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Finally, we greatly appreciate all the people who provided feedback, either through interviews, the survey, or through informal conversations over coffee. The fact that so many people were willing to take the time to share their thoughts shows the value people place on the conference and their commitment to advancing family planning.
Executive Summary

In 2009, the Bill & Melinda Gates Institute for Population and Reproductive Health, along with numerous partners, organized a family planning conference in Kampala, Uganda. The positive response to the conference led to the decision to hold a second one in Dakar, Senegal in 2011, then a third in Addis Ababa, Ethiopia in 2013 and a fourth in Nusa Dua, Indonesia in early 2016. Over time, the conference grew in size and stature, but it was unclear what the impact of the conference was and how it could be improved. To answer these questions, the organizers hired an evaluation team to review documents, conduct in-depth interviews (22), and analyze results of an electronic survey (460 responses).

ICFP is seen as a valuable conference, which has led to important impact at the global and national levels in terms of raising visibility and creating momentum around family planning and leading to concrete changes in policy and programs. Many view ICFP as helping to bring about the 2012 London Summit and then playing a role in accelerating progress around the FP2020 goals which followed from that meeting. ICFP also serves an important role for personal networking, re-energizing those working in the field and helping build the knowledge and skills of the younger generation of professionals. ICFP is praised for its excellent organization, its focus on family planning, its ability to bring in high-level government officials, and its growing involvement of youth in the conference. In addition to the sharing of information in technical panels, many organizations hold auxiliary events- 50 were held in Nusa Dua- which lead to additional skills-building and planning for collaboration and use of lessons learned.

In some ways, ICFP is a victim of its success, having grown significantly both in terms of number of participants and number of sessions. The number of participants has almost tripled, from 1,372 in Kampala to over 3,200 in Nusa Dua. This shows its value, but has also become a problem. The primary criticism heard from respondents was that there were too many sessions. Organizers should consider either having fewer sessions (the downside is this might preclude participation for many) or adding a day (which has cost implications).

Almost all survey respondents (98.2%) said there should be another conference, and 97.3% of those answering so said they planned on attending. For the next conference, ICFP should build on its history of innovation and creativity and look for new ways to present and share information. People in Nusa Dua were most moved by things that were different, such as the songs at the closing and the video compilation of Family Planning Voices. In addition, there was a desire to give youth more control- at least over part of the conference- and see what they come up with. At the same time, the field is focused on achieving the goals of FP2020 and so there should be an emphasis on learning and motivation to move this forward.

There is substantial interest to see the next conference in Latin America, and given the global nature of the conference and the family planning movement, this should be considered. While Latin America is not a focus region for FP2020, it is a region with continuing needs and with important lessons to share. On the other hand, some believe that it would be good to have another conference in Asia and India is seen as another possible option given its significance in the global picture.
In conclusion:

1. **ICFP has made a difference** at the global, country and personal levels by:
   - raising the visibility of family planning at global and country levels
   - leading to concrete changes in policies and programs at the country level
   - learning, networking and re-energizing at the personal level
   - building the capacity of youth

2. **Continue to hold ICFP**- there is both demand and need.

3. The next conference should be **more focused**, possibly by having fewer sessions and with a strong emphasis on accelerating progress to achieve the FP2020 goals.

4. This need for focus should be balanced with the **interest in covering additional topics**- Almost one-third (29.5%) of survey respondents said that there were topics of interest they would like to have seen that were not available in the last ICFP they attended. In particular, participants noted the surprising lack of discussion of sex in a conference on family planning.

5. There should be continuing efforts to move beyond standard powerpoint presentations and **encourage more creative and innovate ways of sharing information**.

6. **The Gates Institute should continue its organizing role** for ICFP, but given the significant burden on Institute staff they should explore ways to get additional support.

7. In order to ensure a transparent and inclusive process, there is a need to **clarify structures and roles in organizing the conference**.

8. **Include monitoring** to address the lack of documentation of follow-up to ICFP- This could involve modifying the electronic survey used for this evaluation.

9. **Let youth lead part of conference**.

10. **Consider holding the next conference in Latin America**.
I. Why Evaluate ICFP?

The 2015 International Conference on Family Planning (ICFP) was scheduled to be held in November in Nusa Dua, Indonesia. But then several things happened. A volcano erupted and led to the closure of the Bali airport, forcing organizers to reschedule for January 2016. Then a terrorist act occurred in Jakarta a week before the rescheduled conference was set to begin. Next, a huge snowstorm in the U.S. cancelled and delayed flights for many heading to the conference. And yet, over 3,000 people still attended the conference, which was widely judged to be the most well-organized and successful of the four ICFPs held since 2009. This indicates how ICFP has come to be viewed as an important event. But just what is its impact? What works well? How can it be improved? In order to answer these questions, the Bill & Melinda Gates Institute for Population and Reproductive Health (the Gates Institute) decided to conduct a formal evaluation for the first time in the history of the ICFP conferences.

II. Methodology

The Gates Institute hired an external evaluation team to review documents and conduct interviews to explore issues around the strengths, weaknesses and impact of ICFP. A team of four consultants conducted in-depth interviews in Nusa Dua and afterwards. In total, they interviewed 22 individuals. Of the 22 people interviewed, half (11) attended all four conferences, six went to three of them, four attended two conferences and Nusa Dua was the first conference for one respondent. The evaluation team leader obtained additional feedback at an ICFP Reflections meeting held on February 16th in Washington DC with roughly 75 participants.

In addition, a survey in both English and French was sent using Survey Monkey. In total, 460 responses were received (426 in English and 34 in French). Over half of respondents (58%) were female (263 female and 192 male). Respondents came from 56 different countries. Nineteen percent (89) were from the United States, and the other countries with the highest number of responses were: Indonesia (40), India (29), Nigeria (25), Kenya (23), Pakistan (20), and Uganda (19). The majority of respondents were between age 30-39 (29.4%) and 40-49 (25.7%), while 17.4% were between 50-59 and 9% were over 60. About 18% were under age 30: 5.5% between 20-24 and 12.3% between 25-29. Over half of respondents (54%) worked in the non-profit NGO sector, 17.8% were part of an academic or research organization, 8.1% were employed by a government health agency, and 4.4% worked in the private for profit sector.

III. Findings

A. Evolution of ICFP: bigger and younger

The Gates Institute did not plan to be the group that regularly organized a large global family planning conference. This role evolved naturally, based on early successes and continuing need. An evaluation of the Gates Institute in 2011 noted the importance of first Kampala conference:
Almost without exception, those with whom we spoke identified the Kampala family planning conference as a significant breakthrough in the history of family planning in Africa.... A foundation officer said: “The Kampala conference was a landmark ... it brought back the momentum we needed in family planning.... And the head of the African office of Partners in Population and Development... characterized the Kampala conference as a “catalytic event because of the interest it sparked in family planning and the way that interest has persisted.”

The positive reaction to the Kampala conference led to the creation of demand for more. A second conference was planned for Dakar. And then a third in Addis Ababa and a fourth in Nusa Dua. Table 1 shows how the number of participants has practically tripled over the years.

**Table 1: ICFP over the years and by the numbers**

<table>
<thead>
<tr>
<th>Conference</th>
<th>Participants</th>
<th>Countries represented</th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kampala 2009: Research and Best Practices</td>
<td>1,372</td>
<td>61</td>
<td>300 oral 100 posters</td>
</tr>
<tr>
<td>Dakar 2011: Research and Best Practices</td>
<td>2,207</td>
<td>87</td>
<td>313 oral 184 posters 43 panels</td>
</tr>
<tr>
<td>Addis Ababa 2013: “Full Access, Full Choice”</td>
<td>3,400</td>
<td>110</td>
<td>445 oral 276 poster 72 panels &amp; plenaries</td>
</tr>
<tr>
<td>Nusa Dua 2016: “Global Commitments, Local Actions”</td>
<td>3,200</td>
<td>86</td>
<td>508 oral 407 posters 90 panels &amp; plenaries</td>
</tr>
</tbody>
</table>

Respondents highlighted some key themes and aspects of the four conferences:

- **The Kampala conference** brought family planning squarely back on the global agenda, as the HIV agenda had really taken over at that point. Participants found it “really refreshing to hear about best practices, to meet colleagues who had the same interests, and share information.” People describe the presentations as high quality and focused on research. Advance Family Planning was launched at the Kampala conference, setting the stage for an increasing role of advocacy at ICFP. The location was chosen to see if having a family planning conference in the country could have an impact on its pro-natalist policies. As will be noted in more detail later, it did have an important impact as subsequent to the conference President Museveni participated in the London Summit and became a supporter using the demographic dividend lens.

- **The Dakar conference.** In the words of one respondent, “Dakar was much more purposeful especially in incorporating francophone countries. Presentations were well prepared to increase family planning uptake and mobilize political commitment.” As the conference began to grow, people noted the issues with logistics- “entry into Senegal was difficult,

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people’s luggage got lost, hotel accommodations were awful. Some Ministers were made to wait.” Some felt that the quality of presentations was not as high as at Kampala and there was a lot of repetition, possibly due to wanting to include everyone. Dakar was selected to spotlight Francophone West Africa which had some of the world’s poorest indicators in family planning and MNCH. Senegal is now one of the highest performing countries in achieving increased CPR.

