

2008 ANNUAL REPORT POPULATION PROGRAM

OVERVIEW

The Population Program has two mutually reinforcing goals: to promote and protect reproductive health and rights and to help governments stabilize their populations in ways that maximize human well-being and sustain the environment. By protecting reproductive rights, we enable women to obtain family-planning and reproductive health (FPRH) services that improve their health, education, and overall well-being, which, in turn, enhances their life options. Their communities benefit, as well—from smaller families, reduced rates of population growth, and fewer strains on the environment. As Rwandan Minister of Health Jean Damascène Ntawukuliryayo told one of our grantees, “Family planning is a tool of development.” Our program strategies all serve these goals, whether in the United States, where demographic change poses challenges to delivering services, or in sub-Saharan Africa, where one-third of women have an unmet need for contraception, the population is expected to double between 2000 and 2030, and 75 percent of people live on less than \$2 a day.

The Population Program’s work this year has benefited greatly from two assessments: a rigorous external review of our strategy and comprehensive internally driven revisions to our goal statement and theory of change. Both processes left us better positioned to improve our effectiveness and measure the outcomes of our grantmaking.

International Highlights from 2008 and Implications for 2009

The year began with Hewlett Foundation president Paul Brest signing the first U.S. Foundation Memorandum of Understanding with the French Agency for Development Cooperation and the French Research Council (equivalent to the U.S. National Science Foundation). This was France’s first funding to study the impact of population and reproductive health on economic growth and poverty. Similar agreements with the Dutch and British governments followed, and another is expected with Norway. The collaborations not only bring more money to this important research, but also the moral commitment of these countries to ensure notice of the results.

Next year brings the fifteenth anniversary of the groundbreaking United Nations International Conference on Population and Development. With the continuing leadership of its director, Thoraya Obaid, now assured, we are working with the United Nations Population Fund to guarantee that the anniversary attracts high-profile attention—not just to the integration of family-planning and reproductive health services into HIV/AIDS prevention and treatment programs—but also to the chronic problems of contraceptive shortages, urban slum growth, and rapid population growth.

Indeed, all these issues remain key challenges for sub-Saharan Africa, as does the continued high rate of new HIV/AIDS infections, which have peaked elsewhere. Rapid population growth continues there as well; high fertility rates more than counteract the high mortality from HIV/AIDS. Although overall fertility continues to decline in the developing world, there are

seventeen countries (fifteen in sub-Saharan Africa) in which fertility declines have stalled. Fortunately, African women are increasingly demanding accurate information and high-quality reproductive health services, as well as protection from sexual violence. As Africa urbanizes and as its children gain improved access to education, the demand for family-planning and reproductive health services will increase. Sub-Saharan African leaders increasingly recognize the influence of population growth on their efforts to reduce poverty and improve the quality of life. The Foundation's programs are helping develop a healthy environment for policy and service delivery to respond to growing African interest in good family planning and reproductive health care.

In summary, our greatest challenges this year and in the future stem from infrastructure and human resource constraints in sub-Saharan Africa. These constraints, coupled with the overwhelming family-planning and reproductive health needs of the population, underscore the importance of setting realistic goals and understanding the length of time it will take to achieve them. The Program's greatest success this year was building on the increasing commitment of African leaders to address population and reproductive health issues through our grants to expand South-South collaboration in programs and policies.

Domestic Highlights from 2008 and Implications for 2009

Several favorable developments occurred this year on the domestic front, in part because of effective advocacy of some Population grantees supported by the Foundation and other funders:

- The Title X program, which supports family planning and reproductive health clinics for low-income Americans, received the third-largest funding increase in the last twenty-five years.
- Nearly half the states now refuse funds for abstinence-only-until-marriage programs.
- The President's Emergency Plan for AIDS Relief (PEPFAR) increased funding by \$48 billion over five years and included language more favorable to family planning programs.

