FP2020 COMMITMENT TO ACTION

2014–2015

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ISSUED NOVEMBER 2015

Cover photo: Seven-month pregnant Rita Anjakhia with her mother-in-law, Narain Devi Anjakhia, in Bhaktapur, Nepal, on September 17, 2015.

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FP2020 COMMITMENT TO ACTION

2014–2015

IN LOVING MEMORY OF VALERIE DEFILLIPO | 1951–2015

Photo by:
Olivier Asselin/
Bill & Melinda Gates Foundation

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YOUR GUIDE TO THE FP2020 PROGRESS REPORT

FP2020 COMMITMENT TO ACTION 2014–2015 is the print version of the third-annual Progress Report from FP2020.

FP2020 COMMITMENT TO ACTION: MEASUREMENT ANNEX 2015 contains an expanded analysis of the Core Indicator suite. It is published as a companion to *FP2020 Commitment to Action 2014–2015*.

FP2020 COMMITMENT TO ACTION 2014–2015: DIGITAL EDITION is a more extensive, interactive report with additional content from FP2020 partners and focus countries: www.familyplanning2020.org/progress.

EXECUTIVE SUMMARY

The good news is that the global partnership we've built together has given us an incredibly strong foundation for the work ahead. Countries, donors, and partners are connecting as never before to expand existing programs and strategize on new directions.

Three years ago, we made a promise. At the 2012 London Summit on Family Planning, we pledged to bring modern contraception within reach of an additional 120 million women and girls by the year 2020. As we approach the halfway point to 2020, we can see clearly how much we've accomplished together, how much is left to do, and whether we're on track for our goal.

Today, because of the work of FP2020's partners around the world, more women and girls than ever before are using modern contraception. An unprecedented 290.6 million women and girls in the world's poorest countries are now able to decide for themselves whether and when to get pregnant, an increase of 24.4 million from the time of the London Summit.

Nevertheless, our results aren't measuring up to our ambition. We've reached 24.4 million women and girls with lifesaving contraception, but that's 10 million *fewer* than we had hoped to reach by this time. If we continue at this rate, we risk missing our goal—and leaving millions of women and girls without the care and services they need and deserve.

With five years remaining until 2020, FP2020 and its partners must take immediate action to accelerate progress. We must reexamine our commitments to ensure we're doing all we can, and reinvigorate our efforts wherever necessary.

The good news is that the global partnership we've built together has given us an incredibly strong foundation for the work ahead. Countries, donors, and partners are connecting as never before to expand existing programs and strategize on new directions. Seven countries and five institutional partners have joined the FP2020 movement in the past year alone, marking the greatest surge in new commitments since 2012. Bilateral funding for family planning has increased by almost a third since the London Summit.

The FP2020 platform itself has emerged as a unique space for the global community to collaborate on family planning. Drawing on the groundbreaking work of numerous partners, we've established an unparalleled measurement framework to track data on family planning and use it to make decisions. Market-shaping interventions are making contraceptives more available and affordable, and collectively we're working to ensure that rights and empowerment principles are built into the DNA of every family planning program.

Now we need to pick up the pace. This means building on the momentum we've created and taking it further: increasing pledges, scaling up successful interventions, dedicating additional country and donor resources, and setting more ambitious objectives to deliver contraceptives to the women and girls who want and need them.

The process of acceleration is already underway. As we announce in this report, the Bill & Melinda Gates Foundation is pledging to increase its financial commitment to family planning by 25% over the next three years. Marie Stopes International has doubled its FP2020 goal, and Pathfinder International and Jhpiego have

also renewed their commitments. More partners and countries were stepping forward with new and expanded commitments as this report went to press. And the FP2020 Secretariat is finalizing an intensive, months-long strategic review, accepting the challenge to strengthen our own efforts while exploring new ways to maximize global and country impact.