- The Addis Ababa conference was seen as celebrating a successful family planning program and bringing important emphasis on the Demographic Dividend and issues around scaling up. However, what people mentioned most often were the logistics challenges, including the ongoing construction in and around the venue and in particular the issues around food (“sandwiches being thrown out of the back of the truck…amongst other horror stories”). On the other hand, holding the meeting at the African Union building was a source of pride for numerous African colleagues and brought prestige to the conference, as well as providing a highly secured venue which was essential for bringing heads of state.

- With the Nusa Dua conference, many were happy that there was a conference in Asia to reflect the truly international nature of the conference, which to that point had only been held in Africa. Indonesia provided a setting where a successful program had stalled and was currently being revitalized. The conference was seen as particularly well-organized and more high-tech than previous conferences. New themes including universal health coverage, private sector and health care financing. People liked that the poster exhibitions were located around the coffee breaks, allowing for better discussion and more likelihood of being seen.

Key informants spoke of overall changes over the years, namely that the number and range of participants had increased. This was seen as a sign of the increased interest in family planning. In addition to the increased attendance shown above, Table 2 shows this growth in terms of the increasing number of submissions each year, tripling from 613 in 2009 to 1,899 in 2016. Respondents noted that it was harder to get their submissions accepted for Nusa Dua, and the numbers support this.

While this growth was generally seen as positive, people did speak of the loss of the ‘intimacy’ they had experienced at the Kampala meeting. Respondents also tended to mention the growing engagement and participation of young people. “It got bigger, and got younger. Both are good,” explained one respondent. She continued, “I used to know everyone, but now I know fewer people which is just what you need.”

Table 2: Submissions and Acceptance of Papers, Posters and Panels

<table>
<thead>
<tr>
<th>Type</th>
<th>2009 Kampala</th>
<th>2011 Dakar</th>
<th>2013 Addis Ababa</th>
<th>2016 Nusa Dua</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted</td>
<td>Accepted</td>
<td>Submitted</td>
<td>Accepted</td>
</tr>
<tr>
<td>Individual</td>
<td>613</td>
<td>297</td>
<td>197 oral/100 poster</td>
<td>685</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>497</td>
<td>313 oral/184 posters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,240</td>
<td>721</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>445 oral/276 posters</td>
<td>1,925</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>563 oral/563 posters</td>
<td>1,126</td>
</tr>
<tr>
<td>Panels</td>
<td>43</td>
<td>25</td>
<td>75</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>110</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>139</td>
<td>81</td>
</tr>
</tbody>
</table>
**Development of tracks.** Table 3 shows the number of submissions to the Nusa Dua conference by theme. These themes, or tracks, have been a useful way “to engage a number of family planning professionals and be more deliberate.” The Accountability and Advocacy working group had a post-conference call to reflect on lessons. Successes included making advocacy more visible, but they also saw the need for more informal ways to bring people together and more structured efforts in skills-building.

**Table 3: Sub-themes submissions for Nusa Dua**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Individual</th>
<th>Panels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Dividend: how south-to-south exchanges can help its realization</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>Addressing youth needs and involvement</td>
<td>297</td>
<td>30</td>
</tr>
<tr>
<td>FP2020 progresses and challenges</td>
<td>137</td>
<td>29</td>
</tr>
<tr>
<td>Advancing FP through faith organizations</td>
<td>33</td>
<td>8</td>
</tr>
<tr>
<td>Accountability and Advocacy</td>
<td>116</td>
<td>30</td>
</tr>
<tr>
<td>Demand Generation and Social Change</td>
<td>371</td>
<td>21</td>
</tr>
<tr>
<td>Quality of care: true improvements or lip service?</td>
<td>184</td>
<td>19</td>
</tr>
<tr>
<td>Innovations in financing (GFF, Universal Health Care, Amplify)</td>
<td>50</td>
<td>8</td>
</tr>
</tbody>
</table>

**Improved quality of presentations.** While a number of respondents thought that the quality of presentations had improved, many felt that the quality was variable. Survey responses almost all rated the technical quality of presentations and posters as excellent, very good or good, but the fact that roughly one-third only rated them as good, as opposed to very good or excellent, shows that there is still room for improvement (Figure 1).

**Figure 1: Perceptions of quality of oral presentations and posters at Nusa Dua**
Focus has shifted. The conferences in Kampala and Dakar were focused on research and best practices: “The nice thing about it having a research base is that it gets at cutting edge, and we should be sharing the latest stuff.” While research is still a focus, respondents spoke of more inclusion of programmatic experience and more applied research: “the first conference was very much a research conference and it really has evolved so that there is data and evidence but also giving credit to experience and expertise of the people.” In addition, after Dakar there has been a shift to action, in large part due to FP2020. “Acceleration is the focus. There are only three years left for 2020. People are worried we might not achieve our objectives. So we are wondering what needs to be done to accelerate action.” Another respondent explained: “Addis was about creating momentum. This one [Nusa Dua] is calling for action.”

Many respondents spoke highly of the increase in the number of high-level politicians attending ICFP. This was a characteristic of ICFP from the first meeting in Kampala, where the presence of the first lady Mrs. Janet Museveni was “remarkable.” Later conferences were all opened by the Heads of State and many politicians have been in attendance: “Gradually the number of politicians has increased and this is very important because family planning is an intervention where you need commitments and support from high-level personnel. This is also indicative of the increased interest in family planning from the different countries represented.”

Youth participation. One of the changes participants noted frequently was the increased participation of youth, from Kampala where there was no track on youth, to over 300 young people at the Nusa Dua conference. “The evolution of youth participation in [the Bali] conference is really astounding.” In Dakar, there was a “small add-on” youth advisory group, but efforts to include youth increased in Addis and then “Bali has really integrated youth into the program – youth has been folded into the meat of the conference.” However, there was still the feeling that on some level “we are still paying lip service to the place of young people,” rather than fully integrating them in prominent and meaningful roles.

A powerful closing. A tangible and memorable sign of youth involvement was the closing of the Nusa Dua conference, which included two songs written by and performed by members of IYAFP. Many spoke of how the closing in Nusa Dua was particularly powerful and an improvement on previous closings: “The closing ceremony was the most beautiful and touching,” “the closing went very well here so people left feeling good. I was going to do work, but I was dancing!” and “At the end when people were up dancing, it felt like we’re on the cusp of something- it engaged young people in a meaningful way.” Several respondents noted how usually people are tired at the closing, but not in this one.
Another theme was the **improved organization and logistics** of the conference, with many stating that Nusa Dua had been the best organized of the four conferences. In particular, people noted the logistics challenges in Ethiopia. “Logistically Addis was a nightmare, it was so bad,” was heard repeatedly in interviews. People contrasted this the very positive experience in Nusa Dua: “Here it is so good. At the youth pre-conference we had forgotten to put registration signs, so I did handwritten ones and I left for a few minutes and when I came back, the people helping with the conference had just gone and printed real signs without me even asking.” One of the main issues in Addis was food due to the lack of capacity of the African Union building provide food for such a large conference, and respondents talked about how important this is, in addition to other logistical issues: “Addis was a bust because of logistics- food was the most manifest demonstration of the inefficiency. But that wasn’t the only issue- people were spread around the city and things were far away. That’s what’s nice about this (Nusa Dua) - people and places were close together. In Dakar, things were also spread around. Food here is good. What is the secret to a good conference? Food. Feed people well and no matter what happens, people will go away happy.”

**It takes a village to put on a global conference.** While the Gates Institute has coordinated the planning of the conferences, putting on such a large conference has required and benefitted from the involvement of a large number of organizations. The sixty members of the International Steering Committee and the nine members of the Core Organizing Group are listed in Appendix 2. In addition, each conference has a National Steering Committee with key organizations from the host country. The strong support and commitment of partners has been shown by high-level participation, such as the Executive Director of UNFPA, Babatunde Osotimehin, who rescheduled important meetings to attend Nusa Dua, the Director of USAID’s Office of Population and Reproductive Health, Ellen Starbird, the President of the Packard Foundation, Carol Larson, and Melinda Gates (Addis) and Christopher Elias (Nusa Dua), President of the Global Development Program, from the Gates Foundation.

**Great use of auxiliary events.** Participants have increasingly taken advantage of the large gathering at ICFP to plan auxiliary events: “many organizations have taken advantage to share innovations and experiences, and this is commendable.” Whether organized pre-conference meetings, or formal dinners, or informal side meetings, these are all important “collaborative efforts towards a common goal.” One respondent noted the importance of the preconference workshop on Population Health and Environment in Addis Ababa: “It gave us leverage and an opportunity to interact with the media. We had close to 200 participants who came together to attend this preconference meeting.” These events can contribute to the impact of the conference. For example, in Nusa Dua USAID field staff met together to identify how they would apply lessons learned at the conference (Appendix 3). Appendix 4 shows the range of auxiliary events, from specific technical topics to skills building to film screening to receptions. Of these 50 events, 21 were held at 7am, while the remaining 29 were at 6pm. This meant they did not compete with technical sessions, but some respondents noted that this timing made participation challenging.

**Growing focus on advocacy.** In Kampala, Advance Family Planning, a global family planning advocacy project, was announced and launched. Since then, the increased attention to advocacy at ICFP is well-received, with advocacy and accountability (A&A) being one of the tracks at the conference. A respondent praised the advocacy group’s efforts in skills
development, but would like to see even more focus on this aspect by also including an assessment of skills development needs of participants.