In the year ahead, advocates will face a range of opportunities and challenges:

- **Administration transition.** Numerous positions in the executive branch will be filled by new appointees. Many Hewlett Foundation grantees prepared transition briefing materials and policy options for the new administration.
- **Judicial nominations.** Vacancies may arise on the Supreme Court. Advocates will likely be involved in the debate concerning such nominations, as well as those to lower federal courts.
- **Congressional action in key areas.** A number of opportunities will arise next year:
 - Authorization for the abstinence-only-until-marriage program will expire in June, creating an opportunity to restructure the program or replace it with a comprehensive approach that includes a mandate to provide medically accurate information on contraception. Numerous grantees supported by the Hewlett Foundation and other funders will likely inform the discussion.
 - Health care reform initiatives may be at the top of the presidential and legislative agendas, including expanding Medicaid coverage of family-planning services and mandating that private health insurers cover contraceptive services.

- The Institute of Medicine is scheduled to release a report examining whether Title X is meeting its intended goals. Grantees working with support from multiple funders are likely to advocate for strengthening the program.

Improving the Impact of Our Grants

As befits a mature program in the full implementation phase of its strategy, we place great emphasis on improving the sustainability and reach of our grantmaking. A key measure of our effectiveness is whether we are making a discernible and positive difference in the world. This question has occupied much of our time this year and will continue to do so during 2009.

Our 2008 program benefited from two assessments in 2007: an external review of our strategy and a documentation of the Program that included a revised goal statement and theory of change. Because of these two analyses, we can now assess the effectiveness of our work with more rigor, as well as the relative contributions of each grant to our program goals. By clearly articulating our two mutually reinforcing goals we are better able to work with our grantees to evaluate and measure how their work contributes to those goals. We supported the development of indices to track progress in reproductive health and rights, which will be used by many of our service delivery grantees. We are now working with select policy, research, and advocacy grantees to help them improve their indicators.

COMPONENT: International Access to Family Planning and Reproductive Health

Most developing countries struggle with high fertility rates, ill-defined reproductive rights, and substantial unmet demand for contraceptive services, none more so than those in sub-Saharan Africa. There are multiple barriers to addressing these issues, including poor quality of public health services, shortages of appropriate contraceptives, and social and cultural norms regarding family planning. Also lacking are the resources and political commitment necessary to bring programs to scale and ensure sustainability. The Population Program therefore supports a strategic mix of service delivery, research, advocacy, and training strategies.

Rwanda, Africa's most densely populated country, provides a case study of the opportunities and challenges that shape the Population Program's strategic investments. The 1994 genocide left the country in mourning and its health system in shambles. Although 13 percent of married women had used modern contraceptive methods in 1992, only 4 percent did so by 2000. Eighty-four percent of the population lives on less than \$2 a day. Faced with the knowledge that rapid growth would hamper efforts to reduce poverty, President Paul Kagame made changing cultural norms about family planning a national priority.

A report funded by the Foundation, *Family Planning in Rwanda: How a Taboo Topic Became Priority Number One*, showed how the Rwandan government has overcome social, cultural, and religious barriers and revitalized its national family-planning program. Preliminary data from a national survey this year showed a dramatic rise in the use of contraception among married women—from 10 percent in 2005 to 27 percent in 2008. In addition, infant, child, and maternal mortality rates dropped dramatically, demonstrating the connection between access to family planning and overall health.

One of the clear lessons from Rwanda is the importance of providing a wide range of contraceptive choices: the greater the number of choices, the greater the overall uptake. The Program focuses on expanding access to methods that tend to be missing from the mix, such as emergency contraception and female condoms.

Emergency contraception (EC), often called the “morning after pill” in the United States, is a hormonal contraceptive method like implants and injectables. Unlike other hormonal methods that are taken before sex, emergency contraception is taken soon after sex. Over several years, the Program has supported its incorporation into family-planning programs in African countries. Even so, its usage has remained relatively low, in part, it has been hypothesized, because there has never been an intensive marketing and media-intensive public education campaign. Hence, last year we supported a large-scale campaign called “Tulia” (“Don’t panic” in Swahili), which promoted the use of emergency contraception in Kenya. In 2009 we should have results to assess changes in knowledge and behaviors related to the campaign.