Success is within our grasp, but only if we work together. We've come so far, but we must go further. Let's capitalize on the platform we've built, the partnerships we've forged, and the knowledge we've gained. For the millions of women and girls who are counting on us to deliver on the promise of the London Summit, the time to act is now.

AS OF JULY 2015

290.6 MILLION

USERS OF MODERN CONTRACEPTION IN FP2020'S 69 FOCUS COUNTRIES

24.4 MILLION

MORE WOMEN AND GIRLS USING MODERN CONTRACEPTION THAN IN 2012

SINCE FP2020'S LAUNCH IN 2012

MORE THAN

80

COMMITMENTS BY COUNTRIES, DONORS, CIVIL SOCIETY AND PRIVATE SECTOR

INCLUDING

36

COUNTRY COMMITMENTS

20

COUNTRIES HAVE DEVELOPED COSTED IMPLEMENTATION PLANS

IN OUR 3RD YEAR

JULY 2014–JULY 2015

IN FP2020'S 69 FOCUS COUNTRIES

80 MILLION UNINTENDED PREGNANCIES AVERTED

111,000

MATERNAL DEATHS AVERTED

IN 2014

DONORS PROVIDED

US$1.4 BILLION

IN BILATERAL FUNDING FOR FAMILY PLANNING

32% MORE THAN IN 2012

FOREWORD FROM THE FP2020 REFERENCE GROUP CO-CHAIRS

Family planning has the power to change the world.

The change begins with a woman's own life. With access to modern contraception, a woman or girl can decide for herself if and when she's physically, emotionally, and financially ready to bear a child. She can focus on finishing school or building a career, and when the time is right, she can plan and space any pregnancies so that both she and her babies will be healthy. She can provide her children with more of the advantages they need to succeed in life—nutritious food, medical care, educational opportunities—and watch them grow into healthy, educated adults who will in turn make their own productive contributions to society. The virtuous cycle that begins with the empowerment of a single woman can help lift families and ultimately entire communities out of poverty.

Family Planning 2020 is built on the premise that the myriad, life-changing benefits of modern contraception should be available everywhere in the world, to every woman and girl. The goal we set at the 2012 London Summit on Family Planning is a step toward that vision: to provide 120 million additional women and girls in the world's poorest countries with access to voluntary, rights-based family planning by the year 2020.

In the past three years we've made enormous strides. FP2020 partners are bringing family planning programs and contraceptive services to millions of women and girls who have never had access before, including the poorest, the most vulnerable, and the hardest to reach. An unprecedented 290.6 million women and girls are now using modern contraception in the 69 FP2020 focus countries, an increase of 24.4 million from 2012. In the past year alone,[1] 80 million unintended pregnancies were prevented, 26.8 million unsafe abortions were averted, and 111,000 women's and girls' lives were saved—all because they were able to use modern, effective methods of family planning.

Yet as we approach the halfway mark to our 2020 goal, we are faced with a shortfall we cannot ignore. Our progress, while significant, is not keeping pace with our projections. Although an additional 24.4 million women and girls now have access to modern methods of contraception, this is 10 million *fewer* than the benchmark for 2015 we projected at the time of the 2012 London Summit. In countries where the population is growing rapidly, simply maintaining existing levels of service is a tremendous undertaking; to expand these programs will require an even greater effort. Additional resources and targeted interventions are needed to both address lingering challenges and bring innovative approaches to scale.

The past year has also reminded us, tragically, of the crucial need for strong, resilient health care infrastructure. The Ebola outbreak in West Africa and the earthquake in Nepal were both heartbreaking catastrophes, claiming thousands of lives and damaging entire health systems.

The task before us as a partnership is clear: we must step forward and reinvigorate our commitment to the movement in bold, meaningful, and measurable ways.

The task before us as a partnership is clear: we must step forward and reinvigorate our commitment to the movement in bold, meaningful, and measurable ways. We must ask what more we can do, through our individual institutions and as a partnership, to move us closer to our goals. Our investment in data gathering and analysis over the past three years has given us an unprecedented evidence base for family planning; it is incumbent on us to use that knowledge now, to focus on the programs and interventions we know will work. We must act with urgency to fulfill our promise to the millions of women and girls who want the chance to shape their own lives and destiny.