There was some concern expressed that there is less inclusiveness in the planning process for the conference. “In the past the International Steering Committee was more active in decision-making. For example, during a call someone proposed that the next conference be held in Senegal and people listened and considered the reasons and later voted on it. Now the calls feel like it’s passing down information- not sure who the inner circle is anymore.” Organizers note that some of this perception likely came about when there was a divide between the International Steering Committee and a smaller Core Team composed of major supporters for rapid decision-making.

B. Strengths and Weaknesses

Survey respondents were asked to rate the usefulness of the different aspects of the conferences on a scale of 1-5, with 1 being not at all useful and 5 being very useful. The sessions and networking received the highest value, as shown in Figure 2, and while lunch plenaries and posters were less valued, the difference among the highest and lowest mean scores for the items was only about half a point.

**Figure 2: Usefulness of aspects of ICFP**

![Bar Chart showing the usefulness of different aspects of ICFP](chart)

**Strengths**

**Purpose- a technical platform.** The electronic survey asked respondents what they saw as the main purposes of the conference. The responses most often chosen included: 1) providing a platform for state of the art technical content (83.5%); 2) facilitating professional networking (82.6%); 3) providing an opportunity for personal growth and development (64.4%); and 4) facilitating youth engagement (61.1%). When asked to name just one main purpose, over half (54.3%) saw ICFP as providing a platform for state-of-the-art technical content. Just over one-
fifth (20.7%) emphasized facilitating professional networking, 11.6% selected providing an opportunity for personal growth and development, and 8.6% chose facilitating youth engagement. This reinforces the messages heard in interviews, namely the importance of learning and networking, as well as the engagement of youth.

**Time well spent.** Survey respondents were asked if they felt that they left the conference with a sense of time well spent. On a scale of 1-5, with 1 being not at all and 5 being very much, the weighted average response was 4.2. 43.4% responded with the value 5 and 38.3% with the value 4. Respondents also indicated that generally the conference met (53.8%) or exceeded expectations (41.5%), with only a small number stating that it did not meet expectations (4.7%).

**Networking.** One of the most commonly mentioned strengths of the conferences was the networking opportunities that it provided. Respondents talked about the importance of getting caught up with people they already knew, as well as meeting new people and talking face-to-face. “Connecting the dots,” as one person put it. Technology has allowed for many forms of communication now, but there is still acknowledgment of the importance of face-to-face interaction.

**Learning.** Another key strength of the conferences is the opportunity for learning through sharing knowledge and experiences. “International learning is amazing,” explained one key informant. Another added the idea of the efficiency: “the conference makes a lot of important information available in a very short period of time.” This can open people’s eyes to new ideas: “The conference allows people to see new ways of doing things, especially for young people. Instead of being stuck in same old peer education.” Others gave specific examples: “During the conference in Bali, I learnt how the Ministry of Health in Indonesia had tapped into the private sector by working with corporate organizations to access funding for family planning. Such innovations are important for me as a policy maker to be able to replicate such important ideas in my country.” This **South-to-South learning is an important aspect of ICFP.** For example, in Nusa Dua, UNFPA organized a roundtable on South-South Cooperation that was attended by 27 high-level participants representing 14 countries of the South and 23 representatives from multilateral and bilateral agencies, foundations and non-governmental organizations.

**Youth involvement.** Interview respondents were struck by the impressive presence and engagement of youth. Many felt that the youth component was getting stronger in each conference. “The conference is very useful for the young generation. The young activists are missing out a lot on knowledge base and the conference is useful to fill the gap.” Many also highlighted the mutual benefits, noting how the conference benefits from the increased youth involvement.

**Well-organized.** Almost all respondents noted how well-organized the conferences are, especially Nusa Dua. Many commented how particularly impressive the organization of the Nusa Dua conference was considering the challenge of rescheduling. “It’s a miracle that they did something so soon after it was cancelled.” As a result, one respondent noted that “Countries have been proud to have them.”

**Focus on family planning.** Respondents not only praised the focus of ICFP on family planning but also called attention to the fact that it was the only conference that did this. Often they compared ICFP with other conferences to highlight ICFP’s unique strengths.
"This is the main, largest and global conference whose focus and mandate is purely on family planning. Other conferences handle a number of themes, which is not the case with the ICFP."

"In comparison with other conferences like PAA and APHA, the ICFP focuses mainly on family planning, which provides adequate time to share knowledge amongst participants. This conference is one of the unique global meetings that bring together participants, donors and other stakeholders to discuss family planning issues."

"ICFP is an opportunity for the community of practice to get together and focus on family planning goals, objectives and means on this topic, which otherwise doesn’t always get enough focus in other more general meetings. New people come into the “fold” and policy-makers are influenced to come out publicly on issues."

"Our field didn’t have these things for years. I’ve been in this field for 30 years and for over 20 years there was no professional conference in my field."

**Involvement of high-level government officials.** There was praise for ICFP in bringing on board high-level government officials, from First Lady Janet Museveni opening the conference in Kampala, to the President of Senegal and the Prime Minister of Ethiopia, to the President of Indonesia, His Excellency Jokowi Widodo opening the Nusa Dua conference. This is seen as indicative of government interest and commitment to family planning. Beyond these high-level openings, respondents saw the involvement of Ministers of Health as important and powerful. “When senior colleagues hear from one another, then it motivates them to carry on the agenda.” One noted that it has been particularly good for West Africa to hear from other regions. Others talked about how messages at ICFP were then often repeated at other regional meetings. “For example, at Cote d’Ivoire, there was a technical meeting before the African Union meeting, and the conversation of the demographic dividend was brought up...there is a connection between all these meetings.” In part this involvement of political leaders is possible because of the cachet of the Gates name and the size of the meeting:

"When you have a donor like the Gates Foundation, even governments that may have been initially opposed come on board."

"When you have 3000 people, you can bring in these government officials and they have to put together talking points and make commitments."

**Inspires innovation and creativity.** Organizations have been inspired to come up with creative ideas for the conferences. For example, the Packard Foundation started the Quality Innovation luncheon in Addis, where they received over 200 applications and gave nine grants, and then held another in Nusa Dua: “we wanted to come up with something creative for the last conference so we came up with this.” Numfor Munteh from Cameroon spoke about the Girls Choice Ice Cream project which was funded in Addis which brought home the importance of the new connections gained at ICFP: “I hadn’t known Packard before the ICFP conference.” This project has had concrete impact in counseling adolescent girls on sexual and reproductive health. According to their website, the mobile ice cream shop has reached 18,211 girls and
2,185 boys and they are taking a number of steps towards increasing outreach. Some respondents highlighted the Voices project sponsored by the Hewlett Foundation as “amazing... The video montage at the end was great.” Others called the “Inside the Tent” event focusing on reproductive health in crisis settings “a wonderful thing. It radiated enthusiasm and was heart-warming to see so many young volunteers doing role-plays before interested conference participants inside the tent. I was impressed how they knew their facts and how they communicated the importance of their message. I heard some good feedback that some people had their eyes opened on this topic.” There was a concern, however, that not enough high-level participants visited the Tent.

Weaknesses

Survey respondents were given a list of areas of weakness and those most cited included technical content (18%); personal growth and development (17.5%); professional networking opportunities (13.9%); and logistics (13.4%). The most selected response (53.3%) was ‘other’ and among these 195 responses there were two responses mentioned most frequently: ‘too many sessions’ was mentioned by over one-fifth, while over one-quarter stated that there were no weaknesses. A number of respondents pointed out the limited availability of translation, the need for more participatory sessions and the variable quality of presentations.

In in-depth interviews and informal conversations, by far the most commonly mentioned weakness was the sheer number of sessions and the frustration of feeling like one was missing too much. Whether expressed as ‘too many sessions’ or the conference being ‘way too short,’ people felt pulled in so many directions and frustrated by this. Because there are so many sessions on so many topics, choosing which ones to attend is difficult. Almost half (46.7%) of survey responses indicated that there were too many sessions, while 39.7% felt it was about right and a small number (7.7%) felt there were too few or had no opinion (5.9%). Suggestions to address this include either being more selective in choosing issues to discuss or possibly adding another day to the conference.

In addition, people talked about the large amount of cost and work that went into organizing the conference - this came particularly from people in countries that had hosted and from Gates Institute staff. A respondent from Ethiopia explained: “It takes a lot of time and effort organizing it. I was member of the Ethiopian organizing committee and I remember that, for a long time, we were not doing anything else. I am not sure how much it costs to organize a conference like this, but I suspect it should be very expensive. Balancing cost effectiveness is necessary.” While acknowledging the cost, some felt that given its importance, it was worth it and relatively speaking, not such a large expense: “What is the cost-benefit? People talk about how much it costs, but compared to what?”

While there have been efforts to improve the availability of translation and translators, there are still a number of complaints from francophone participants about language. This creates limitations in terms of what they can contribute to the conference. For example, the South – South discussion did not have simultaneous translation, and translation was not always available for the site visits. This limits cross-fertilization of ideas. “We are inundated by English speakers. Francophones need to feel that they matter. The organizing committee needs to be

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2 http://www.casdcam.org/index.php/our-projects/41-the-girls-choice-ice-cream-project
conscientious of this situation.” While this issue is recognized by the organizers, there are also costs considerations in addressing translation needs, so they need to find a balance of meeting needs while not “breaking the bank.”

