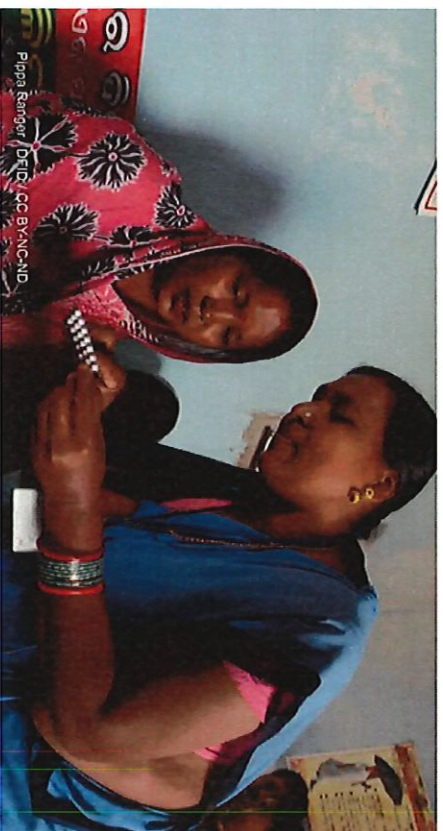


GLOBAL VIEWS | SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

# Opinion: These 7 specific actions will help improve reproductive health

By *Dr. Samukeliso Dube, Chris Purdy* // 27 September 2023



*Local community health workers, or ashas, are trained to give advice on contraceptive options and family planning to mothers in every village across the state of Odisha, India. Photo by: Pippa Ranger / DFD / CC BY-NC-ND*

Billionaire American philanthropist Bill Gates pointed out in the annual Goalkeepers report that we are “missing the mark” when it comes to reaching our highest potential as international development practitioners, and we agree. As seasoned professionals in the sexual and reproductive health sector, we believe that to do better, the SRHR field needs the support of governments, donors, local and international NGO partners, and the private sector.

FP2030 works directly with governments and other partners, while DKT International uses social marketing to build sustainable family planning business models around the world. With teams on the ground in almost every low- and middle-income country in the world, both our organizations understand what is needed to catalyze change in the sexual and reproductive health field.

To galvanize that change we are putting forward a “wish list” of actions that governments, organizations, and the private sector can take now to ensure progress for women, girls, and anyone who wants to have more control over their fertility.

## Government partners for SRHR

**1. Make processes easier:** Remove bureaucratic barriers that make it difficult for SRHR organizations to get their jobs done and businesses to thrive.

This means incentivizing involvement in the contraceptive space and reducing prices to consumers by removing import duties and taxes imposed on critical contraceptive devices and pharmaceuticals. The government of Pakistan charges a 35% tax on hormonal implants and 26% on condoms. In Ghana, importers pay a 49% tax on oral contraceptive pills. And in Mozambique, the tax authority recently increased



contraceptive taxes from a flat \$40 per shipment to 2% of the total invoiced amount. These barriers reduce affordability, add costs to the supply chain, and are passed on to consumers (or donors).

It is also key to speed up approval processes for new medications/technologies when possible. There are likely hundreds of dossiers for both well-established and innovative contraceptive technologies waiting to be approved by FDA authorities globally.

Manufacturers often wait years before such registrations are reviewed and approved, resulting in increased costs and missed opportunities. A nudge from political leaders could signal to FDA authorities that these life-saving technologies should be prioritized for review.

**2. Make simple, systemic changes within existing health systems.** This involves:

- Approving task shifting for midwives and other health providers. The medical establishment too often dismisses health providers such as midwives and nurses as being unqualified, or incapable of certain kinds of service provision. However, there is clear evidence that, with training, midwives can provide a wide variety of family planning care including inserting IUDs and implants or providing injectable contraceptives.
- Making contraceptive stockout figures public and accessible. Having accessible, real-time stockout figures for at least four methods of modern contraception would ensure the supply side of family planning better matches the demand side.