We continue to support programs that promote female condoms, the only available woman-initiated method that provides protection against unwanted pregnancy and sexually transmitted infections, an important option in countries with a high incidence of HIV. A 2008 grant supports a global campaign for universal access to female condoms. So far, substantial co-funding from the Dutch, Danish, Norwegian, and Swedish governments has been secured in order to scale up service delivery programs in several African countries. Additionally, the Hewlett and Packard foundations have provided support to another grantee to develop a business plan for scaling up manufacture of an improved product.

However, connecting pregnancy prevention and HIV/AIDS is broader than promoting female condom use. Large-scale AIDS programs provide excellent service delivery platforms for family planning, though they have only recently begun to grapple with this dimension of their clients’ needs. Efforts to make family planning and reproductive health a priority in the major HIV/AIDS funding streams are beginning to pay off. A grant supported several African countries to develop integrated family-planning/HIV project proposals to the multilateral Global Fund to Fight AIDS, Tuberculosis and Malaria. The Rwanda and Malawi proposals were awarded a substantial infusion of funds for reproductive health activities. Similarly, in partnership with the Tides Foundation, we solicited proposals for existing HIV/AIDS prevention, care, and treatment projects to incorporate family planning components. Six projects funded in Rwanda, Kenya, Tanzania, Uganda, Zambia, and Mozambique will document the elements and outcomes of such programs to inform broader practices and policies.

COMPONENT: Research, Training, and Advocacy

Strong reproductive health and population programs are based on robust research on effectiveness, trained experts who understand policies and programs, and funding to support program implementation. Grants under this guideline promote all of the above.

For the past three years, the Hewlett Foundation has stimulated research on the impact of population dynamics and reproductive health outcomes on economic growth and poverty, the

goal of which is to encourage investments in reproductive health and population programs and policies. Bridging the divide between economists and demographers has taken great effort, but in 2008 we have seen increased interest by both funders and leading economists.

Research councils in Europe are increasingly interested in collaborating with the Foundation in funding research competitions in this area. Together with the research councils of the United Kingdom and the Netherlands, the Foundation jointly sponsored six major research projects this year. Collaborations with the French and Norwegian research councils and development agencies in 2008 and proposed for 2009 are additional evidence of the growing involvement of European funders. Each of these collaborations serves a dual purpose: increasing funding for research and putting population and reproductive health on the agendas of national research and development agencies. The design of these partnerships and the \$7 million of research funding they have added to Hewlett's investments have quickly become one of the Population team's most notable successes. In 2009, the population and poverty work will move from funding research to planning a communication strategy for the research findings, in collaboration with our communications department and our European colleagues.

Research organizations inform population and reproductive health programs and policies, test the impact of interventions, and ensure that the field is ready to respond to new challenges and circumstances. Hewlett's support to five of the strongest population/reproductive health research organizations helps maintain this infrastructure, which produces specific knowledge of reproductive health outcomes and population dynamics. In 2008, the Program worked with partners to tackle the difficult task of measuring the impact of their research. Each organization is improving its own evaluation system, and all will work together to help the Foundation create an evaluation framework as a whole, as well as for each grant. The process will be completed in 2009.

The Program's major training investments are in six universities in sub-Saharan Africa, where our goal is to train African population scientists who can produce analysis that informs policymakers, budget setters, and program directors in sub-Saharan Africa and donor countries. The Hewlett Foundation is the only significant private donor making substantial investments in graduate-level training in this discipline. Our grantees have shown consistent yearly growth in demand by African applicants and have maintained their selectivity in accepting students.

Advocacy organizations help monitor the activities of donor and developing country governments, the U.N., and other players. This portfolio has been renamed "More Money, Better Spent" (MMBS) to stress a renewed focus on funding issues. The restructuring has been an opportunity to engage new organizations, audiences, and other funders who have helped the Program explore the place of population and reproductive health issues in funding streams focused on economic development, global climate change, and security issues. Reports on the carbon emissions averted through family-planning interventions and on how the U.S. intelligence and security communities think about demographic and women's health issues are in the works. Through MMBS, we are also developing an advocacy strategy on population and poverty research. Additionally, this portfolio includes grantees in Europe working with bilateral and European Commission development funding programs and organizations in the United States, as elaborated below.