Several people mentioned that the **opening was too long**, and, as noted earlier, there was a more positive response to the energy of the closing. While participants appreciated the importance of having high-level officials open the conference, “The pomp and ceremony of the opening seems a bit too much and then when the president leaves, everyone gets up and misses the rest.” While there was an understanding of the need for the politics of the opening, some suggested that they “spread some of the politics through the plenaries.”

**No follow-up.** It is difficult to have follow-up mechanisms for global meetings, but a number of respondents felt that there should be a way to follow up with what happens after the conference. “ICFP starts a movement and we need to sustain it.” For example, one respondent noted, if there is a way to touch base with countries, then it might serve to find a thematic focus area for the next conference. This could be done, in part, through existing organizational meetings, such as USAID technical best practices meetings.

Some key informants noted **possible duplication with other large meetings**, such as Women Deliver, IBP or RHSC’s annual members meeting. One person also noted that post-partum family planning issues that had been discussed in a Bangkok meeting were then repeated in Nusa Dua. The conference could establish linkages with other conferences to minimize these overlaps, suggested one respondent.

While many see the focus on family planning as a strength, some would like to see a **broader range of topics covered**. “The focus on family planning is good, as far as it goes, but the rest of development and integration is left behind somehow. A better balance would strengthen the conference,” according to one key informant. For example, a respondent called attention to weak linkages with AIDS programs, refugees, and other newer diseases including Ebola.

**Challenge of ensuring inclusion and exposure.** Some respondents expressed the opinion that the conferences are “too dominated by the perspective of the ‘big’ players—foundations, donors, FP2020— and there is not enough room for independent thinking.” There was also some concern that while many of these ‘big’ players are in attendance at the conference, it is not clear how many session they actually attend: “How does the conference influence THEIR thinking and investments, or is their mind made up?”

**C. Media**

There was extensive media coverage of ICFP in Nusa Dua (Figure 3). Global Health Strategies conducted a survey with journalists regarding their experiences with ICFP and 20 of the roughly 60 reporters responded. Almost two-thirds said that the conference exceeded their expectations, while the rest felt it adequately met their expectations. On the positive side, they found the conference to be very well-organized: “From speaking with our colleagues who attended previous ICFPs, it is clear that the 2016 ICFP ran much smoother than other conferences and as a result we were able to focus exclusively on what we were hired to do: raise awareness about family planning and the conference.” They were appreciative of the media
room (although some felt that it was too cold): “It was well equipped and for the first time in my experience of reporting conferences, I knew if I needed any facilitation/information/photos/arranging interviews, I just had to ask.”

Figure 3: Media coverage of ICFP Nusa Dua by the numbers

Like most participants at the conference, they felt that there were too many sessions and so they ended up missing a lot. They felt that a daily summary of event and a pre-conference briefing would help. They also called for better translation, particularly for English to French. Some respondents noted that the site visits were frustrating since no translators were available and so they could not speak with the beneficiaries. They also felt that the website could be improved, and while the mobile app was a step in the right direction, it too needed work. Anecdotally, the evaluation team found many people having trouble getting the app to work during the conference.

D. Impact: the awakening of family planning

The most important impact of ICFP has been, in the words of one respondent, the “awakening of family planning,” both globally and within countries. This has led to a number of commitments and partnerships. Key informants explained: “I feel like this conference has engaged this community and the movement and gotten governments to make commitments,” and “Family planning had lost momentum. ICFP brought it back.” Survey respondents were asked about the significance of ICFP’s role in five areas, on a scale of 1-5, with 1 being no role and 5 being very significant. In order of significance: 1) raising the profile of family planning on the global policy agenda (4.5); 2) increasing the visibility and engagement of youth advocates for family planning (4.35); 3) increasing political commitment to family planning (4.25); 4) building the research evidence base for family planning (4.16); and 5) increasing financial commitments
to family planning (4.07). Almost two-thirds (63.9%) of respondents rated ICFP’s contribution to raising the profile of family planning as very significant, the highest score by far for a rating of 5 (Figure 4).

**Figure 4: ICFP’s significance in global family planning**

ICFP also **fosters the feeling of a family and encourages working together**. “The community feels they are members of something very important. They feel they are united around one important idea.” In addition to uniting people, it provides an important platform to proudly present one’s work. A respondent spoke of how the opportunity for the Ouagadougou Partnership to present its work “allowed for the francophone community to feel part of the larger family planning community.” This feeling of community enhances South-to-South learning and many cited the example of task-shifting that is spreading in many African countries.

In addition, **participants took action as a result of the conference**. Survey respondents were asked if they took any action based on information learned or connections made at their most recent ICFP, and most (86.5%) said yes. Their responses included general ideas as well as more specific examples, including: changing their own programs (e.g. adding more m-health, adapting methodologies for youth programs, integrating IUD for post-partum women into project training workplan, adding counseling for post abortion contraception to training sessions, developing an ECP fact sheet for community health workers, or adding Sayana Press to a program); advocating to governments (e.g. for task-sharing to allow midwives to provide injectables); specific collaboration efforts (e.g. connecting with the MOH in DRC); sharing information with contacts (e.g. K4H sending products to people met at the conference, a participant getting research findings from a contact on stock availability in Senegal to use for an evaluation), or learning about funding opportunities. A nice example of impact beyond the usual family planning audience is the following: “I had very little knowledge of effective SRH/FP programs, my work was mainly in education. The networking and knowledge obtained in the conference helped me create a Strategic Plan that later leveraged over $300k for these programs, especially in working with youth.”
Almost half of survey respondents (47.3%) knew of a **program or policy decision that may have resulted from the conference**. Some specific examples mentioned included:

- Allowing Community Health Workers to offer Injectable contraceptives at the community level in Uganda (Regarding the Kampala Conference)
- Benin changed its policy on CBD of injectables and Sayana Press.
- Plans to integrate Family Planning services into the National Health Insurance Fund package in Kenya
- The collaboration between Ghana's Ministry of Health/Health Service and DKT Ghana was established as a result of ICFP 2013. This collaboration has contributed to the successful running of the 'No Yawa' program in Ghana.
- One State Governor, a staunch adversary of family planning, whom my project helped to attend the conference returned to launch a family planning policy in his state.

**Globally/Regionally**

**Some credit ICFP with helping to bring about the London Summit in 2012.** A number of respondents felt that ICFP, by creating momentum and visibility around family planning, helped to bring about the London Summit in 2012 and the FP2020 agenda which followed. “This summit was a result of previous family planning conferences which created visibility, bringing the family planning community together as well as galvanizing political and donor support.”

Others emphasize the **important role of the conference as maintaining momentum.** “These conferences keep the momentum going. The London Summit is the wedding, what matters is the marriage- we make these pledges but can we sustain the marriage- if we didn’t, I don’t know what would happen.” ICFP is seen as an important platform to “share the big things,” including for FP2020 to disseminate globally: “there is no substitute for having people in the same room.”

While it is difficult to quantify how ICFP has influenced a regional partnership like the Ouagadougou Partnership, the impact of the platform for sharing is seen as critical: “At this conference, we were able to highlight the achievements of the Ouagadougou Partnership. As a result, member countries are proud of the partnership. This makes them believe the partnership is a wonderful platform and need to do more. One skeptical country official said yesterday that she might be changing her attitude. Even donors seem to be interested in joining the partnership. The Dutch and the World Bank have shown interest.” ICFP is also an important platform for donors to announce new commitments, such as a video announcement by Melinda Gates at Nusa Dua of the Gates Foundation’s additional $120 million in funding for family planning.

**Building capacity of youth as advocates for family planning.** Many of the younger participants at the conference emphasized youth engagement as the area of biggest impact. In particular, they highlighted the formation of the International Youth Alliance on Family Planning (IYAFP). One key informant described the birth of IYAFP at the Addis conference and its continuing growth in Nusa Dua, emphasizing the role of the conference and the importance of bringing people together to meet face-to-face.

“The youth set up a group through Whats App- they did this on their own and they had the most amazing conversations- at one point there were 850 messages in one night.
That is where everything happens—so they had a plan before Addis, they knew they wanted to set up this Alliance. The idea was triggered by Isaiah, the executive director for the Alliance. He wanted an organization for youth by youth—they met at nights creating their structure and plans. They met with donors. They set goals for themselves. And they talked about how IYAFP had changed their lives—one person found her future employer on her flight. It was all about the conference— to bring together youth from 50 countries to meet in person and have late night meetings—I think you need something like ICFP to make that happen. They are so passionate in their own country but then you come here and feel like you’re part of a movement, even more so this year with around 300 people. It’s not about us engaging youth—it’s about youth doing things. The idea of IYAFP was from the youth—we didn’t create it. We helped create a space for them to raise their voices. We are involving youth not just as benefactors but as part of the process—youth are part of ICFP.”

The conferences have helped in getting policy makers involved from Ministries of Health and Finance. In particular, people praise the use of the Demographic Dividend as a framework for getting non-health people interested in family planning: “It was a stroke of advocacy genius.” Bringing people from Thailand to show success was also considered a useful approach.