- Including diverse contraceptives (not just condoms) in the essential medicines list. Budgets for many countries include essential drugs/medicines list budgets. We believe at least two short-acting and two long-acting contraceptive methods are needed for family planning programs to be sustainable.

- Including costed family planning programs in all universal health coverage investment cases. UHC programs should include family planning products and services to ensure low, or zero, out-of-pocket costs for couples who can't afford other options.

## Global family planning organizations

**1. Collaborate across sectors** and integrate family planning with maternal health initiatives around the globe. Immediate postpartum family planning is a documented high impact practice. We've seen examples of providers of postpartum care who would like to provide family planning, but existing global systems of training and funding keep these two streams of care separate.

Better integrating these global systems is a first step toward better postpartum family planning provision. This should include an indicator for postpartum family planning counseling and uptake as part of a facility register and included in District Health Information Systems.

**2. Share market intelligence** — i.e., share data. Donors, research groups, and

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- Opinion: Global health organizations must extend SRHR policies to staff
- Opinion: Achieving family planning equity starts with a power analysis



nonprofits gather a huge amount of information that is often not acted upon because it is not shared with the right people or groups. This includes understanding the costs of procurement and product delivery along the supply chains.

Finding ways to better connect those in the private sector with such information will enable better decision-making, allocation of financial resources and time, and spur innovation in the SRHR sector.

**3. Invest in behavior change and education.** Shifting behaviors can lead to building new markets. Marketing and sales are possible only when consumers understand product benefits, are motivated to adopt new behaviors, and cultural norms start to shift. Donors and NGOs should invest in broad behavior change campaigns to drive trial, uptake, and use of contraception — particularly in markets where such behaviors are lagging.

Reducing censorship and barriers to information sharing is also a must. There is mounting evidence that Meta, Google, and other tech companies are effectively censoring sexual health information. Industry experts should leverage their relationships with large donors and executives to pressure corporations to stop censorship and address disinformation. In other words, if you have Mark Zuckerberg or Sundar Pichai on speed dial, please ... make the call.

## **Involving the private sector in SRHR**

**1. Support private sector entities and entrepreneurs** who want to deliver reproductive health services. This means making funding available to the private sector,

and providing more support for programming with hard-to-reach groups, launching and marketing product launches, and manufacturing for commodities. It also involves reducing bureaucracy impeding private sector investment into the sector, including that associated with engaging with donors, governments, and NGOs.

**2. Private insurance companies should fund family planning,** and employers should cover reproductive health care costs for their employees not already covered by insurance. Insurance companies should add at least four contraceptive methods to their coverage plans. This effort would make it easy for customers to avail of such services — this goes for the public sector as well.

Family planning transforms our world. When women and girls can plan and space their pregnancies, they're able to stay in school, participate in the workforce, and better care for children they might already have. All this can lift entire communities and countries out of poverty.

As a global community, we all have a part to play in making sure everyone has power and autonomy over their reproductive destinies. Those of us who influence the family planning sector can quickly have a significant impact. We can't afford to wait.

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*The views in this opinion piece do not necessarily reflect Devex's editorial views.*



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Dr. Samukeliso Dube is the executive director of FP2030. Dr. Dube has more than 20 years of experience in health care, including several senior roles in the delivery and financing of health care. She previously worked at Afrocentric Health as a general manager, leading health policy and medical advisory, and has worked at Royal Philips as medical counsel for Africa and business development manager for southern Africa.



### **Chris Purdy**

Chris Purdy is the president and CEO of DKT International. From 1996 to 2011, he served as country director of DKT programs in Turkey, Ethiopia, and Indonesia, where he managed the largest private social marketing family planning program in the world. He served as executive vice president from 2011 to 2013. He also serves as the CEO of carafem, a network of reproductive health centers serving populations in the U.S. He is the author of numerous articles on family planning and social entrepreneurship.