The good news is that the time to rally as a community has never been better. This is a pivotal year in global development. With the launch of the Sustainable Development Goals, the new Global Strategy for Women's, Children's and Adolescents' Health, and expanded global financing mechanisms for health, we have a once-in-a-generation opportunity to chart a course for the world we want.

Universal access to family planning and contraceptive services is an essential part of that world. Now is the moment to build bridges to our partners across sectors—to those working to improve education, maternal health, economic equality and environmental policies—to demonstrate that voluntary, rights-based family planning is the linchpin for every other aspect of development. FP2020's goal of reaching 120 million women and girls by 2020 is a critical milestone on the journey to realizing the Sustainable Development Goals, and contraceptive access for all, by 2030.

By empowering women and girls with the ability to plan their own lives and families, we—and they—can truly change the world.

Dr. Babatunde Osotimehin
Under-Secretary-General
of the United Nations
Executive Director
United Nations Population Fund

Dr. Chris Elias
President of Global Development
Bill & Melinda Gates Foundation

1. Measured from July 2014 to July 2015.

Photo by:
Prashant Panjiar/FP2020

FROM FP2020'S EXECUTIVE DIRECTOR

The strength of FP2020 is its power to convene: to bring together a broad array of stakeholders in pursuit of a common goal.

Our partners include the world's leading agencies in family planning, civil society organizations on the frontlines of reproductive health, government donors and private philanthropists, and dozens of countries that are committed to delivering rights-based family planning programs to women and girls. At the historic 2012 London Summit on Family Planning, these partners joined together to create a new collaborative platform: one where they could pool their talents, align their agendas, and build on the groundbreaking accomplishments of the past 50 years.

That collaborative platform is FP2020.

The FP2020 partnership today is vibrant, flourishing, and growing. The past year has seen the greatest surge in new FP2020 commitments since 2012, with ambitious new country pledges, generous donor contributions, and expansive partner programs. More new commitments are on the horizon, drawn by the strength of this partnership and this platform.

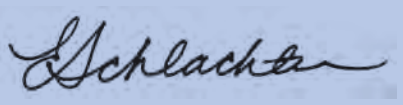
As our movement matures, the way we work together is evolving. Seeds that were planted years ago are now bearing fruit. Cross-institutional collaboration is thriving. Our country engagement process is becoming more detailed and robust. Measurement systems are yielding a revolution in data, and market-shaping interventions are improving the availability and affordability of a wider range of contraceptives. Rights and empowerment principles are being written into government plans and enacted in programs.

These efforts will pay dividends for years to come. The work we are doing through the FP2020 platform—as partners, in countries, and on the global stage—will help form the bedrock for the Sustainable Development Goals.

We're also recognizing the critical need to accelerate progress for our 2020 milestone, and to strengthen our platform accordingly. A key emphasis is on making sure we provide efficient, tailored support to help countries optimize their work on the ground. As this report went to press, we were deeply engaged in an extensive strategic review of our own structure and priorities, with an eye to developing a more intentional approach to country engagement. FP2020 is, in the best sense, a work in progress.

These efforts will pay dividends for years to come. The work we are doing through the FP2020 platform—as partners, in countries, and on the global stage—will help form the bedrock for the Sustainable Development Goals. Rights-based family planning programs are essential to that agenda, just as they are essential to the empowerment of women and girls.

Today, three years after the 2012 London Summit, our partnership is stronger than ever. The challenges ahead are immense, and we must meet them with resourcefulness, determination, and a collective sense of responsibility. But together we are accomplishing far more than any of us could accomplish individually, and more than some of us thought possible. Together we have an extraordinary opportunity to realize the vision that unites us: a world where every woman and girl has the chance to grow, to thrive, and to plan the family she wants.



