

# IRH & The Global Health Initiative: How We Contribute

The U.S. Government's Global Health Initiative (GHI) is investing \$63 billion to support partner countries in the effort to strengthen existing health systems to address the key global health issues of HIV/AIDS, Malaria, Tuberculosis, Child Health, Nutrition, Family Planning and Reproductive Health (FP/RH), and Neglected Tropical Disease. At the center of GHI are 7 guiding principles:

1. Implement a woman- and girl-centered approach;
2. Increase impact through strategic coordination and integration;
3. Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
4. Encourage country ownership and invest in country-led plans;
5. Build sustainability through health systems strengthening;
6. Improve metrics, monitoring and evaluation; and
7. Promote research and innovation.

## Box 1. GHI's FP/RH Goals by 2015

Prevent 54 million unintended pregnancies by meeting unmet need for modern contraception. Contraceptive prevalence is expected to rise to 35 percent across assisted countries, reflecting an average 2 percentage point increase annually. First births by women under 18 should decline to 20 percent.

Georgetown University's Institute for Reproductive Health (IRH) operationalizes these principles through the work of the USAID-funded Fertility Awareness-Based Methods (FAM) Project, and other USAID-funded social science grants that address unmet need for FP and gender-based norms related to RH. IRH contributes directly to GHI's FP/RH goals (Box 1) in five GHI priority countries: Democratic Republic of Congo (DRC), Guatemala, Mali, Rwanda and Uganda. Our initiatives in these countries, as well as our global leadership and research, contribute to the GHI principles as follows.

**Principle 1: Implement a woman- and girl-centered approach.** From developing fertility awareness curricula to empowering women to choose a family planning method that is appropriate for them and their partners, implementing a woman- and girl-centered approach is the very essence of our mandate.

We approach our work with an eye towards gender equity—empowering women while considering how men/boys are also involved in the process. The family planning methods we have developed and introduced in over 30 countries worldwide take into consideration the couple relationship, and have acted as an entrée for men to be involved in family planning. For example, a user of the Standard Days Method® (SDM) is counseled—and empowered—to use CycleBeads® as a visual tool to help her and her partner know what days she can get pregnant and to discuss how to manage their relationship on those days. SDM users report improved communication with their partners with regard to family planning, leading to an improved couple dynamic.

Our work also focuses on reaching very young adolescents (YVAs), ages 10-14, and their parents with programs that support healthy RH behaviors. We are conducting formative research to better understand how gender norms are formed with the goal of developing effective, scalable strategies to transform gender norms. Additionally, we are applying social network theory and methods to develop network-based interventions that address unmet need for FP.

**Principles 2-5: Focus on strategic coordination, partnerships, country ownership & health systems strengthening.** Our current focus on scaling-up FP/RH interventions, including FAM, is a cross-cutting contribution to principles 2-5. Guided by the WHO/ ExpandNet scaling-up model in 5 focus countries (DRC, Guatemala, India, Mali, Rwanda), IRH is engaging in a process that systematically builds on strategic coordination of multi-sectoral players,

## Box 2. Examples of Our Contributions to Coordination & Health Systems Strengthening

- IRH establishes a resource team, led by the MOH, with representatives from a range of organizations that meets regularly to oversee the scale-up process.
- IRH leads capacity building efforts with different levels of workers, and ensures supportive supervision mechanisms are in place.
- IRH engages the private sector through pharmacy sales and social marketing programs.

global and local partnerships, buy-in from country-level stakeholders and frameworks for health system strengthening in order to plan for, work towards and accomplish the goal of FAM scale up. Because we begin with expansion in mind and anticipate the need for each of these inter-dependent elements, we have moved well beyond pilot interventions. The systematic process of scaling up has been applied successfully throughout IRH's initiatives.

**Principle 6: Improve metrics, monitoring and evaluation.** The value of any program is determined by its ability to show meaningful results at critical check-in points. Without following programs closely, course-changes cannot be identified and implemented, and short- and long-term impact cannot be assessed. Therefore, our current programs are focused on developing measurable indicators, abiding by benchmarks, and conducting continuous monitoring and evaluation (M&E).

IRH is a leader in applying a systems-based approach to the M&E of scale-up. A systems approach is necessary because the environment in which scale-up occurs goes beyond the programs that serve clients. It includes the larger service delivery system and its many components (e.g., training, supervision, reporting, procurement) in addition to the cultural, health and economic characteristics of families and communities; the needs and intentions of clients; the influence of media; the role of opinion leaders; the policy climate on which approvals and financing depend; and other important factors. With this in mind, IRH has developed and tested adaptable systems tools to research, monitor and evaluate scale-up of a new FP/RH innovation. This knowledge can be broadly applicable as GHI program interventions go to scale.

### Box 3. A Focus On Outcomes

Across our programs, research results have shown that IRH's specific health inventions impact a range of outcomes. By including FAM, reaching very young adolescents, working with health systems, and new innovations, IRH's initiatives:

- Bring new people to modern FP
- Increase CPR and reduce unmet need
- Increase couple communication on critical RH decisions
- Increase access to FP by reducing barriers
- Improve quality of program design and services
- Increase likelihood of sustainability of FP/RH programs
- Form/transform gender norms allowing women more autonomy in decision-making and including men in the conversation/responsibility in FP/RH

**Principle 7: Promote research and innovation.** Research and innovation are the pillars of IRH's work. We have developed three evidence-based family planning methods—SDM, the TwoDay Method® (TDM), and the Lactational Amenorrhea Method (LAM). Each has been rigorously tested in clinical trials and further evaluated in practice through numerous research studies. Given this process and subsequent research findings, SDM, TDM and LAM have been included in WHO family planning cornerstone documents, along with other state-of-the-art FP guidance documents, such as Contraceptive Technology. But as an innovator, our work is not done. Our current scaling-up research is contributing to a growing body of knowledge in global health. Moreover, our ability to innovate and apply state-of-the-art research techniques touches all levels of our work—from evaluating promising programs that reach very young adolescents, to developing CycleTel™, a direct-to-consumer mobile phone application to facilitate use of SDM via text messaging.

As a worldwide leader in addressing RH gaps, IRH supports efforts that contribute to achieving the GHI FP/RH goals. By focusing on issues at the heart of FP/RH—gender equity, couple communication, scale-up of innovations, building country led capacity, fertility awareness, reaching very young adolescents, going directly to consumers—IRH engages in essential issues that must be considered by all GHI programs.



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