



Federal Democratic
Republic of Ethiopia
Ministry of Health



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Bill & Melinda Gates Institute for
Population and Reproductive Health



Full Access • Full Choice



INTERNATIONAL CONFERENCE ON **FAMILY PLANNING**

NOVEMBER 12-15, 2013

ADDIS ABABA, ETHIOPIA



Welcome to Addis Ababa, Ethiopia!

THE HOME OF THE THIRD INTERNATIONAL CONFERENCE ON FAMILY PLANNING

The 2013 International Conference on Family Planning (ICFP), with the theme of ***“Full Access, Full Choice,”*** will be held from November 12–15, 2013 in Addis Ababa, Ethiopia. The conference is jointly organized and hosted by the Federal Democratic Republic of Ethiopia, Ministry of Health and the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University Bloomberg School of Public Health. The conference will be the third of its kind — the first was held in 2009 in Kampala and the second in Dakar in 2011.

Ethiopia was chosen as the host for this important event to recognize the country’s strong commitment to family planning, which led to a rapid increase in family planning access and contraceptive prevalence rate (from 14.7% in 2005 to 29% in 2010 [EDHS 2011]), and the success the country has shown in moving toward Full Access, Full Choice. The unmet need for family planning has decreased from 34% in 2005 to 25%, resulting in a decline of the total fertility rate from 5.4 to 4.8 children per woman (EDHS 2011). Ethiopia achieved these gains largely through a successful and cost effective health extension program, which engages community health workers known as health extension workers to expand access to health care in rural areas and through strong partnership with the local and international partners. Health extension workers (HEWs) counsel women and men as well as administer a range of modern contraceptive methods, including long acting methods such as Implanon, in every village. In

implementing the health extension program, more than 15,000 health posts have been built in each kebele (village) with community participation. One health post is staffed with two female health extension workers who have completed tenth grade and trained for one year on the 16 packages of the health extension program to serve an average of 5,000 people in family and community focused disease prevention and health promotion services. The sixteen packages are categorized under four thematic area packages (family health service packages, disease prevention and control packages, hygiene and environmental health packages and health education and communication packages). Since the health extension program implementation began in 2005, progress has been registered in reducing the under five child mortality rate, increasing number and use of latrines, increasing family planning and vaccination coverage as well as reducing in death and disabilities due to malaria and HIV/AIDS significantly.

Approximately 3,000 participants are expected to take part in the conference. Participants will include heads of state, health researchers, academicians, scientists, educators, young advocates and programmers and policy makers from around the world. ■

CONFERENCE OBJECTIVES

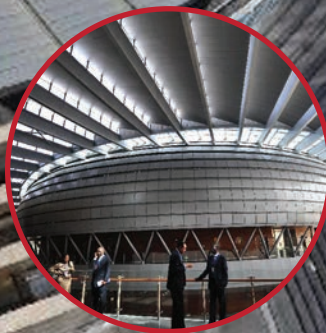
The objectives of the ICFP have evolved over the three conferences. The first conference was held in Kampala, Uganda in 2009, with more than 1,300 participants. The aim was to encourage dialogue and positive changes in family planning policy and programs by holding the conference in a country with one the highest levels of unmet need and lowest contraceptive prevalence rates. The first conference also created a global platform for discussion about family planning issues, which had been relatively absent for more than 15 years. The second conference was held in Dakar, Senegal in 2011, with the intention of highlighting family planning and reproductive health in Francophone Africa. It had even higher levels of participation than the Kampala conference, with 2,200 participants from 87 countries. The 2013 ICFP in Addis Ababa will celebrate successes that have been achieved in family planning around the world, share recent evidence on effective programs and discuss hurdles that still need to be addressed. The ICFP is more than a conference — it reflects a greater movement to expand and improve access to family planning worldwide, and provides a platform to build momentum and generate new commitments to the family planning agenda. ■

CONFERENCE VENUE

The conference will be held in the new African Union Conference Centre and Office Complex. The year 2013 marks the 50th anniversary of the formation of the Organization of African Unity (OAU). Consequently, heads of state have declared 2013 as the Year of Pan Africanism and the African Renaissance.

The main conference hall holds over 2,500 people. The Centre is also equipped with a medium-sized conference hall with a capacity of 700, multiple news briefing rooms and caucus meeting rooms, a multipurpose hall for receptions, and a medical centre, among other facilities. ■





FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH

The Ministry of Health of the Federal Democratic Republic of Ethiopia was established by proclamation in 1948 and is known as the Federal Ministry of Health (FMOH). Its vision is to see healthy, productive and prosperous Ethiopians. Its mission is to reduce morbidity, mortality and disability and to improve the health status of the Ethiopian people by providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services via a decentralized and democratized health system.