Beth Schlachter
Executive Director
Family Planning 2020

Photo by:
Prashant Panjiar/Bill & Melinda Gates Foundation

Photo by:
Prashant Panjiar/FP2020

WOMEN AND GIRLS AT THE HEART OF DEVELOPMENT

"Whatever pain I have to bear, I will bear," Tanka Kumari Bisunke says quietly. "I just want my children to be healthy, to eat well, to have clothes to wear, and go to school. That would be my biggest happiness."

Tanka Kumari and her husband Setu live with their three children in Sitalpati, a remote village in the Sindhuli District of Nepal. Life is very hard here, and the couple struggles to make ends meet. Their constant concern is earning enough to feed and clothe their children. The two youngest attend school, but the eldest son stays home to help with household chores while both parents work.

For years now, Tanka Kumari has regularly walked an hour and half to the nearest health care center to get contraceptive injections. She and Setu decided long ago that they could not afford to have more children. Tanka Kumari herself grew up in a family of 13 children, only 4 of whom survived to adulthood. Her memories of childhood are a blur of hunger and poverty.

In April 2015 a devastating earthquake struck Nepal, and everything changed. Tanka Kumari remembers working in the fields when the ground began to shake. In a panic, she raced home to find her husband and children. They all spent the night in an open field, and have been unable to return to their damaged home since. In the chaos of the following days, the family planning card she used to track her contraceptive injections disappeared.

Unable to determine when she was due for her next shot, Tanka Kumari became pregnant. She is now expecting her fourth child, and she is afraid. She worries about the wellbeing of her children and about their future. She worries that she won't be able to give them the things they need—the things she didn't have.

"All I want is for my children to be healthy and well," she says.

Tanka Kumari's story is a reminder that women's reproductive health needs don't disappear in times of crisis. Access to quality health care and family planning remains essential.

Gyan Chandra Rajbanshi, the Sitalpati health post chief, provides counseling to the Bisunkes and other families in the district. With the support of the Nepalese government and UNFPA Nepal, he is working to analyze the local use of family planning. The results will help health officials develop strategies to improve women's access to contraceptive information and supplies.

"Life is hard for the women here," Gyan Chandra says. "They take care of the children and cattle, make sure the meals are prepared, cater to husbands, and give birth to children over and over again. Every woman should have the right to make informed decisions about the size of her family."

Tanka Kumari is already planning to resume contraception as soon as she can. In their counseling session with Gyan Chandra, she and Setu decide that after the baby is born, they'll find a longer-term contraceptive method to use.

"Sometimes we learn a big lesson of life when it's already too late," she says. "I am sharing my experiences with other couples so that they can learn something in time. After my children grow up, I will teach them to decide how many children they should have."

WOMEN AND GIRLS IN HUMANITARIAN SETTINGS

Women and girls face special challenges in crisis situations, and access to family planning and other reproductive health services is essential.

See ***FP2020 Commitment to Action 2014–2015: Digital Edition*** for more on this topic and the lifesaving work of FP2020's partners: www.familyplanning2020.org/progress.

FP2020 wishes to thank partners in Nepal for help documenting the impact of the April 2015 earthquake on the ability of women and girls to access family planning information, services, and supplies.

01 THE FP2020 PLATFORM

FAMILY PLANNING 2020

All women and girls have the right to decide freely and for themselves whether and when to have children. And every woman and girl must have the ability to exercise that right, regardless of where she lives or what her economic circumstances are.

This is the principle that inspired the 2012 London Summit on Family Planning, when leaders from around the world committed to a visionary goal: expanding access to voluntary, rights-based family planning programs to enable an additional 120 million women and girls in the world's poorest countries to use modern contraception by the year 2020.

This is also the principle that animates Family Planning 2020 (FP2020), the initiative created to catalyze and track progress toward that goal.

