. HOSSAIN, AND M. RASHID. 2011. "Social franchising evaluations: a scoping review." London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Social franchising was developed as a possible means of improving the provision of non-state-sector health services in low- and middle-income countries. However, there is a lack of rigorous study designs in evaluations of social franchising. Given that this remains an area of great interest and investment, more rigorous evaluations should be undertaken of the effects of different models, implementation processes, and sustainability of social franchising schemes.

LEE, KELLY, LOUISIANA LUSH, GILL WALT, AND JOHN CLELAND. 1998. "Family planning policies and programmes in eight low-income countries: A comparative policy analysis," *Social Science and Medicine* 47(7): 949–959.

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

This study found that the formation of coalitions among policy elites, spread of policy risk, and institutional and financial stability were factors which supported or inhibited the adoption of strong population policies and family planning programs.

LEE-RIFE, SUSAN, ANJU MALHOTRA, ANN WARNER, AND ALLISON MCGONAGLE GLINSKI. 2012. "What works to prevent child marriage: A review of the evidence," *Studies in Family Planning* 43(4): 287–303.

SOCIAL
DETERMINANTS,
ADOLESCENTS

Evidence obtained from an assessment of 23 child marriage prevention programs suggests that integrated approaches that offer incentives and focus on girls' empowerment are reasonably effective in preventing child marriage and altering related attitudes and knowledge, fostering change relatively quickly.

L'ENGLE, KELLY L., HEATHER L. VAHDAT, ELIZABETH NDAKIDEMI, CHRISTINE LASWAY, AND TRINITY ZAN. 2013. "Evaluating feasibility, reach and potential impact of a text message family planning information service in Tanzania," *Contraception* 87(2): 251–256.

SOCIAL
DETERMINANTS,
AWARENESS

Using mobile phone technology to reach young men and women of reproductive age with family planning information is a recommended strategy because of feasibility, reach, and potential behavioral impact.

EVIDENCE DOMAIN

LUNDGREN, REBECCA ET AL. 2012. "Assessing the effect of introducing a new method into family planning programs in India, Peru, and Rwanda," *Reproductive Health* 9(17).

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

The Standard Days Method is a fertility awareness-based family planning method which may encourage couples not comfortable with barrier or pharmaceutical methods to practice family planning, thus increasing contraceptive prevalence. It has the potential to benefit men and women in diverse settings and populations (particularly in traditional or conservative religious areas). This study illustrates the critical role of evidence-based practices in scaling up a health innovation.

MACCARTHY, SARAH, JENNIFER J.K. RASANATHAN, LAURA FERGUSON, AND SOFIA GRUSKIN. 2012. "The pregnancy decisions of HIV-positive women: The state of knowledge and way forward," *Reproductive Health Matters* 20(39S): 119–140.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Contraceptive options for pregnancy prevention by HIV-positive women are insufficient. Condoms are not always available or acceptable, and other options are limited by affordability, availability, or efficacy. Furthermore, coerced sterilization of women living with HIV remains a problem. It is critical that HIV-positive women be more involved in the design and implementation of research, policies, and programs related to their needs.

MADHAVAN, SUPRIYA AND DAVID BISHAI. 2010. "Private sector engagement in sexual and reproductive health and maternal and neonatal health: A review of the evidence." Baltimore: Department of Population, Family, and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Most poor people in most poor countries get most of their health care from private rather than public sources. This paper reviews current evidence about the way in which the private sector delivers sexual and reproductive health and maternal and neonatal health services. It focuses on three issues: equity, quality, and cost-effectiveness.

EVIDENCE DOMAIN

MALARCHER, SHAWN, L. G. OLSON, AND NORMAN HEARST. 2010. "Unintended pregnancy and pregnancy outcome: Equity and social determinants," in Erik Blas and Anand Sivasankara Kurup (eds.), *Equity, Social Determinants and Public Health Programmes*. Geneva: WHO, pp.177–197.

SOCIAL DETERMINANTS

Poor, young, uneducated, rural, ethnic minority, and migrant ("disadvantaged") women have higher levels of unintended pregnancy. Disadvantaged women suffer disproportionately from unwanted childbearing, including health and social consequences that also affect their children. Disadvantaged women have less access to effective contraception and are less able to use it effectively to prevent unintended pregnancy.

MCHIP. 2012. "Synthesis of postpartum family planning program literature." Washington, DC: Maternal and Child Health Integrated Program (MCHIP).