8 The Ministry made limited progress in expanding and providing health services throughout the country until 1991, when the current ruling party came into power. Since then, the Ministry has registered remarkable results by expanding health facilities. Primary health service coverage has increased from 38% in 1991 to 93% in 2013. There are currently more than 15,000 health posts, 3,200 health centers and 225 hospitals, including private facilities. The Ministry received an award from the Global Forum for Health in 2013 for its contributions to increasing global health service coverage.

The country's health service is structured into a three-tiered system consisting of Primary Level Health Care (health posts designed to serve a population of 5,000, health centers for 15,000–25,000 people, and primary hospitals for 100,000 people); Secondary Level Health Care (general hospitals serving 1.5 million people); and Tertiary Level Health Care (specialized hospitals serving 5 million people). The health care system was augmented by the rapid expansion of the private for-profit and NGO sectors, which have played a significant role in boosting health service coverage and utilization. This has enhanced public/private/NGO partnerships in the delivery of health care services. In terms of human resources, Ethiopia has met its targets based on WHO standards for the community level and most mid-level health professionals. However, there is a critical shortage of some professions such as highly qualified staff,

physicians, midwives and anesthesia professionals, as demonstrated by health staff to population ratios. For instance, the current physician to population ratio is 1 to 30,158, which is far below the WHO standard. To improve this ratio, the Government of Ethiopia has designed and implemented different strategies and programs. For instance, the Ministry of Health, in collaboration with the Ministry of Education, has designed and implemented new curriculum in order to train a large number of medical doctors in an accelerated manner without compromising quality. As a result, the ratio has been improving.

Patterns and trends for the health-related Millennium Development Goal (MDG) indicators show that the country has made substantial progress towards the achievement of MDG4 to reduce child mortality, MDG5 to improve maternal health and MDG6 to combat HIV/AIDS, malaria and other major communicable diseases. According to UN estimate, Ethiopia achieved MDG4 three years a head of time, as under-five mortality has declined from 204 per 1,000 live births (lb) in 1990 to 68 per 1,000 lb in 2012. The target is to reduce under-five mortality to 68 per 1,000 lb in 2015. Concerning MDG6, significant progress was observed in controlling HIV/AIDS (HIV prevalence was estimated at 1.5% in 2011) and tuberculosis (prevalence for all forms of TB was 240 per 100,000 in 2010/11). There has also been a reduction in malaria morbidity, to 48% for outpatient and 54% for in-patient, and a reduction of 55% for in-patients mortality (ARM Bulletin 2012).

Progress has been made toward MDG5, Reducing Maternal Mortality, with a reduction from 873 per 100,000 lb in 2000 to 676 per 100,000 lb in 2011 (EDHS 2011). The UN estimates showed a lesser figure-350/100,000lb in 2010 (Road Map for Accelerated Reduction of Maternal and Newborn Morbidity and Mortality in Ethiopia 2012). Still, challenges remain to achieve the set target of reducing maternal mortality to 267 per 100,000 lb by 2015. Therefore, the Ministry has undertaken serious initiatives to reduce maternal mortality through the provision of clean and safe delivery services at the health post level, skilled delivery and emergency obstetric care at the facility level and, most importantly, family planning services at all levels of the health care system. It is well known that modern contraceptive methods have an immediate impact on decreasing unintended pregnancies, whose outcome could be postpartum hemorrhage or unsafe abortion, both major causes of maternal mortality. Accordingly, the Ministry has made a strong commitment to increase the use of family planning services and to increase access to these services. For more information, please visit the Ministry's website at www.moh.gov.et. ■

BILL AND MELINDA GATES INSTITUTE FOR POPULATION AND REPRODUCTIVE HEALTH

10

The Gates Institute at the Johns Hopkins Bloomberg School of Public Health works to build individual and institutional capacity in countries of the developing world in order to strengthen the effectiveness of population, family planning and reproductive health policies and programs. The Institute works with leadership in the academic, private and public sectors to build skills and enable these entities to strengthen one another and the institutions they serve. Through collaborative partnerships, the Institute advances research and generates science and evidence; establishes enduring training programs that nurture new leaders; develops and transfers technology; and translates evidence to policy, advocacy, and practice— all in the service of improving reproductive and population well-being. ■