With colleagues from several other foundations, Hewlett is helping to restructure support for U.S. organizations that focus on international family-planning funding. Many of these foundations are interested in increasing support from the U.S. government for population and reproductive health in sub-Saharan Africa, so Hewlett has decided to focus on ensuring that population and reproductive health budgets are better spent.

As priorities for development funding have begun to migrate from Northern capitals to the South, advocacy efforts must also shift, which presents one of the greatest challenges in this cluster. Capacity constraints in developing country advocacy organizations severely limit their effectiveness in making FPRH a priority for Southern policymakers' funding decisions. To this end, we are working with grantees to continue to map out an advocacy strategy in one pilot country in Africa.

COMPONENT: Family Planning and Reproductive Health in the United States

According to government reports released this year, a long trend of falling teen pregnancy and birth rates in the United States could be ending. Though small, it is the first increase since rates began dropping more than a decade ago. The new teen data reignited debate about the effectiveness of abstinence-only-until-marriage sex education programs, which receive about \$175 million a year in federal funding, despite research showing that they do not reduce teen sex.

In late 2007, research and concerted advocacy led nine states to reject this federal funding; thirteen states have since followed suit. States that accept the federal abstinence-only-until-marriage funds are prohibited by law from providing information about the health benefits of condoms and birth control in protecting against teen pregnancy. Efforts continue to urge other states to reject the funding and ultimately to redirect funding towards effective comprehensive sex education programs that have been demonstrated to work.

Title X, the federal family-planning program, received the third-largest appropriation in its history this year. Over the next several years, the Program will continue to support grantees whose priorities include advocacy designed to shape a well-funded and even more effective Title X program.

Polls of voters show that, along with the economy, the accessibility and affordability of health care was a top concern. Any health care reform proposals will have to address persistent disparities in access and reproductive health outcomes based on socioeconomic status and race/ethnicity. For example, the increase in teen birth rates was greatest among African American teens. And, compared with white women, Latino and black women have disproportionately high unintended pregnancy and abortion rates.

Our strategy review in 2007 endorsed engaging minority communities to address these disparities, broadening the base of support for reproductive health, and improving services and information—an approach that is particularly relevant given the Census Bureau's recent estimate that minority populations will become the majority by 2042. This year, we made grants to support several reproductive health organizations oriented toward women of color. We will be

tracking not only the output and increased capacity of these organizations, but also their progress as they pursue their policy-related priorities.

The trend to more consumer-centered health care encourages us to support an examination of the transitioning of some birth control methods, such as birth control pills, to over-the-counter status. The analysis will build on past support to bring emergency contraception over the counter.

Underlying all efforts by the Program and our grantees to protect and promote the reproductive health and rights of Americans is the need for sound data and evidence to inform policy and programming. Data and analyses produced our grantees have been important in holding off restrictions on reproductive health and choice.

Serving Bay Area Communities

Since more than half of unplanned pregnancies and abortions occur among young women in their twenties, our local grantmaking in disadvantaged communities in the San Francisco Bay Area and the Central Valley has been expanded to include not only teen pregnancy prevention, but also prevention of unplanned pregnancy among young adults.

During 2008, one of our grantees in the Central Valley completed its first request for proposals for teen pregnancy prevention. Through this regrant, we are able to efficiently support smaller organizations that reach some of the areas of greatest need.

Special Initiative to Reduce the Need for Abortion

The Foundation's special initiative to reduce the need for abortion continues to expand; the idea of creating common ground on reducing the need for abortion has gained considerable prominence.

Through polls conducted during these first two years, we learned that the majority of voters did not know that most unplanned pregnancies and abortions occur among young women in their twenties, not teenagers. Thus, a key activity is raising awareness of this important fact. Additional priorities include expanding digital media outreach, taking advantage of the opportunities presented by a new administration, and encouraging media partners in TV and print to communicate the message that "It's not just the teens!" (i.e., that young women in their twenties have more unplanned pregnancies than teens).