HEALTH SYSTEM DETERMINANTS, SERVICE DELIVERY

Postpartum family planning is a strategic and essential component of maternal and child health. It saves maternal and infant lives. Postpartum family planning messages and services are feasible to integrate into every contact point across the maternal and infant continuum of care, notably during antenatal care, child immunization, and community-based services.

MEYER, CARINNE, NICOLE BELLOWS, MARTHA CAMPBELL, AND MALCOLM POTTS. 2011. "The impact of vouchers on the use and quality of health goods and services in developing countries: A systematic review," London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

HEALTH SYSTEM DETERMINANTS, SERVICE DELIVERY

This study assesses and synthesizes evidence on health voucher programs and their impact on service use, quality and efficiency, and people's health outcomes. It finds robust evidence that vouchers can increase the use of health goods/services and modest evidence that they can effectively target specific populations and improve service quality. Overall, the evidence indicates that voucher programs do not affect the health of populations. However, vouchers are still relatively new and the number of published studies evaluating vouchers is a limitation.

EVIDENCE DOMAIN

MURUNGA, V., N. MUSILA, R. ORONJE, AND E. ZULU. 2012. *Africa on the Move! The Role of Political Will and Commitment in Increasing Access to Family Planning in Africa*. Washington, DC: The Wilson Center.

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

Some African governments are embracing family planning as a key tool for improving child and maternal health, slowing population growth, preserving the environment, and enhancing broader efforts to alleviate poverty. Assessing policy and program documents from Ethiopia, Malawi, and Rwanda, this study examines factors that have propelled the change in attitudes of some political leaders, assesses how such political will has manifested in different contexts, and explores how political will affects the policy and program environment.

MWAIKAMBO, LISA, ILENE S. SPEIZER, ANNA SCHURMANN, GWEN MORGAN, AND FARIYAL FIKREE. 2011. "What works in family planning interventions: A systematic review," *Studies in Family Planning* 42(2): 67–82.

SOCIAL
DETERMINANTS,
AWARENESS

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

HEALTH SYSTEM
DETERMINANTS,
FINANCING

Despite limited funding, there were many evaluations of family planning interventions in the developing world from 1995 to 2008. Findings reveal significant improvement in knowledge, attitudes, and intentions regarding family planning, but lower and inconsistent impact on actual contraceptive and family planning service use. The success of incentive programs such as conditional cash transfers varied; in one instance (Honduras) fertility rates actually increased, whereas in other cases there was little or no net impact on fertility (Mexico and Nicaragua).

NUTLEY, TARA AND HEIDI W. REYNOLDS. 2013. "Improving the use of health data for health system strengthening," *Global Health Action* 6: 20001.

HEALTH SYSTEM
DETERMINANTS,
SYSTEMS
INFORMATION

Good-quality, timely data from health information systems are the foundation of all health systems, and it is essential for these systems to meet the needs of their populations. This study developed a logic model and guidance to provide a practical strategy for developing, monitoring, and evaluating interventions to strengthen the use of data in decisionmaking. As more interventions are implemented, tools must continue to be utilized and then refined.

EVIDENCE DOMAIN

ORTAYLI, NURIYE AND SHAWN MALARCHER. 2010. "Equity analysis: Identifying who benefits from family planning programs," *Studies in Family Planning* 41(2): 101–108.

SOCIAL
DETERMINANTS

A review of data from 64 Demographic and Health Surveys between 1994 and 2008 revealed significantly lower access to family planning for disadvantaged or vulnerable groups of women. Young married women, poor women, and less-educated women all face barriers to access, making it more difficult to use modern methods of family planning. These disparities persist globally, but are most pronounced in sub-Saharan Africa.

PHILLIPS, JAMES F, WENDY L. GREENE, AND ELIZABETH F. JACKSON. 1999. "Lessons from community-based distribution of family planning in Africa." New York: Population Council.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

This paper reviews efforts to implement community-based family planning services in sub-Saharan Africa. Although research suggests that community-based service delivery can contribute to contraceptive use, the magnitude of impact is often in doubt or is considerably less than was observed in similar projects in Asia in the 1970s and 1980s. Reasons for the constrained impact are reviewed and assumptions about the efficacy and mechanism of community-based distribution are discussed.