Nationally

ICFP has had significant impact in the first three host countries (it is too early to determine impact in Indonesia). In all cases, including Indonesia, there was high-level representation, expressed commitments to family planning and momentum building. In addition, respondents called attention to a number of concrete national-level impacts in numerous other countries. “Every country valued the momentum created by the conference. The turnaround of policies in Uganda and Senegal is spectacular. These countries made their first financial commitment to family planning.” These are detailed below. In addition, USAID staff held a post-conference meeting where country representatives noted how they would implement lessons learned in Nusa Dua in their country programs (see appendix 2).

Conference host countries

Uganda: Conference leads to concrete commitments

There was agreement among respondents that the 2009 meeting in Kampala increased interest in family planning and “there was momentum built about family planning which culminated in the president of Uganda attending the 2012 London Summit on Family Planning.” The following specific impacts were mentioned, with one respondent noting that all these successes were as a result of sustained work of advocacy from ICFP, women groups, parliamentarians and these have been made over time. All these efforts, interest and advocacy can be attributed to the 2009 ICFP.

- President Museveni made a commitment to support family planning and the FP2020 target with $5million annually, and since the London summit, he has fulfilled his promise.
- A Costed Implementation Plan (CIP) for family planning services was developed “which was mainly informed by the previous ICFP”
A National Planning Committee was established and has been following up on all these declarations and the demographic dividend.

The 2015 bill that turned POPSEC into Population Council was as a result of the family planning conference and demographic dividend meetings that selected members of parliament had attended.

The Ministry of Health is requesting the Prime Minister’s office to direct all districts to collect data on observable indicators, including the number of new users, switchers and discontinuers of family planning methods.

**Senegal: expressed commitment leads to doubling in contraceptive use**

At the 2011 International Conference on Family Planning in Dakar, Senegal’s President Abdoulaye Wade stated his commitment to family planning, which was renewed at the 2012 London Summit on Family Planning. A key informant noted as a memorable moment that fact that the president used the term limiting births for the first time at the Dakar conference. As a result of his expressed commitment, the MOH is employing more staff to provide family planning services, expanding the method mix to better meet clients’ needs, and fostering an environment to expand the role of the private sector. Since 2010, Senegal has experienced an impressive increase in modern contraceptive use, from 10% in 2010–11 to 20% in 2014.³

**Ethiopia: Created a lot of momentum for family planning**

Some described the decision to hold the 2013 conference in Ethiopia as a reward for the country’s impressive efforts. In addition, it seems to have led to even more progress. A respondent from Ethiopia explained several concrete actions that were in part due to ICFP in Addis: “It is after the Addis conference that we had the implanon scale up, the IUD scale up, and the post-partum family planning program. Also, after the Addis conference, we saw more participation and interest by parliamentarians and other policy makers. Other government departments beyond health (finance, parliament, Prime Minister’s office, the First Lady’s office) participated in the conference and followed through after the conference. Ethiopia also organized its own national conference on family planning which gave a huge boost to the national program.”

**Indonesia: “an advocacy moment”**

Indonesia has historically experienced significant success in family planning. However, a decentralized system has led to the need for renewed efforts to expand access and the method mix in the country. A respondent noted the importance of holding the recent ICFP in Indonesia: “It was an advocacy moment for family planning in Indonesia- the high point was hearing the President’s commitment.”

**Other countries**

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<tr>
<th>Country</th>
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<tr>
<td>Ghana</td>
<td>After ICFP, Ghana decided to refocus on adolescents’ reproductive health and provision of services to the youth. Secondly, the Addis meeting brought influential people from Ghana to attend the conference. For instance Lady Julia who is one of the culturally renowned female leader, after attending the conference in Addis, her passion for family planning was evidently energized. Currently she is the champion in Ghana for male involvement in family planning.</td>
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<tr>
<td>Rwanda</td>
<td>Rwanda benefitted a lot from previous conferences in terms of advocacy in family planning, for example encouraging the country to have community health worker distribution of contraception.</td>
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<tr>
<td>DRC</td>
<td>“The Democratic Republic of the Congo (DRC) will never miss a conference on family planning. It is a priority for us,” the DRC Minister of Health Dr. Félix Kabange declared. At the ICFP auxiliary event, DRC’s emergence and family planning leadership through 2030, a high-level delegation from the DRC, including the Ministers of Education and Planning, expanded upon the country’s strong and growing commitment to family planning. A respondent explained: “The DRC contingent came to Addis and made their commitment and got a lot of positive reinforcement and partners came together and supported them to move forward. They brought three Ministers to Bali- they were the only country to do that.”</td>
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<tr>
<td>Benin</td>
<td>The Benin Government decided to officially approve community-based injectables after seeing programs in Addis and it furthered development of a cadre similar to Health Extension Workers. “The Addis meeting had a major influence on family planning policy in Benin. It was awesome.”</td>
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<td>Kenya</td>
<td>Over 100 people from Kenya attended the Kampala conference. One thing that was great about that conference was that it provided the opportunity for all the Kenyans to get together and plan with the MOH who would be going, to finance the different sectors (such as journalists, implement partners, MOH, civil society, youth, bilateral and multilateral projects, and members of parliament).</td>
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<tr>
<td>The Philippines</td>
<td>The Philippines just passed a reproductive health law and ordinance passed for contraceptives in provinces. This was not necessarily a result of the conference, but it is an aspect of the call to action.</td>
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**Personally**

Almost all respondents spoke of the personal impact of the conference, using terms such as being “energized,” “jazzed,” “motivated,” “inspired,” and having “renewed energy” and “renewed enthusiasm.” In particular, ICFP provides important opportunities for learning and networking and for reward and recognition, described below.

**Learning and Networking**

The comments below provide a range of perspectives on what people get personally from attending ICFP.

“At a personal level, the Addis conference motivated me. It gave me the opportunity to look back and to look forward. I am now more committed to family planning.”
“The personal interactions have been the most meaningful. Because of my particular view of adolescent programming, people come up to me and say “I’ve never thought of that before [from a presentation that they just saw].”

“Social enterprise (social marketing and franchising) presentations forced me to integrate the concept in my work. It also encouraged me to document and share my experiences with member associations.”

“I have had exposure globally in the field of reproductive health arena. I am able to attend/present as the main or co-author. The Ministry of Health involves me in all the family planning meetings and I was part of the committee that developed the Cost Implementation Plan. Being part of the PMA 2020 has created a significant network for me with in the country and internationally. I was elected the scientific chair of the organizing committee for 2014 National Family Planning Conference in Uganda. Internationally I am affiliated to Gates team at Johns Hopkins University which is highly recognized.”

“There was a presentation two years ago on the Lancet and I got the person’s contact information. I then contacted her and mentioned that if she was planning an issue around a certain topic, maybe she could consider this article… and because of the connection, two days later I got an acceptance.”

**Networking: A respondent explains visually what he gets from the conference**

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**Reward and Recognition**

Many spoke of the conference in terms of offering reward and recognition, which in turn serve as motivation. For example, a respondent from Kenya explained, “ICFP serves as a reward to providers who are out in the districts. If countries choose someone who is never noticed and
gives them presentations skills—they capacities are built and you have given the opportunity to motivate. Then they are in a stronger place at the district when they return and feel better about doing their work.” Others commented on the impact of awards, such as the Global Humanitarian Awards and the EXCELL awards (see Appendix 5), in terms of visibility and motivation:

“I was so overwhelmed with joy when our partners “Blue ventures” received “The excellence in Leadership for Family Planning award” during the 2013 ICFP in the main plenary. This award was a visibility action for the conservation work done in Madagascar. So you can imagine a small environmental organization winning a prestigious award! This was overwhelmingly gratifying as we celebrated the success of one of our partner organization. We gained a lot of visibility during this award ceremony.”

“We weren’t sure how important it [giving awards] was, but hearing the response from the winners, it was great to see how heartfelt their comments were and showing the audience what was possible.”

**Global Humanitarian Awardees**

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**E. Suggestions for future**

There was widespread agreement to continue to hold the ICFP. “Generally there is great need globally for family planning therefore such conferences help participants to meet, discuss and share best practices. Consequently this conference is very important and should be maintained.” Almost all survey respondents (98.2%) said there should be another conference, and 97.3% of those answering so said they planned on attending.
Organization and content

Most feel that the Gates Institute has done a great job and should continue to organize the conference. Survey respondents responded almost unanimously that the Gates Institute should continue in its role, with over 96% saying yes to this question. In-depth interviews echoed this sentiment: “The Gates institute has successfully done so well in spearheading these conferences. They are good at resource mobilization and ensuring that excellent work is presented. They should continue since they have done a commendable job over time.” The 2011 Gates Institute evaluation concluded that: “The leadership and staff of the Gates Institute have demonstrated a rare and invaluable gift for organizing and managing conferences of exceptional value. This is an institutional niche that must be preserved and capitalized on. Few other institutions with which we are familiar have been as successful at organizing and carrying off meetings that have had as important an impact in the field as these Gates-organized conferences.” (Sinding et al, 2011). However, within the Institute in particular, there is a desire to get more support, possibly through outsourcing in some way, since it takes up a significant amount of staff time. In addition there was some concern expressed about too much power existing within the Gates Institute and the need to ensure that other voices are part of the process: “There is a lot of population/reproductive health power that resides at Hopkins… now it’s all the Hopkins machine. How do you get a contrary opinion? Maybe have core conveners or something. Not as watered down as the steering committee. It might not result in anything different, but it might feel more participatory.” Whatever the details of the decision-making are, it would be beneficial to document and share the processes of the organizational structures for ICFP planning.