FULL ACCESS, FULL CHOICE

“Full Access, Full Choice” reflects the desire for all women, regardless of nationality or socioeconomic status, to have access to a variety of family planning resources and the power to make decisions about their families. As Melinda Gates said, “When you put the decision in the hands of the woman and you give her the tools, and you educate her about it so that she can decide whether she wants to do this, it makes a complete difference in her family’s life and ultimately in the community’s life.” ■

CONFERENCE TOPICS

The following general topics will be discussed during the conference:

- Family planning best practices
- Family planning policy, rights and empowerment
- Effective family planning programs
- Contraceptive financing
- Family planning and adolescents
- Innovations in contraceptive service delivery
- Family planning and sustainable development
- Health benefits of family planning
- Contraceptive technology updates
- Integrating family planning services
- Family planning and abortion
- Family planning for underserved or vulnerable populations and
- Innovations in family planning monitoring, evaluation and research.

WELCOME TO ETHIOPIA

Ethiopia is the tenth largest country in Africa, with a total surface area of 1.1 million square kilometers. It is bordered on the north and north-east by Eritrea, on the east by Djibouti and Somalia, on the south by Kenya and on the west and south-west by Sudan. Administratively, the country is composed of nine regional states and two city administrations. Projections from the 2007 population and housing census estimate the total population for the year 2011/12 to be 84.3 million. This makes Ethiopia the second most populous country in Africa next to Nigeria.

12

Ethiopia is the earliest known home of humankind. The skeleton of a human ancestor, Australopithecus Afarensis, also known as Lucy, was discovered in 1974 in the Afar region. Many people visit Ethiopia to learn about the ancient historical traditions which have been preserved over 3,000 years. Strong religious beliefs, celebrations and festivals play an important part in Ethiopians' daily life. There are over 86 ethnic groups, each with their own languages and traditions. Ethiopia has its own ancient calendar and alphabet.

Ethiopia is truly a land of contrasts and extremes. Some of the highest, lowest, and most stunning places on the African continent are found here, such as the jagged Simien Mountains, named a UNESCO World Heritage Site, and the fascinating Danakil Depression, with its sulphur fumaroles and lunar-like landscape.

Ethiopia's many national parks allow visitors to enjoy the country's scenery and wildlife, conserved in natural habitats, and offer opportunities for travel adventure unparalleled in Africa. The country is home to a rich diversity of flora and fauna, with 823 species of birds and 277 species of mammals, of which seven are endemic to Ethiopia including the Gelada baboon, the Walia ibex and Simien fox.

Ethiopia's economy is among the ten fastest growing economies in the world with a GDP growth of 11% for 8 successive years. Coffee is one of Ethiopia's most notable exports. The coffee plant was first



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1. Tiya stelae
2. Bete Giyorgis Lalibela
3. Danakil Depression
4. Red Coffee Beans
5. Lucy (Australopithecus Afarensis)
6. Walia Ibex
7. Harar
8. Simien Mountains

discovered around the ninth century in the southwestern part of Ethiopia in a place called Kaffa, which is still known today for its production of organic forest coffee. It is from Kaffa that coffee crossed the Red Sea to southern Arabia (present day Yemen) and spread to the rest of the world.

ADDIS ABABA

With a population of more than five million, Addis Ababa is not only the political capital but also the economic and social center of Ethiopia. Founded by Emperor Menelik in 1887, the sprawling, hospitable city still bears the stamp of his exuberant personality. More than 21,000 hectares in area, Addis Ababa is situated in the foothills of the 3,000-meter Entoto hills and rambles across many wooded hillsides and gullies cut by fast flowing streams.

Addis Ababa is as cosmopolitan as any of the world's great metropolises and the architecture is as varied as the city itself, with high-rise office buildings, elegant villas and luxurious hotels. Addis Ababa is the seat of the Federal Government of Ethiopia and many diplomatic missions, most notably the African Union and the United Nations Economic Commission for Africa. ■





HOTELS AND RESTAURANTS

Addis Ababa has many hotels and restaurants that cater to visitors' various needs and budgets, from luxurious five star hotels such as the Hilton and Sheraton to hundreds of tourist-class hotels and cozy guest houses. Duty free gift shops, conference halls and many hotels offer plenty of options for tourists and travelers visiting Ethiopia.

For further information please visit the conference website at **www.fpconference2013.org**.

ARRIVING AND GETTING AROUND ADDIS ABABA

Ethiopian Airlines (Ethiopian) is the flagship carrier of Ethiopia. Over its more than 65 years in operation, Ethiopian has become one of the continent's leading carriers, unrivalled in Africa for efficiency and operational success.

Ethiopian currently serves 68 international destinations using the latest airplanes. For further information, please visit: **www.ethiopianairlines.com**.