RAMARAO, SAUMYA AND RAJI MOHANAM. 2003. "The quality of family planning programs: Concepts, measurements, interventions, and effects," *Studies in Family Planning* 34(4): 227–248.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Good quality of care results in positive outcomes: clients' satisfaction, increased knowledge, and more effective and longer use of contraceptives. Interventions that show the most promise facilitate better interaction between clients and providers by means of training providers in interpersonal communication and information exchange or by using job aids.

RAVINDRAN, T.K. SUNDARI AND SHARON FONN. 2011. "Are social franchises contributing to universal access to reproductive health services in low-income countries?" *Reproductive Health Matters* 19(38): 85–101.

HEALTH SYSTEM
DETERMINANTS,
FINANCING

The contribution of social franchises (networks of for-profit private health practitioners with the goal of providing socially beneficial services under a common brand) to universal reproductive health access appears uncertain. While patients indicate satisfaction, the cost of services is generally prohibitive for poor women, the focus is mainly on contraception, and adherence to quality standards and protocols is limited.

EVIDENCE DOMAIN

REYNOLDS, H. W., B. JANOWITZ, R. WILCHER, AND W. CATES. 2008. "Contraception to prevent HIV-positive births: Current contribution and potential cost-savings in PEPFAR countries," *Sexually Transmitted Infections* 84 (Suppl II): ii49–ii53.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Integration of sexual and reproductive health and HIV/STI services is a step in service delivery improvement widely considered to "just make sense."

RODRIGUEZ, MARIA I., KATHRYN M. CURTIS, MARY LYN GAFFIELD, EMILY JACKSON, AND NATHALIE KAPP. 2013. "Advance supply of emergency contraception: A systematic review," *Contraception* 87(5): 590–601.

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

The timely use of emergency contraception is an effective yet underutilized method of preventing unintended pregnancy. Advance provision is safe and results in increased use of the method. However, subsequent decreased rates of unintended pregnancy have not been demonstrated.

SINGH, SUSHEELA AND JACQUELINE DARROCH. 2012. "Adding it up: Costs and benefits of contraceptive services—estimates for 2012." New York: Guttmacher Institute and United Nations Population Fund.

DEMAND AND USE
DYNAMICS

In 2012, an estimated 645 million women in the developing world were using modern methods of contraception. This is 42 million more women than in 2008. About half of this increase was due to population growth.

SPAULDING, A.B. ET AL. 2009. "Linking family planning with HIV/AIDS interventions: A systematic review of the evidence," *AIDS* 23 (Suppl 1): S79–S88.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Linking family planning and HIV services is feasible and effective, though most studies to date have been of relatively low quality and rigor. The most common integration initiatives are providing family planning services with voluntary counseling and treatment services.

EVIDENCE DOMAIN

SPEIZER, ILENE S., ROBERT J. MAGNANI, AND CHARLOTTE E. COLVIN. 2003. "The effectiveness of adolescent reproductive health interventions in developing countries: A review of the evidence," *Journal of Adolescent Health* 33(5): 324–348.

SOCIAL
DETERMINANTS,
ADOLESCENTS

Adolescents have disproportionately high rates of unintended pregnancy; their limited control over fertility is directly shaped by social determinants. Targeted interventions will be most effective when combined with addressing these linked determinants (e.g., women's education, functioning of health sector, and government service quality in general).

STEPHENSON, R. ET AL. 2004. "Franchising reproductive health services," *Health Services Research* 39(6, Part 2): 2053–2080.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Networks of franchised health centers have been created in several developing countries to provide standardized health services. These franchises have resulted in a positive association with high family planning client volumes and number of family planning brands available, but this association is not consistently made with improved reproductive health outcomes. Franchises offer benefits to both providers and clients but should focus on a shift from family planning to a broader reproductive health spectrum.

TEMIN, MIRIAM, MARK R. MONTGOMERY, SARAH ENGBRETSEN, AND KATHRYN M. BARKER. 2013. "Girls on the move: Adolescent girls & migration in the developing world." New York: Population Council.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

The urban poor, including slum dwellers and particularly adolescents, are vulnerable and underserved in terms of family planning services. An examination of the social and economic determinants of the internal migration of adolescent girls in developing countries suggests both risks and opportunities associated with migration.