Opening. The opening ceremony sets the stage for the conference, and while people recognize the necessary politics in such a moment, there is also a strong desire to make the opening shorter and more engaging, along the lines of the closing at Nusa Dua. While there is a good deal of discussion around youth involvement, one respondent highlighted the continuing need to be aware of gender issues: “I would appreciate seeing an opening ceremony that showcases the true balance of women and men that work on family planning. By having an opening ceremony that places high-level leadership first and foremost, we seemed to encourage the unfortunate reality that there are far more men in high-level roles than women. The ICFP ceremony is not alone in this of course, but I think we can be proactive about choosing to highlight high-level leaders (who will often be men) alongside people who are making a huge difference (often women, in the case of family planning) at the top of the conference. The opening ceremony gets a lot of coverage and it pained me to see so many pictures of three men and one woman again and again... I believe as organizers we should push to incorporate as much diversity as possible as the ICFP opening ceremony is emblematic of the entire field.”

Fewer sessions with more focus. For future conferences, organizers should look to streamline the sessions, both in terms of having fewer sessions on the same theme and fewer sessions across each time block. “I know there were a lot of abstracts, but I wonder if you could have fewer options- there were so many to choose between. Maybe you could just have one session on youth during one time period so people interested in that topic could go. This might exclude some people from participating but the quality of presentations might be even better.” One downside to the overload of options is that people often opt for what is familiar, for attending sessions about topics they already know about. It would be worthwhile to explore ways to encourage attending new areas- some organizations talked about how they did this internally,
but maybe people could be assigned to at least one session outside their typical focus area. There was also a desire to see a clearer ‘so what’ part in each presentation and clearer tie-ins to the bigger picture: “We need to see a thread and a link between what is discussed at the conference and how the donors program their money. The link is tenuous at best. So perhaps the conference could focus its sessions around answering one or more of a half dozen key programmatic and policy questions.”

**Frequency.** Survey responses showed a fairly strong preference for continuing to hold the conference every two years, indicated by 59.8%, while some felt every three years (16.1%) or every year would be better (15.9%). Among key informant interviews, there were mixed feelings about whether the conference should continue to be held every two years, or possibly less frequently: “I’m of two minds on whether it should be every two or three years. Three years is a long time, but it allows the field to evolve.” Some highlighted the difference between ICFP and the AIDS conference, as for the latter there are regularly new technical updates that are shared while sometimes it feels that at ICFP “people are sharing old stuff.” Given the costs of running and attending the conferences, perhaps a less frequent conference makes sense: “maybe three years is better health timing and spacing of conferences.”

**Make translation more integrated throughout.** As a global conference, ICFP has faced the challenge of translation since the beginning. While this has improved, many called attention to a continuing need to ensure that all have equal access to both receiving and imparting information. As one respondent noted, “People are frustrated. How can you invite high-level people and not provide them the opportunity to follow what’s going on?” The goal of the conference must be ensuring full participation for all participants, but this must also include realistic appreciation of cost constraints.

**Bring new donors and countries on board.** While respondents talked about having fewer sessions and managing the growth of the conference, there were areas where ‘more’ was seen as desirable. In particular, there is a perceived need to bring more donors on board, including the World Bank. This should include continuing efforts to encourage emerging donors from the South. There was also an expressed desire to bring in more countries: “I wish more countries were invited. I don’t see anyone from the pacific islands, the Middle East and the former Soviet Union. We need new voices and new champions. Equity requires that some more developed countries are included.” In addition to more countries, there is a desire for the organizers to “fund as many country representatives as possible particularly at a local levels to attend such a conference in order to change attitude towards implementation. People like District Health Officers (DHOs) whose mandate is at the local level could be supported to attend such conferences.”

**Clarify goals of ICFP and Include monitoring.** While there are many positive outcomes from ICFP, there is a lack of clarity about whether there are overarching goals and objectives. “If not, could it be organized so that everything feeds into the achievement of the objectives...maybe there should be a framework of what they want these conferences to achieve.” This could help to streamline and focus the sessions. Related to this, was the idea that there be monitoring to look at what happens after each conference. One respondent noted the need “to differentiate whether we want to make these conferences a learning opportunity or an opportunity to make declarations.”
Include other topics and more discussion of sex. During one session, a member of the evaluation team heard a participant note that it was surprising that at a conference about family planning there was almost no discussion of sex. Almost one-third (29.5%) of survey respondents said that there were topics of interest they would like to have seen that were not available in the last ICFP they attended. These topics included some that are already addressed in the conference (for example, financing, faith, new contraceptive technologies and adolescent health), as well as relatively new ones such as disability, climate change, LGBT issues, more on abortion, more experiences from Latin America, and the Zika virus. Given the importance of global FP2020 goals, one survey respondent commented on the need for “more discussion on how programs are actually going to reach FP2020 goals and the challenges they might face—seems like this topic was glossed over a great deal.”

Discuss failure as well as success. Most presentations and discussions are on “what worked”. Several respondents said that it would be interesting to see some failures as well.

Organize sessions and present information differently. People like things that are different—the songs at the closing, the video montage of voices by Hewlett- do more of this next time, break up the monotony of panels with different modes, e.g. debates, etc. Many suggested looking for ways to make sessions be more participatory: “In the sessions you have 50 brilliant people in the room but you only hear from the three brilliant people presenting. Make it part and parcel (that it’s more participatory).” One respondent suggested a format used by the Peace Corps called Open Space, which rather than formal academic presentations, you create a space for people to share ideas and thoughts. This is a looser, less structured way for people to share, for example by saying if you’re interested in topic X, you should go to this location to talk for one hour to others who are interested in this. “The conference right now is a static model: posters, panels, plenaries...there are other models.”

Youth: “a generational transfer”

Respondents felt the increased presence of youth and were inspired by the energy that this brought. As a result, many suggested exploring way to let youth lead more of the process. One participant in the reflections meeting pointed out how giving youth more planning power would address another issue mentioned previously: “If youth were planning the meeting, there would be more talk about sex, which was lacking.”

“I left the closing ceremony thinking we should turn this over to the youth to plan it and organize it. It would be different. The challenge would be maintaining technical content. There could be a different kind of interacting around the information. We should engage them even more in the planning. They brought a huge amount of energy.”

“People learn from the wisdom of the seniors, but the active involvement of the youth should be first and foremost in every conference.”

“The youth are the bulk of the population and their voices should count for something.”
Rather than a pre-conference for the youth, why not have the actual conference for youth? The seniors need to listen concretely to youth. Seniors should not be dismissive of youth’s ideas. They’re not aware of the current needs and values have changed over time. We should involve youth from the very beginning: out of 15 members, there should be 7 youth members. There should be a council of advisors for the conference (even if it’s outsourced) that meet regularly and young people should be part of this. Youth steering committee should have a larger voice in the overall steering committee.

“In Addis, I feel a little like it was just that they had a youth track, but it’s often on the side. They want to integrate. It has improved but still could be improved even more. Make them even more visible. Don’t underestimate them, as speakers, people that can inspire- if you have a four hour opening, don’t put youth speakers at the end. Let them drive more things for the next conference. It requires a structures because these are enormous events, that is why we help out- but let them be creative while we handle the boring stuff.”

“For a future conference, I agree... in giving this over to young people. I missed the singing at the closing but I did have side meeting with some young people- people were so inspiring. I would love to just give them some flexible funding and see what they do. A “generational transfer.”

Location of next conference

A key informant from USAID summed up one of the challenges in choosing the location of the next conference: “Having smooth logistics is important but also there are places that really need advocacy. We have to think about pluses and minuses for location of future conferences. For Dakar, it was difficult, but it was a great moment to be having it there.” Many people mentioned logistics issues, in particular comfortable hotels and good food, and cited the problems in the Addis conference. As one person noted, “Infrastructure matters given how big the conference is.” While many liked the beauty of a place like Nusa Dua, it also led to challenging optics, making it hard for some people to defend attending. In addition to logistics issues, some people mentioned the challenges around security in numerous countries and regions. Organizers highlighted that this issue is of paramount concern in their planning.

