18 Questions and Challenges Focused on FP2020
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1. Are women and girls actively involved in formulating family planning and maternal and child policies and programs?

    a. Knowledge, attitude and practices surveys.

    b. Follow-up surveys for surgical and nonsurgical contraceptive practices.

    c. Coupons and vouchers to monitor and measure the promotion, payments and quality of services.

    d. Have the Frontline Health Workers provide feedback information on the most effective means of providing family planning and maternal and child health services.

2. Have sufficient funds been allocated in the development plan to achieve the next phase of the Millennium Development Goals? What funding levels will achieve access to primary health services, primary and secondary education with emphasis on girls, functional literacy programs and all aspects of empowerment such as extending access to co-ops and microfinance?

3. What annual plan for 2014 could focus on the administrative structure that reports to the head of government, utilizes national leaders and all health providers to expand access to contraceptive services, stresses the methods according to the needs of the individual, mobilizes frontline health workers so that every household is visited twice a year, maximizes information technology, engages indigenous entertainers, conducts mass media campaigns, contracts script writers to develop soap operas and motion picture script writers?

4. Has the head of government formed a cabinet level committee which includes religious, business, judiciary and parliamentary leaders with a specific agenda to increase access to family planning methods and eliminate legal and administrative barriers to the contraceptive services? Seventy-five heads of government have signed the attached Statement on Population Stabilization. The Statement refers to human rights three times and that women should have an active participation in formulating policies and programs.

5. Can the head of government give annual awards to the cabinet member, governor-general, business leader, entertainer, parliamentarian, head of women's organization, field

workers, retail outlets, health providers, village and religious leaders who are most successful in expanding access to family planning and insuring quality of care?

6. Would it be possible to survey all cabinet members, governors-general, parliamentarians, judiciary, business leaders, media, labor and other leading professionals to determine what specific actions can be taken to promote contraceptive services and maternal and child health?

7. Has each country completed a review of the supply and logistics of all contraceptive procedures? What is the status of commercial distribution, social marketing, community-based services and public funding for commodities? What funding levels for DKT, PSI and MSI would reach 120,000,000 women and girls? Capitalizing inventories for contraceptives such as DMPA-CN in the Uniject Device and Sino Implant and having a drawdown account for governments, NGOs and the private sector, provides an opportunity to expand access in the public and private sector and, at the same time, focus on quality of care, sustainability, cost efficiency and training needs.

8. Would it be possible to conduct a survey of all health providers to determine the potential of utilizing all surgical and nonsurgical contraceptive services, including the use of mifepristone and misoprostol, MVA, implants, inter-uterine contraceptives, emergency contraceptives, injectibles, and access to no-scalpel vasectomies as well as surgical tubal occlusion such as a laparoscopic procedure or as mini-laparotomy or laparatomy? The results of a survey of contraceptive practices in teaching hospitals in Bangladesh, Egypt, Guatemala, India, Nigeria and the Philippines are available on our website, www.gillespiefoundation.org.

9. In order to utilize all public and private health providers within their capabilities or qualifications after training, a fee-for-service reimbursement allows for methods to be stressed according to the needs of couples. Both coupons and follow-up surveys can assist in management and arranging payments. In most countries, a nominal fee is paid by the patient and the balance by an independent reimbursement scheme that is supervised by an autonomous public or private institute.

10. Can governments and donors use social marketing to mobilize full-time family planning field workers and provide fee-for-service reimbursement to traditional birth attendants? Can pledges, coupons, contracts, vouchers, certifications, licenses and voting opportunities reinforce adolescent commitment to prevent unintended pregnancies, increasing the age at marriage and birth spacing as well as measure the quality of services?

11. Is family planning and reproductive health text included in functional literacy curriculum? If so, how many weeks of programming do you have for women? How many weeks of programming do you have for me?

12. Can cell phones, the internet and mHealth Communication be applied to advance the London Summit commitments? Mobile health applications allow cell phones to be used

as instruments to communicate to the public, to inform health providers of the latest advancements in contraceptive technology, and enhance the skills of frontline health workers to systematically measure contraceptive supply inventories. There is no better way to reach youth than wireless networks, tablet computers and palmtop technologies for information and entertainment. mHealth technologies include patient monitoring devices, mobile telemedicine/telecare devices, MP3 players for mLearning, laptop computers, microcomputers, data collection software, and Mobile Operating System Technology.

13. How has the entertainment community been involved in family planning and focused on the issues that obtain acceptability for the contraceptive methods? Is the dilemma of child marriage, fistula, HIV/AIDS, violence in the family, sexual orientation and the preconditions for couples wanting and having small families being addressed? The Population Media Center (PMC) has dramatically impacted knowledge, attitudes and behavior using both radio and television soap operas. Motion pictures, cell phones, the internet, cartoons and plays can dispel fears about the individual contraceptive methods and provide full disclosure for informed choice. Have leading musicians, actors, actresses and other celebrities given testimonials on their personal use and experiences with contraception? What celebrities are outspoken advocates of vasectomies and long-acting contraceptives and have one or two children? How can small family clubs be popularized within the entertainment community?

14. Are school teachers, agricultural extension agents, religious and village leaders, traditional birth attendants and other functionaries, including entertainers and traveling sales persons actively involved in delivering contraceptive services?

    a. Questionnaires to determine potential participation.
    b. Directives and instructions.
    c. Media programs to back up participation.
    d. training instructions and a questionnaire to test knowledge gained.
    e. Contracts and coupons to both deliver contraceptive services and measure effectiveness of education and quality of services.

15. Are frontline health workers mobilized to reach every household twice a year in both urban and rural settings? We have available selecting, training, daily and monthly record forms, instructional materials and seven techniques to evaluate performance.

16. Is geography information systems (GIS) analysis being used to provide estimates on health facilities accessibility, population at risk and determine the characteristics of regions regarding administrative boundaries?

17. Apple's iPads, iPhones, Google's Android, Nokia Symbian OS and RIM's BlackBerry OS platforms will become increasingly available to expand access to family planning and maternal and child health services. Our first three apps approved are our website, www.populationcommunication.com, the India Population Counter and the Indian Vital Signs. All are free. The counter goes back and forward in time, projecting population

growth. The Indian Vital Statistics are arable land lost (tons), forest area (square meters), CO_2 emissions (kilograms), births and deaths this year, net population, species extinct this year, air pollution (tons), and desertification (square meters). We will have similar applications approved for the 14 countries where we concentrate our activities.

18. During the last 50 years, Tunisia, Turkey, Iran, Mexico, Brazil, Thailand and the southern states of India have achieved replacement size families. Bangladesh has a total fertility rate of 2.3 and prior to the decentralization in Indonesia, the TFR was headed to 2.3. The South-South collaboration has been focused under the auspices of the Partners in Population and Development (PPD). Country specific reports on population stabilization for Bangladesh, Egypt, Ghana, India (the states of Bihar and Uttar Pradesh), Kenya, Mali, Nigeria, Pakistan, Philippines, Senegal, Uganda, Yemen, and Zimbabwe are on the Population Communication website, www.populationcommunication.com. Turning the reports into plans of action provides an exciting challenge to deliver family planning services to women and girls.