FP2020 works by bringing countries, donors, service providers, advocates, and other stakeholders together to collaborate on concrete measures that will expand contraceptive access and use. FP2020 builds on existing global development architecture and frameworks, and supports United Nations Secretary-General Ban Ki-moon's *Every Woman Every Child* Global Strategy for Women's, Children's and Adolescents' Health. FP2020 also coordinates with other global initiatives in the reproductive health sector, including the Partnership for Maternal, Newborn & Child Health (PMNCH) and the Reproductive Health Supplies Coalition (RHSC).

More than 80 formal commitments have been made to the FP2020 initiative since its launch in 2012. Governments, multilateral institutions, civil society organizations, foundations, and private sector partners are all collaborating to drive progress toward that original, ambitious 2020 goal. Because of these efforts, millions of women and girls—including the hardest to reach—are being empowered with the means to plan their own families and lives.

But there is another aspect to progress. FP2020 has emerged as a unique platform for the global family planning community: a

shared space where donors and partners connect, where agencies collaborate to align their priorities, where countries identify needs and draw on the global knowledge base. These links are laying the groundwork for the world beyond 2020, as partners work together to shape strong, sustainable programs that will create lasting change.

The FP2020 initiative is also helping to deepen the understanding of what voluntary, rights-based family planning programs look like—and what it takes to deliver them. FP2020's goal isn't just to reach 120 million additional women and girls, but to reach them with programs that are thoroughly grounded in human rights and provide the highest quality of care.

By promoting cross-institutional collaboration, providing tailored support to countries, improving the quality and availability of family planning data, and creating the space for innovation and problem solving, the FP2020 partnership is working to ensure that the hope and the promise of the 2012 London Summit are fully realized.

FP2020 has emerged as a unique platform for the global family planning community: a shared space where donors and partners connect, where agencies collaborate to align their priorities, where countries identify needs and draw on the global knowledge base. These links are laying the groundwork for the world beyond 2020, as partners work together to shape strong, sustainable programs that will create lasting change.

FP2020 GOVERNANCE STRUCTURE

The global family planning movement involves hundreds of organizations across multiple sectors. FP2020's role is to provide a platform for collaboration among these many diverse participants, helping to ensure that agendas are aligned, knowledge is shared, and new cooperative strategies are pursued.

FP2020's current governance structure consists of three components: a Reference Group for strategic direction, a Secretariat for day-to-day administration, and four expert Working Groups that provide technical guidance and support.

The **Reference Group** is responsible for overall strategic direction and coordination. Its 18 members represent national governments, multilateral organizations, civil society, donor foundations, and the private sector. The current co-chairs are Dr. Babatunde Osotimehin, executive director of the United Nations Population Fund (UNFPA), and Dr. Chris Elias, president of global development at the Bill & Melinda Gates Foundation.

The **Secretariat** reports directly to the Reference Group and is responsible for the day-to-day administration of FP2020. Hosted by the United Nations Foundation, the Secretariat manages daily operations, administers the Rapid Response Mechanism (see page 32), and supports the strategies of the Reference Group and Working Groups.

The expert Working Groups, including two co-leads each, focus on key elements of the overall initiative:

- The **Country Engagement Working Group** concentrates on ensuring that countries get the support they need to develop, implement, and monitor their family planning programs.
- The **Market Dynamics Working Group** works to ensure that a broad range of quality-assured, affordable contraceptive methods are available to the women and girls who need them.
- The **Performance Monitoring & Evidence Working Group** monitors progress toward FP2020 goals and develops evidence in key dimensions of family planning to inform advocates and decision makers.
- The **Rights & Empowerment Working Group** ensures that a fundamental respect for the rights of women and girls underpins all of FP2020's efforts.

In November 2014, the Reference Group approved a refinement of FP2020's governance structure that introduced a staggered term-rotation process for members of the Reference Group and Working Groups. A new Reference Group cohort was announced in February 2015, and new Working Group co-leads were announced in May 2015.

