

# ‘Fostering impact for family planning & reproductive health research: influencing the urban policy agenda’

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## The specific objectives – and wider relevance

- To contribute to improving the IUSSP project's effectiveness in reaching the urban sector;
  - To learn more about the urban sector's receptivity to different messages emerging from our project; and
  - To better understand the current state of knowledge of, and commitment to, demographic and reproductive health issues in cities.
- Translational research focused on city management reform not biomedicine
  - Guide co-production research design for urban health
  - Enrich funding calls for relevant urban health work – for family planning and beyond

# Family Planning is not an easy urban priority

Family Planning does not offer quick returns as a form of urban practice (changes occur over multiple timeframes, some of which are not always immediately perceptible)

Family planning is not associated with sudden crises or ruptures capable of driving transformation


Family planning has been a politically contested issue due to its links with eugenicist and racist thought and coercive programmes of population control in Global South countries.

Family planning may also be contested on religious or cultural grounds due to its association with abortion or its perceived opposition to pro-natalist norms.

Starting point:  
demography  
matters for cities

The case for paying  
greater attention to  
cities, made on the basis  
of the **demographic  
argument** of a pending  
shift to a majority urban  
world, was pivotal in  
shifting global, regional  
and national policy  
debates.





For cities  
demography  
matters, but we  
need more than a  
good argument  
for impact

**Having key messages about why family planning and reproductive health are central to (and should be given greater profile in) urban policy debates is a necessary - but making an intellectual case is not a sufficient route to delivering the message to implementers or change analytical and service delivery priorities.**

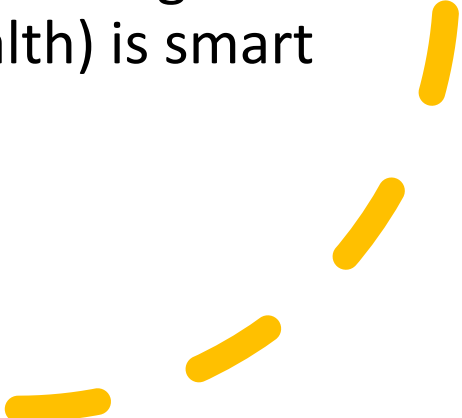


# KEY MESSAGE: data

Without extensive reform of data to allow the production of city scale demographic evidence, to allow comparative spatial, statistical and qualitative analysis, it is not possible to scale up the importance of urban family planning and reproductive health.



KEY  
MESSAGE:  
Strategy

- To overcome political sensitivities, a conscious strategy is needed to land broad demographic messages with urban influencers
  - Embedding the narrower and more contested issues of family planning and reproductive health in overarching urban concerns - such as infrastructure planning or service delivery helps
  - Highlighting operational and fiscal links that emerge from shifts in the size and composition of households, ageing and youth bulges and migration (e.g. on infrastructure and not just health) is smart
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# KEY MESSAGE: make impact through collaboration.

- The terrain of urban policy and practice is diffuse: cutting across constituencies (local and national governments, sector specialists, banks) and scales. You have to work with them all.
- The terrain of urban policy and practice is a crowded space: big issues of biodiversity, climate change, inequality, digitisation etc. compete for traction. Working together and finding synergies is imperative.

SO – Find opportunities to co-locate family planning in wider demographic arguments and alongside other major urban issues.



KEY MESSAGE:  
be patient –  
and  
opportunistic

Ideas about how to change urban policy, even when well-funded and strategically driven, can take decades to bear fruit

Urban change needs individual as well as institutional champions – this takes long-term commitments to funding and organisational planning.

Crises, like COVID-19, demonstrate that rapid change is possible and imperative. Making the most of a crisis requires vigilance and adaptability on the part of organizations seeking to influence fluid intellectual and policy debates.

# KEY MESSAGE: Money



Nearly all successful urban change interventions are:



well funded



located in institutions that have profile at the local (often municipal but also civil society) scale



drawing upon a wider network or global capacity.



Long term well funded interventions have a greater chance of durable impact than a series of short research projects

KEY  
MESSAGE:  
build  
expert  
capacity

There is not currently sufficient capacity to mobilize a global urban family planning and reproductive health campaign.

All lines of effective urban transformation action draw from, contribute to and are embedded in work with scholars and educators

Imperative to scale up to prepare for a more sustained impact campaign.

Capacity needed across government (local to national), in civil society – so, family planning education must be expanded in and across disciplines like urban planning, demography and public health

# KEY MESSAGE: be instrumental

Locating demographers, skilled in the data analysis and the importance of family planning and reproductive health, within key urban organisations such as key innovative municipalities, the OECD, UN-Habitat or ICLEI could provide a fruitful entry-point to catalyse action to promote debates about family planning and reproductive health in cities and the global urban system.

Foster communities of urban family planning and reproductive health expertise and practice – like this one