Interestingly, the survey results indicated a preference for Latin America as the location of the next ICFP, with over one-third (34.5%) choosing this option. The next most popular responses were Europe (14.8%); Africa (13.9%); and Asia (12.8%) and another 12.6% had no opinion. Table # shows the most often mentioned locations from in-depth interviews: 1) South Africa; 2) India or China (often mentioned together due to their large size); and 3) Latin America. Several people suggested going back to sub-Saharan Africa, “where it all started,” and because it has the greatest need. Others wanted to have another conference in Asia, since there had already been three in Africa. One person mentioned holding it in a Middle Eastern country or the Philippines. Two people suggested that Europe or the US would be good- in part “so the developing countries can tell developed countries to increase their commitment,” but most mentioned developing countries and a few people emphasized that it should definitely be in a developing country and not the US or Europe.
<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Comments/Reasons</th>
</tr>
</thead>
</table>
| **South Africa** | • Maybe South Africa? It’s all HIV, so it might be interesting to bring in the FP aspect. How about Cape Town? Africa makes a lot of sense because the majority of countries where we’re trying to increase FP is in SSA.  
• All you’ve got is Southern Africa, in terms of being able to handle a big conference logistics.  
• Cape town- they have the necessary infrastructure and it would be a great way to engage South Africa and forge links with the government of South Africa.  
• My opinion, there should be a balance between knowledge exchange, security, logistics and affordability of all stakeholders. South Africa hosting the up-coming conference would be good given the best practices/successes in family planning however the country does not have a need (serious unmet need). Perhaps it is close enough to those countries that have a great unmet need and could learn from S. Africa  
• South Africa could host because of their success story which other countries could adopt the best practices. |
| **India or China** | • Beijing, China, though it might be useful to have it in India.  
• China or India. Both countries are the biggest contributors to the FP2020 and the key indicators that we worry about globally. Their respective populations are extremely big which would affect the future of the global population dynamics.  
• India. Do they have healthy tourist industry to manage 3,500 people?  
• Goa- would be a nice place, like Bali, but some felt that it would have similar optics issues making it hard for some to attend |
| **Latin America** | • Maybe it’s time to do it in the Western Hemisphere.  
• Maybe Mexico City- but problem is that to the degree that this is tied to FP2020, your countries are in Africa and Asia- mostly Africa.  
• Next conference should be in Guatemala.  
• Latin America would be tough because of the language barrier.  
• Latin America, but there are few focus countries for FP2020.  
• New needs around family planning and reproductive health due to the Zika virus |
| **Francophone country** | • It should be in a francophone country, even if there are logistical challenges because location brings in the political leaders. Possibly DRC or Mali. |

**IV. Conclusions**

ICFP is seen as a valuable conference, which has led to important impact at the global and national levels in terms of raising visibility and creating momentum around family planning and helping to bring about concrete changes in policy and programs. It also serves an important role
for personal networking, re-energizing those working in the field and helping build the knowledge and skills of the younger generation of professionals.

In some ways, ICFP is a victim of its success, having grown significantly both in terms of number of participants and number of sessions. This shows its value, but has also become a problem. Organizers should consider either having fewer sessions (the downside is this might preclude participation for many) or adding a day (which has cost implications).

For the next conference, ICFP should build on its history of innovation and creativity and look for new ways to present and share information. People were most moved by things that were different, such as the songs at the closing and the video compilation of Family Planning Voices. In addition, there was a desire to give youth more control— at least over part of the conference—and see what they come up with. At the same time, the field is focused on achieving the goals of FP2020 and so there should be an emphasis on learning and motivation to move this forward.

There is substantial interest to see the next conference in Latin America, and given the global nature of the conference and the family planning movement, this should be considered. While Latin America is not a focus region for FP2020, it is a region with continuing needs and with important lessons to share. On the other hand, some believe that it would be good to have another conference in Asia and India is seen as another possible option given its significance in the global picture.
## Appendix 1: List of Key Informants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Newcomer</td>
<td>NICHD</td>
</tr>
<tr>
<td>Easmon Otupiri</td>
<td>KNUST, Ghana</td>
</tr>
<tr>
<td>Fredrick Makumbi</td>
<td>Makerere SPH, Uganda</td>
</tr>
<tr>
<td>Jason Bremner</td>
<td>PRB</td>
</tr>
<tr>
<td>Anthony Mbonye</td>
<td>MOH, Uganda</td>
</tr>
<tr>
<td>Jay Gribble</td>
<td>Palladium Group</td>
</tr>
<tr>
<td>John Skibiak</td>
<td>RHSC</td>
</tr>
<tr>
<td>Tamara Kreinin</td>
<td>Packard Foundation</td>
</tr>
<tr>
<td>Roy Jacobstein</td>
<td>IntraHealth</td>
</tr>
<tr>
<td>John Stanback</td>
<td>FHI360</td>
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<tr>
<td>Anna Kaagesten</td>
<td>JHU</td>
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<tr>
<td>Julie Bunting</td>
<td>Population Council</td>
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<tr>
<td>Elisabeth Uwanyiligira</td>
<td>USAID/Rwanda</td>
</tr>
<tr>
<td>Cate Lane</td>
<td>USAID</td>
</tr>
<tr>
<td>Sheila Macharia</td>
<td>USAID/Kenya</td>
</tr>
<tr>
<td>Ben de Leon</td>
<td>Population Commission, Philippines</td>
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<tr>
<td>Fatimata Sy</td>
<td>Ouagadougou Partnership/ IntraHealth</td>
</tr>
<tr>
<td>Tewodros Melesse</td>
<td>IPPF, UK</td>
</tr>
<tr>
<td>Jennifer Daves</td>
<td>Gates Foundation</td>
</tr>
<tr>
<td>Sono Aibe</td>
<td>Pathfinder</td>
</tr>
<tr>
<td>Zewditu Kebede</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Nancy Harris</td>
<td>JSI</td>
</tr>
</tbody>
</table>
Appendix 2: International Steering Committee and Core Organizing Group

International Steering Committee

1. Abt Associates
2. Advance Family Planning
3. Advocates for Youth
4. African Institute for Development Policy
5. African Population and Health Research Center
6. The Aspen Institute
7. AWLN
8. ARROW
9. Avenir Health
10. Bill & Melinda Gates Institute for Population and Reproductive Health
11. CARE
12. Center for Communication Programs
13. Champions for Change
14. Christian Connections for International Health
15. Concern Worldwide US, Inc.
16. DKT International
17. DSW
18. EngenderHealth
19. Evidence to Action
20. Faith to Action Network
21. FHI360
22. FP2020
23. Global Health Strategies
24. Guttmacher Institute
25. Ibis Reproductive Health
26. IBP Consortium
27. ICF International
28. International Center for Research on Women
30. International Youth Alliance for Family Planning
31. IntraHealth
32. IPAS
33. IPPF
34. Jhpiego
35. John Snow International
36. Management Sciences for Health
37. Measure Demographic and Health Surveys
38. Measurement, Learning & Evaluation Project (MLE)
39. Muhammadiyah
40. Packard Foundation
41. Palladium
42. Partners in Population and Development-ARO
43. Pathfinder International
44. Planned Parenthood Federation of America
45. PMA2020
46. PAI
47. Population Council
48. Population Reference Bureau
49. PSI
50. Reproductive Health Supplies Coalition
51. UN Population Division
52. UNC Carolina Population Center
53. Union for African Population Studies (UAPS)
54. United Nations Population Fund
55. University of Zimbabwe
56. USAID
57. Women Deliver
58. World Bank
59. World Health Organization
60. World Vision

Core Organizing Group

1. Bill & Melinda Gates Foundation
2. The William and Flora Hewlett Foundation
3. The David & Lucile Packard Foundation
4. UNFPA
5. USAID
6. FP2020
7. IPPF
8. Marie Stopes International
9. United Nations Foundation
## Appendix 3: USAID Plans to Use Lessons Learned at Country Level

<table>
<thead>
<tr>
<th>Country</th>
<th>Lessons to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Addressing FP needs of people with disabilities, male involvement, new FP technologies (PPFP).</td>
</tr>
<tr>
<td>Zambia</td>
<td>Accountability- by calculating MMR, abortions, unwanted pregnancies averted by FP strategies put in place. Community engagement key for FP success. Data collection for FP.</td>
</tr>
<tr>
<td>The Philippines</td>
<td>Comprehensive sexuality education for the youth- hormones this is not a low hanging fruit and we need to work with the education sector. How to be more creative in promoting contraceptives to unmarried youth, even without parental consent (Note: the law in the Philippines requires parental consent)</td>
</tr>
<tr>
<td>Malawi</td>
<td>One off training is not sufficient to make healthcare workers youth friendly. More advocacy for local resources towards FP/RH. Need to do annual review of CIP funding gaps and advocate for more resources.</td>
</tr>
<tr>
<td>Rwanda</td>
<td>More efforts are needed in scaling up post-partum family planning (PPFP) and to support increased accessibility of contraceptives for youth.</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Benefits of effective collaboration between Public/Private partnership and Religious/ Community leaders. Most success stories are hinged on effective collaboration. Use of male FP champions at community level as influencers and peer educators. Nigeria has tried different models over time but scaling up has been challenging. What I am taking home is that the missing gap is commitment and strong leadership of the government.</td>
</tr>
<tr>
<td>Kenya and East Africa</td>
<td>Evidence on measurement of the impact of particular interventions on CPR. Various tools available to analyze data and help review/revise CPR data using DHIS2, DHS. Limited demand: careful about level of effort. Need to analyze types of models of interventions that can bring impact. EA FP component focusing on PHE with less funding from Africa Bureau. Government budget for commodities went way with the devolved govt. (advocacy)</td>
</tr>
<tr>
<td>India</td>
<td>Adolescent and youth SRH.</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>India TV shows (soap opera) that is dubbed in Bangla – seasons 1&amp;2 could be shown in B’desh (such mass media has declined in past years). Much better understanding of GFF.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>After financing strategy is approved, heavily engage FP team on helping the gov’t define the minimum benefit package. Get the FP team more involved in the new CHW scope of practice given the potential positive effects. Discuss how our gov’t systems strengthening activities can best build platforms to respond to SCO needs/demands regarding FP.</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Main take aways are: (apart from FP2020-UHC)- Multisector scalability approach for FP. Advocate for highest level commitments on FP. More targeting youth. Data Quality. Quality of service delivery</td>
</tr>
<tr>
<td>Uganda</td>
<td>Scaling up community based FP interventions, specifically depo &amp; Sayana Press/long acting methods as a means of increasing FP choices/method mix. The Policy has been in place since 2010. Network more with Uganda colleagues-have agreed to have a post conference meeting.</td>
</tr>
</tbody>
</table>
## Appendix 4: Auxiliary Events from Nusa Dua