FP2020's governance structure will be further revised as part of the Secretariat-led internal strategic review that began in May 2015. That review process was ongoing at the time of this report and scheduled for completion by the end of 2015.

FP2020 and the global family planning community were deeply saddened by the passing of Valerie DeFillipo, FP2020's founding executive director, in April 2015. Valerie was a tireless advocate whose visionary leadership helped the FP2020 initiative grow into a flourishing and dynamic global movement.

Beth Schlachter, who had led FP2020 as interim executive director since February 2015, was announced as the new executive director at the end of April 2015. Martyn Smith joined the Secretariat as managing director in October 2015.

See Appendix 1 on page 92 for the membership of the FP2020 Reference Group and Working Groups.

Photo by:
Marco Dormino/UN

Our shared goal is ambitious—and it has to be. Family planning saves lives and unlocks the potential of women, their families and communities. But while we have made progress, the latest data show that we're not yet meeting our goals. With five years to go, we have a window of opportunity to get back on track. We need to learn from the data in this report and make adjustments so we can make more progress, faster, for more women. When we do, those empowered women and girls will help make a better future for everyone.

Melinda Gates
Co-Chair
Bill & Melinda Gates Foundation

Photo by:
Prashant Panjiar/FP2020

FP2020 IS SUPPORTING COUNTRY PROGRESS BY IDENTIFYING STRATEGIC PRIORITIES, ALIGNING STAKEHOLDERS, AND OPTIMIZING RESOURCES

FP2020 works with countries to help them develop, implement, and monitor progress on their family planning strategies. Through collaboration with key stakeholders across the family planning community, FP2020 identifies and delivers crosscutting products, interventions, and research to expand the field in new and productive ways. Knowledge is also shared with the global community, democratizing data by making both country-specific

KEY HIGHLIGHTS 2014–2015

The first **FP2020 Focal Point Workshop** in March 2015 was a watershed event, marking FP2020's transition to more direct engagement with countries and ushering in a new era of collaboration between the major aid agencies in family planning. Held in Istanbul, Turkey, the workshop brought together focal points from USAID and UNFPA for the first time, along with government focal points from 32 commitment-making countries. They were joined by representatives from FP2020's core conveners (UNFPA, DFID, USAID, and the Bill & Melinda Gates Foundation), the co-leads from each of FP2020's Working Groups, and a dozen technical experts who delivered relevant, hands-on information during plenary sessions and one-on-one meetings with country teams.

The workshop was a unique opportunity for members of the global FP2020 movement to compare notes and take stock of progress to date. The programming was designed to be practical and action-oriented: all of the country teams developed detailed action plans to implement on their return home. The spirit of collaboration at the workshop was reflected in many of these plans, which outlined ideas for working more closely together and meeting with a wider range of stakeholders.

After the workshop the dialogue continued, as FP2020, USAID, and UNFPA followed up with country teams to discuss their specific needs and challenges. Countries that had made requests at the workshop for technical assistance were matched with expert partners by the FP2020 Secretariat. The Secretariat also published a Focal Point Workshop report, created a workshop website[2] where participants could continue to connect, and collaborated with the Country Engagement Working Group to develop a post-workshop action plan.

The workshop brought together focal points from USAID and UNFPA for the first time, along with government focal points from 32 commitment-making countries.

2. http://www.familyplanning2020.org/microsite/fpw

and global-level information available to all.

The FP2020 movement is represented in countries by a network of focal points: one government-designated focal point and two donor focal points (from UNFPA, USAID, or DFID) in each commitment-making country. The focal points work with the FP2020 Secretariat and Country Engagement Working Group to identify gaps in implementation, match resources to goals, and ensure that FP2020 efforts are aligned with government priorities and existing partner programs. They also work to coordinate priorities and programs with the broader stakeholder community in-country, including civil society and advocacy organizations, service providers, and the private sector.