EVIDENCE DOMAIN

TRIPNEY, JANICE, KAREN SCHUCAN BIRD, IRENE KWAN, AND JANICE KAVANAGH. 2011. "The impact of post-abortion care family planning counselling and services in low-income countries: A systematic review of the evidence." London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Although there is insufficient evidence on the effectiveness of postabortion family planning counseling on maternal morbidity and mortality, there is greater acceptance and/or use of modern contraceptive methods among women who receive postabortion family planning counseling and services than among women who do not.

TRIPNEY, JANICE, IRENE KWAN, AND KAREN SCHUCAN BIRD. 2013. "Postabortion family planning counseling and services for women in low-income countries: A systematic review," *Contraception* 87(1): 17–25.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

This systematic review gathered, appraised, and synthesized recent research evidence on the effects of postabortion family planning counseling and services on women in low-income countries. Adequate funding to support robust research in this area of reproductive health is urgently needed.

UNITED NATIONS POPULATION FUND (UNFPA). 2013. "HIV prevention gains momentum: Successes in female condom programming." New York: United Nations Population Fund.

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

Female condoms play a key role in preventing the transmission of HIV. It is essential not only to ensure that female condoms are available and affordable to all men and women, but to ensure that individuals understand how to use them correctly.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). 2012a. "Community health workers: Bringing family planning services to where people live and work." Washington, DC: USAID.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

CHWs provide health education, referral and follow up, case management, basic preventive health care, and home visiting services to specific communities. This brief describes the importance of community-based family planning programs as a means of reducing inequities in access to services, discusses the potential contribution of these programs, and outlines key issues for planning and implementation.

EVIDENCE DOMAIN

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). 2012b. “Postabortion family planning: Strengthening the family planning component of postabortion care.” Washington, DC: USAID.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

This brief on postabortion family planning provides evidence regarding the importance and impact of postabortion services when provided at the same time and in the same location as emergency treatment services. It highlights tips on implementing postabortion family planning programs.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). Unpublished-a. “Drug shops and pharmacies: Important sources for family planning commodities and information.” Washington, DC: USAID.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Pharmacies are one of the most numerous and easily accessible outlets where the general public can access health products, including contraceptives. Training and supporting pharmacies and drug shops to provide a wider variety of family planning methods and information (beyond condoms and oral contraceptive pills), free from stigma or provider discouragement, is considered a high-impact practice in family planning.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). Unpublished-b. “Mobile outreach services: Expanding access to long-acting and permanent methods.” Washington, DC: USAID.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Mobile health services are one of several high-impact practices in family planning identified by USAID. When scaled up and institutionalized, they can maximize investments in a comprehensive family planning strategy. Mobile services have been demonstrated to expand voluntary and informed contraceptive choices for the underserved, and can improve access to a full range of contraceptive options that are typically unavailable in most rural or hard-to-reach areas.

EVIDENCE DOMAIN

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) AFRICA BUREAU. 2012. “Three successful sub-Saharan Africa family planning programs: Lessons for meeting the MDGs.” Washington, DC: USAID.

HEALTH SYSTEM
DETERMINANTS,
LEADERSHIP AND
GOVERNANCE

Ethiopia, Malawi, and Rwanda have made greater strides in increasing contraceptive prevalence rates than any other countries in sub-Saharan Africa. This was achieved by a combination of unique factors including government leadership and investment in health infrastructure (Ethiopia), alignment of core national policies to improve access to family planning (Malawi), and the presence of champions at all levels for the national family planning program (Rwanda).

URBAN REPRODUCTIVE HEALTH INITIATIVE. 2013. Measurement, Learning & Evaluation (MLE) Project.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

This multi-country project in India, Kenya, Nigeria, and Senegal aims to improve the health of the urban poor.

VERNON, RICARDO. 2009. “Meeting the family planning needs of postpartum women,” *Studies in Family Planning* 40(3): 235–245.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

The majority of postpartum women are seeking to space their next birth, yet many lack access to information or supplies. Postpartum contraceptive programs consistently lead to higher rates of contraceptive use, better health for mothers and children, and improved cost-effectiveness of contraceptive services.

WESTOFF, CHARLES F., DAWN A. KOFFMAN, AND CAROLINE MOREAU. 2011. “The impact of television and radio on reproductive behavior and on HIV/AIDS knowledge and behavior.” Calverton, MD: ICF International.

SOCIAL
DETERMINANTS,
AWARENESS

Greater exposure to media (television, radio) is found to be strongly associated with use of modern contraception, smaller desired family size, and fewer births in the recent past, even when adjusted for covariates of wealth and status.