Other airlines servicing Ethiopia are: British Airways, Lufthansa, Saudi, Egypt Air, Kenya Airways, Sudan Airways and Yemen Airways. There are more than 130 tour operators and travel agencies. Blue and white minibuses and taxis travel

quite efficiently around the town. Yellow and green taxis are available at major hotels and at the airport. Walking in Addis Ababa is also a pleasant and sensible way of getting around. Shuttle buses for delegates will also be available during the conferences.

CLIMATE

The Ethiopian Highlands cover most of the country and have a climate which is generally considerably cooler than other regions at similar proximity to the Equator. Because Addis Ababa is situated on the foothills of Mount Entoto, at an elevation of around 2,400 m (7,874 ft), it experiences a healthy and pleasant climate year round. With fairly uniform year round temperatures, the seasons in Addis Ababa are largely defined by rainfall, with a dry season from October–February, a light rainy season from March–May, and a heavy rainy season from June–September.

CURRENCY

Ethiopia's currency is called the Birr. The current exchange rate is one American dollar to 18.8 Ethiopian Birr. For more detailed information visit **www.combanketh.com**.

CONTACT INFORMATION

For more information regarding the ICFP, please visit the conference website **www.fppconference2013.org**, email **info@fppconference2013.org** or contact the conference secretariat located at the Federal Ministry of Health, Ethiopia:

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Email: worknehk@gmail.com,

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1. Blue Nile Fall 2.
The grand renaissance
Dam 3. Aksum Oblisk 4.
Gondar Fasiledes castle 5.
Ertale Active Volcano 6. Geez-
Amharic Alphabet 7. Bole
Medhane Alem Church
In Addis Ababa 8.
Najashi mosque



On behalf of the Ministry of Health of the Federal Democratic Republic of Ethiopia and myself, I would like to extend a warm welcome to all participants. We are honored to host this conference. I believe that the conference will celebrate successes that have been achieved on family planning around the world, share recent evidence on effective programs and discuss hurdles that still need to be addressed. We are especially looking forward to sharing how strong government commitment and innovative programs like the Health Extension Program, which have helped Ethiopia in making the remarkable progress of doubling the Contraceptive Prevalence Rate in just 5 years between 2005 and 2011. It is my hope that the recommendations of this conference will direct our future endeavors in ensuring full access and full choice on family planning.

Dr. Kesetebirhan Admasu, Minister of Health, Federal Democratic Republic of Ethiopia and Patron of the 3rd International Conference on Family Planning

On behalf of the National Steering Committee and myself, I would like to extend my deepest appreciation to the Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health and other partners who worked tirelessly to organize this conference. This is the largest gathering on family planning after world leaders met and made political and financial commitments in London Summit in 2012 to reduce global unmet need for family planning. The conference is going to discuss issues ranging from policy and practice to programs, financing, and the impact of family planning on sustainable development. I wish participants fruitful deliberations.

Dr. Kebede Worku, State Minister of Health, Federal Democratic Republic of Ethiopia and Chair of the National Steering Committee of the 3rd International Conference on Family Planning



Group photo of National Steering Committee of ICFP2013



We are so much excited to host this unique Conference as we approach the end of what has been an exceptionally dynamic year for Family Planning Program and as we look ahead to 2014, a pivotal year that marks our final sprint towards the MDGs. For the first time in ICFP, we are eager to launch the brand new EXCELL Awards in recognition of our successes and achievements while committing to do even more. The 3rd ICFP is taking place as we celebrate the first anniversary of FP2020, one of the most ambitious global commitments made to bring services closer to the unreached. It is my strong hope that you will all have a pleasant stay!

Dr. Tewodros Bekele (MD, MPH); Director, Maternal, Child Health and Nutrition Programs, Federal Ministry of Health and Co-chair of National Steering Committee



The preparations for this conference have demonstrated the strategic partnership of the Federal Ministry of Health with national and international institutions to increase access to comprehensive family planning services in Ethiopia. Under the leadership of the National Steering Committee, more than 50 local and international institutions provided technical and financial support to the coordination and implementation of the conference. It is my belief that the conference will help to reinforce long-term commitment and partnership to respond to the high unmet need for family planning services in Ethiopia and achieve the MDGs on reproductive health.

Mrs. Yemsrach Belayneh, Country Advisor, Population and Reproductive Health Program, The David and Lucile Packard Foundation and Co-Chair of the National Steering Committee of the 3rd International Conference on Family Planning





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INTERNATIONAL CONFERENCE ON
FAMILY PLANNING

NOVEMBER 12-15, 2013 ADDIS ABABA, ETHIOPIA



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