To expand access to contraception, governments must be strategic in how they invest limited resources among competing priorities. The development of a costed implementation plan (CIP) is one of the first steps to accelerating progress at the country level. A CIP is a multiyear roadmap designed to help governments achieve their family planning goals by the most effective, efficient means possible. USAID, UNFPA, and other FP2020 partners have assisted 20 countries to date in developing their CIPs. FP2020 tracks information on CIPs across all commitment-making

The Focal Point Workshop marked the launch of FP2020's new website, an integrated knowledge-sharing and accountability platform: **www.familyplanning2020.org**. The new platform is designed to connect people, ideas, and evidence to inspire, inform, and accelerate progress for family planning. Users can read official self-reports from FP2020 partners on the status of commitments, share perspectives and submit updates on family planning progress, view country-specific family planning news and data, access Core Indicator estimates for FP2020 focus countries and regions, engage and connect with members of the global FP2020 community publicly and privately, and explore over 50 topic areas to identify, filter, and search resources on family planning.

The Focal Point Workshop also saw the unveiling of the new **Costed Implementation Plan Resource Kit (CIP Resource Kit)**, developed by the Health Policy Project and K4Health with support from FP2020, USAID, and UNFPA. The CIP Resource Kit contains more than 20 tools to help countries plan, develop, and implement their own CIPs. These include budgeting and costing tools, a policy checklist, rights and empowerment principles, advocacy resources, tools for stakeholder engagement, technical information, financing guides, and real-world examples of CIPs from FP2020 commitment-making countries. The CIP Resource Kit is part of FP2020's knowledge and accountability platform, and is available in both English and French: www.familyplanning2020.org/CIP.

The CIP Resource Kit contains more than 20 tools to help countries plan, develop, and implement their own CIPs.

countries, providing governments with increased visibility for their strategies.

The FP2020 platform also helps country stakeholders and partners align to drive progress in key areas:

- coordinating in-country efforts to improve contraceptive demand and contraceptive mix forecasts;
- identifying ways to dramatically decrease contraceptive stock-outs and ensure broader access to the methods women prefer;
- mobilizing in-country financial and health system resources for commodities and service delivery;
- developing strategies to raise awareness of contraception and increase demand;
- encouraging the identification and application of best practices in family planning service delivery; and
- monitoring and reviewing progress toward goals.

FP2020 builds on existing country plans wherever possible, and coordinates with each country's wider reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and health sector plans.

KEY HIGHLIGHTS 2014–2015 CONTINUED

In June 2015, Jhpiego and FP2020 cohosted the **Accelerating Access to Postpartum Family Planning (PPFP) Global Meeting**, in partnership with the World Health Organization (WHO), USAID, and UNFPA. This meeting marked the launch of a multilateral effort to fast-track country progress toward FP2020's goals by reaching postpartum women, whose family planning needs are frequently overlooked. Delegations from 16 countries gathered in Chiang Mai, Thailand, for the five-day conference, which brought together family planning experts and maternal, newborn, and child health (MNCH) experts to discuss the latest technical knowledge and programming experience in PPFP. Attendees were briefed on the newly released *WHO Medical Eligibility Criteria for Contraceptive Use*, explored integration points between PPFP, maternal health, nutrition, and immunization, and participated in a daylong innovation workshop to reimagine and revolutionize PPFP.

Sixteen actionable country plans for implementing PPFP were drafted as a result of the PPFP Global Meeting. A follow-up series of monthly webinars, facilitated by Jhpiego and FP2020, brought participants together to share their insights and experiences in implementing their action plans.

In francophone West Africa, the **Ouagadougou Partnership (OP)** is leading the effort to expand family planning and reposition it as a key development strategy. FP2020 and the OP cooperate to provide streamlined support to the countries in this region, sharing focal points, action plans, and information. Both partners are working to strengthen this collaboration, and FP2020 is currently assisting the OP with the preparations for a Joint Ministerial Meeting in December 2015. In the past year FP2020 has also deepened its engagement with the francophone audience by publishing French-language versions of key resources, including the *FP2020 Progress Report 2013–2014*, the *FP2020 Rights and Empowerment Principles for Family Planning,* and the CIP Resource Kit.