EVIDENCE DOMAIN

WILCHER, ROSE, WILLARD CATES JR., AND SIMON GREGSON. 2009. "Family planning and HIV: Strange bedfellows no longer," *AIDS* 23(Suppl 1): S1–6.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Women of reproductive age are disproportionately affected by HIV, accounting for 75 percent of infections among young people aged 15–24 in sub-Saharan Africa. Unmet need for family planning is also higher among HIV-positive women. Reducing this unmet need would slow and mitigate the spread of HIV. Two strategies are key to achieving this: integrating family planning and HIV services and strengthening existing family planning programs.

WITTER, SOPHIE, ATLE FRETHEIM, FLORA L. KESSY, AND ANNE KARIN LINDAHL. 2012. "Paying for performance to improve the delivery of health interventions in low- and middle-income countries," *Cochrane Database of Systematic Reviews* 2:CD007899.

HEALTH SYSTEM
DETERMINANTS,
FINANCING

Pay-for-performance programs are complex interventions with the potential for both benefit and harm; there is mixed evidence as to their success. It is not a uniform intervention but rather includes a range of approaches (e.g., conditional cash transfers) to be designed as appropriate for specific settings. More and higher quality research in this area is needed.

WORLD HEALTH ORGANIZATION (WHO). 2009. "Strategic considerations for strengthening the linkages between family planning and HIV/AIDS policies, programs, and services." Geneva: WHO.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Linking reproductive health and HIV services is widely considered to be an important strategy for effectively delivering services for these overlapping health needs.

WORLD HEALTH ORGANIZATION (WHO). 2011. "WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries." Geneva: WHO.

SOCIAL
DETERMINANTS
ADOLESCENTS
HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

Childbirth carries greater risks for young mothers (to both infant and mother) and many interventions have been developed to improve adolescent access to reproductive health care and family planning. Research is needed to reduce child marriage; increase contraceptive use; reduce coerced sex among adolescents; reduce unsafe abortion among adolescents; and increase their use of skilled antenatal, childbirth, and postnatal care.

EVIDENCE DOMAIN

WORLD HEALTH ORGANIZATION (WHO). 2012a. “Hormonal contraception and HIV: Technical statement.” Geneva: WHO.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

There are no restrictions on the use of hormonal contraceptive methods for women living with HIV or those at high risk of acquiring HIV. Community-based programs are an important means of reducing inequities in access to health services. When appropriately designed, these programs increase health knowledge and preventive care, provide follow-up and case management, and can increase contraceptive use where unmet need is high, access is low, and geographic or social barriers to services exist.

HEALTH SYSTEM
DETERMINANTS,
HUMAN RESOURCES

WORLD HEALTH ORGANIZATION. 2012b. “WHO recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting.” Geneva: WHO.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

These recommendations focus on optimizing the roles of health workers for maternal and newborn health interventions through task shifting in order to help address critical health workforce shortages. Task shifting can improve access and cost-effectiveness of health systems and address human resources shortages.

HEALTH SYSTEM
DETERMINANTS,
HUMAN RESOURCES

WORLD HEALTH ORGANIZATION (WHO) AND CENTER FOR COMMUNICATION PROGRAMS (CCP). 2011. *Family Planning: A Global Handbook for Providers*. Baltimore and Geneva: Johns Hopkins Center for Communication Programs and WHO.

HEALTH SYSTEM
DETERMINANTS,
CONTRACEPTIVE
COMMODITIES

This comprehensive handbook for health care professionals provides detailed and evidence-based information on the current contraceptive method mix. For each method, it includes explanations of biological mechanisms of action, health and safety information, counseling methods, comparison references, and several job aids adaptable for specific country and cultural settings.

ZUURMOND, MARIA A., REBECCA S. GEARY, AND DAVID A. ROSS. 2012. “The effectiveness of youth centers in increasing use of sexual and reproductive health services: A systematic review,” *Studies in Family Planning* 43(4): 239–254.

HEALTH SYSTEM
DETERMINANTS,
SERVICE DELIVERY

This extensive systematic review reveals that youth centers serve a relatively small proportion of young people. Service uptake is generally low. Despite widespread emphasis on youth centers as a strategy for giving young people access to reproductive health services, study results have not been encouraging and cost-effectiveness of programs is likely to be low.