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Primary organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indonesia’s experience in meeting the Family Planning needs through the Universal Health Coverage Scheme</td>
<td>UNFPA Indonesia</td>
</tr>
<tr>
<td>2. Panel Discussion on Islam and Family Planning in Indonesia</td>
<td>UNFPA Indonesia</td>
</tr>
<tr>
<td>3. Workshop on pre-service integration of Family Planning in medical education</td>
<td>Center for International Reproductive Health Training (CIRHT), University of Michigan</td>
</tr>
<tr>
<td>5. Launching Strategic Framework IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>6. Welcome to Contraceptia: Building the case for investment in contraception</td>
<td>Marie Stopes International</td>
</tr>
<tr>
<td>7. Achieving Gender Equality through Engaging Men’s Participation in Family Planning: Stories of Impact MenCare+ Program in Indonesia</td>
<td>IPPF Lampung Chapter (PKBI Lampung)</td>
</tr>
<tr>
<td>8. From the village to the capital: Holding governments accountable for keeping their SRHR promises</td>
<td>CARE</td>
</tr>
<tr>
<td>9. Building the Evidence on the Importance of Social Equity-Focused Family Planning Interventions: Findings from Recent Effectiveness Trials and Scale-up initiatives</td>
<td>Bill &amp; Melinda Gates Foundation, India</td>
</tr>
<tr>
<td>10. Addressing Gender-based Violence within Family Planning Settings: Recent International Guidelines and Practical Examples</td>
<td>Center on Gender Equity and Health, University of California San Diego</td>
</tr>
<tr>
<td>11. Family Planning Voices (#FPVoices): Telling the Human Side of Our Story</td>
<td>The Knowledge for Health (K4Health) Project</td>
</tr>
<tr>
<td>12. A Celebration of Young People and their Right to Full Choice</td>
<td>Pathfinder International and its Evidence to Action (E2A) project</td>
</tr>
<tr>
<td>14. Launch of a Special Supplement on Family Planning</td>
<td>Countdown to 2015</td>
</tr>
<tr>
<td>15. World Vasectomy Day 2015 inaugural event</td>
<td>World Vasectomy Day</td>
</tr>
<tr>
<td>16. PRB reception</td>
<td>Population Reference Bureau</td>
</tr>
<tr>
<td>17. Young People and Their Access To Contraceptives in Developing Countries: Lessons Learned From Indonesia, Uganda, Ghana and Senegal</td>
<td>Rutgers WPF Indonesia</td>
</tr>
<tr>
<td>18. Community-based Family Planning Services Delivery: Lessons, Challenges and Sustainability</td>
<td>Great Lakes University of Kisumu (GLUK)</td>
</tr>
<tr>
<td>19. Short film show on facts and factors of child marriage and its effects on maternal health among women in Bangladesh. Film title: &quot;Tuni&quot;</td>
<td>Islamic University, Kushtia-7003, Bangladesh</td>
</tr>
<tr>
<td>20. Post Partum family planning program in Indonesia</td>
<td>Jhpiego Indonesia</td>
</tr>
<tr>
<td>22. From Commitment to Action: Engaging Donors &amp; Implementers to Make Rights-Based Approaches a Reality</td>
<td>EngenderHealth</td>
</tr>
<tr>
<td>23. Promoting Leadership Best Practices in Family Planning</td>
<td>Leadership, Management &amp; Governance Project</td>
</tr>
<tr>
<td>24. Young women’s decision making on family planning and the role of religious beliefs and cultural traditions</td>
<td>Progressio</td>
</tr>
<tr>
<td>25. Best Practices in Expanding Access to Long-Acting Reversible Contraception in Asia Pacific and South East Asia</td>
<td>MSD</td>
</tr>
<tr>
<td>26.</td>
<td>Defining Quality: new approaches to understanding quality of family planning</td>
</tr>
<tr>
<td>27.</td>
<td>Publishing 101: 10 (or More) Things You Need to Know to Get Your Article Published</td>
</tr>
<tr>
<td>28.</td>
<td>Reframing religious and cultural norms to advance sexual rights and abortion access and reduce stigma and discrimination</td>
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<td>29.</td>
<td>Aman Health</td>
</tr>
<tr>
<td>30.</td>
<td>Advocacy and Action: Harnessing the power of family planning to improve nutrition and food security</td>
</tr>
<tr>
<td>31.</td>
<td>35 Years of Matlab MCH &amp; Family Planning</td>
</tr>
<tr>
<td>32.</td>
<td>Springboard for Health Communication Professionals</td>
</tr>
<tr>
<td>33.</td>
<td>Harnessing Digital Health Solutions and Applications for Family Planning Programs: Lessons Learned and Opportunities</td>
</tr>
<tr>
<td>34.</td>
<td>Evidence to Action: Celebrating Advances in FP Service Delivery</td>
</tr>
<tr>
<td>35.</td>
<td>The DRC’s emergence and family planning leadership through 2030</td>
</tr>
<tr>
<td>36.</td>
<td>What don’t we know about young people and contraception? Filling the gaps in research and youth engagement</td>
</tr>
<tr>
<td>37.</td>
<td>Women Deliver Reception</td>
</tr>
<tr>
<td>38.</td>
<td>Synergize Interventions To Reduce Child Marriage and It’s Social and Economic Impacts in Indonesia</td>
</tr>
<tr>
<td>39.</td>
<td>Update of pharmacokinetic and clinical evidence supporting an association of increased unintended pregnancy among HIV-infected women using subdermal implants and efavirenz-based antiretroviral therapy: navigating a balanced approach to policy</td>
</tr>
<tr>
<td>40.</td>
<td>Leave No One Behind: UHC &amp; Family Planning</td>
</tr>
<tr>
<td>41.</td>
<td>Connecting the dots: gathering the FP/RH accountability community</td>
</tr>
<tr>
<td>42.</td>
<td>Integrating Family Planning with Maternal Health Care: Current evidence and implementation research gaps</td>
</tr>
<tr>
<td>43.</td>
<td>An Afterthought? Men’s uptake of and support for Family Planning in Sub-Saharan Africa</td>
</tr>
<tr>
<td>44.</td>
<td>Youth Lead: Increasing Access to Family Planning</td>
</tr>
<tr>
<td>45.</td>
<td>Innovative Strategies to Address High Unmet Contraceptive Need among Youth and Adolescents in Sub-Saharan Africa</td>
</tr>
<tr>
<td>46.</td>
<td>Getting the details right: building an effective model for family planning within UHC</td>
</tr>
<tr>
<td>47.</td>
<td>Technical and advocacy presenters discuss the intersection of financing, policy, and accountability, and what it means for Family Planning post-2015</td>
</tr>
<tr>
<td>48.</td>
<td>Future financing of the SDGs: sexual and reproductive health and reproductive rights</td>
</tr>
<tr>
<td>49.</td>
<td>Why Family Planning Matters for People and the Planet</td>
</tr>
<tr>
<td>50.</td>
<td>From Global Action to Local Access to Contraceptives</td>
</tr>
</tbody>
</table>
Appendix 5: EXCELL Awards

The Excellence in Leadership for Family Planning Awards, or the EXCELL Awards, provides an opportunity to celebrate progress being made within our communities to increase access to and use of voluntary family planning information and services. The EXCELL Awards have been given at the closing ceremonies of the ICFPs in 2013 and 2016, and are planned to be given at future conferences.

Awards are given at three levels: the individual/team, organization/facility, and country levels. Nominations for these awards are submitted by supporters of family planning from across the world, including program implementers, advocates, faith-based leaders, members of academia, staff of various foundations and international organizations, and several political leaders. A Special Awards Committee—comprised of diverse representatives from donors, UN agencies, foundations, international NGOs, and representatives from the South—use publicly posted selection criteria to identify recipients.

2013 EXCELL Award Winners

EXCELL individual/team level recipients:
Dr. Bocar Mamadou Daff, Senegal
Dr. Mengistu Asnake, Ethiopia

EXCELL organization/facility level recipients:
Blue Ventures, United Kingdom (for its work in Madagascar)
Banja La Mtsogolo, Malawi

EXCELL country level recipient:
Government of the Republic of Malawi

ICFP Special Recognition:
During the 2013 award ceremony the ICFP organizers also issued a separate, Special Recognition to a leader in the family planning field, the Government of the Federal Democratic Republic of Ethiopia.

2016 EXCELL Award Winners

EXCELL Individual/team level recipients:
Hon. Dr. Janette Loreto-Garin, Secretary of the Department of Health, Philippines
Hon. Edcel C. Lagman, Representative, 1st District of Albay, Philippines

EXCELL organization/facility level recipient:
Yayasan Cipta Cara Padu (YCCP)

EXCELL country level recipients:
Government of the Federal Democratic Republic of Ethiopia
The Republic of Kenya