

# Five Things to Look for in Family Planning in 2013



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In many ways, 2012 was a banner year for international family planning and reproductive health. The London Family Planning Summit galvanized political and (we hope) financial support for this issue to a new level, resulting in greater attention to the issues and opportunities.

Contraception even became an issue in the U.S. presidential election with voters seemingly supportive of birth control.

What should we be looking for in 2013? We suggest the following issues:

**London Family Planning Summit:** It was a [watershed event](#) [28] for international family planning. Many promises were made that, if kept, could provide contraception for 120 million women with an unmet need for family planning. In 2013, we will learn if those commitments were sincere and how they will translate into real programming. Delivery on these promises will be a significant step forward in improving the health and saving the lives of women.

**The Private Sector:** It will play an increasingly important role in the delivery of products and services. Survey data suggests that the private sector is delivering a majority of family planning in many African countries. Non-profit organizations like DKT have been employing social marketing strategies for decades by leveraging the private sector to bring products and services to those that need them. More recently, [we have started using social franchising](#) [29], a strategy for organizing (usually) private sector clinics to increase the quality and quantity of health providers and services. Organizations like the Acumen Fund are using “impact investments” made to generate measurable social and environmental impact along with a financial return. In October, the Social Capital Markets Conference [discussed impact investments](#) [30] in the context of family planning or, as [this article put it](#) [31], “bringing the bedroom into the boardroom.” And, in a [new brand of philanthropy](#) [32], some nonprofits are investing in for-profits.

**New Contraceptive Technologies:** Contraceptives are becoming better and cheaper, which often leads to higher use. For example, *Implanon* and *Jadelle* implant prices dropped in 2012. [New products now in development](#) [33], and expected to enter the market in 2013, include:

- Twirla is a low-dose, one-weekly contraceptive patch, with fewer side effects. The Food & Drug Administration is expected to make a decision on it in the first quarter of 2013.
- A vaginal ring has been developed that can last 13 cycles (as opposed to three weeks) and requires no refrigeration.
- The SILCS diaphragm is an advance over older diaphragms as one size will fit most users, and does not need to be tailored to specific users.
- A generic hormonal intra-uterine system (IUS) should be available at lower prices in 2013, joining a number of recent advances in IUD technology.
- PATH is developing a [new women's condom](#) [34] with a polyurethane pouch that adheres better to the vaginal wall and has a biodegradable capsule.

**Misoprostol and Medical Abortion:** Misoprostol (used both for safe abortion and post-partum hemorrhaging) and medical abortion are changing the landscape of reproductive health as abortion becomes more available, accessible and affordable. This has already happened in places like Latin America and we expect the same in the near future in Africa as well. For example, misoprostol is increasingly available and promoted in more countries. DKT International currently [provides safe, affordable abortion in eight countries](#) [35], and we are working to register misoprostol in several more. In India, DKT was the first organization to [advertise medical abortion on national television](#) [36].

**Aid to Middle-Income Countries:** Donors are moving away from middle-income countries like Indonesia, Mexico, Philippines, Turkey and Vietnam. In Latin America, the U.S. Agency for International Development has “graduated” most of its programs from family planning assistance. Just last month, the United Kingdom [announced](#) [37] it was halting aid to India. In Indonesia, DKT has [moved from donor financing to self-sufficiency](#) [38] in ten years. Yet middle-income countries are often big countries with huge pockets of unmet need. Are we cutting these countries off prematurely?

These are some of the major issues in international family planning that we will be looking for in 2013. What are yours? We welcome your comments below.

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