Photo by:
Frederic Courbet/
Bill & Melinda Gates Foundation

FP2020 IS EXPANDING THE MEASUREMENT AGENDA AND BUILDING THE EVIDENCE BASE FOR FAMILY PLANNING

FP2020's Performance Monitoring & Evidence Working Group (PME WG) is a platform where the world's leading experts on family planning measurement contribute to the understanding of quantitative and qualitative evidence in key dimensions of family planning and forge a

KEY HIGHLIGHTS 2014–2015

In April 2015, the FP2020 Reference Group approved changes to the **Core Indicator suite** recommended by the PME WG. Two new indicators measure the range of contraceptive methods available at health facilities and the percentage of facilities stocked-out of contraceptive methods. The new indicators were selected from the suite of harmonized stock-out indicators developed by the Reproductive Health Supplies Coalition's (RHSC) Systems Strengthening Working Group. They reflect essential elements of quality and choice available to clients, and bring FP2020 into alignment with RHSC's global *Take Stock* initiative to establish a common methodology for measuring and addressing stock-outs across agencies. In addition, the Reference Group approved the PME WG's recommendation to drop an indicator on sterilization counseling due to the lack of available data.

Track20 trains **country M&E specialists** to use the FP2020 Core Indicators in alignment with country family planning strategies, and supports annual data consensus workshops where government ministries of health and diverse stakeholders conduct reviews of family planning data and evaluate their strategies. In 2015, data consensus workshops were held in 19 FP2020 commitment-making countries: Benin, Burundi, Côte d'Ivoire, the Democratic Republic of Congo (DR Congo), Ethiopia, India, Indonesia, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Senegal, South Africa, Tanzania, Togo, Uganda, and Zambia.

The **National Composite Index on Family Planning (NCIFP)** is a new index designed to gauge the enabling environment for family planning in each country, taking into account not just the existence of policies and guidelines but also the extent to which family planning programs provide measurable dimensions of quality services and respect for human rights. The NCIFP consists of 35 scores across five such dimensions: family planning strategy, data utilization, quality of services, equity, and accountability. Track20 led the development of the index with technical guidance from the PME WG, and in collaboration with the RE WG and experts from Palladium (formerly Futures Group). Data have been collected from 90 countries, 50 of which are FP2020 focus countries. A full report on the NCIFP was published in September 2015.[3]

3. www.familyplanning2020.org/measurement-hub

consensus on the metrics for monitoring FP2020's progress. These metrics are called the FP2020 Core Indicators. FP2020's Core Indicator estimates are produced annually by Track20, a project of Avenir Health, with technical guidance from the PME WG and in collaboration with a network of country family planning measurement specialists.

This year FP2020 is publishing the *FP2020 Measurement Annex 2015*, an expanded analysis of the Core Indicator suite prepared by Track20, the PME WG, and the FP2020 Secretariat, as a companion to *FP2020 Commitment to Action 2014–2015*. The Measurement Annex contains complete tables of the Core Indicator estimates, explores the latest data on youth and contraceptive method mix, and presents a new tool for measuring the enabling environment for family planning.

More than a third of women who start using a method of contraception stop using it within the first year. **Contraceptive discontinuation** is a complex phenomenon with important implications for family planning strategies, but it remains poorly understood. In 2015 FP2020 partnered with the Population Council to develop a report on discontinuation, looking at evidence on when and why women stop using contraception, the interventions that have been shown to be effective, and the means by which discontinuation can be monitored and measured. The report was scheduled for publication in the fall of 2015.

FP2020's measurement agenda reflects its rights and empowerment principles by, for example, measuring contraceptive use among **all women of reproductive age** (instead of only *married women*); identifying markets where a single method of contraception dominates usage among a majority of women (which could indicate insufficient access to a broad range of methods); and analyzing contraceptive prevalence by variables such as age, residence, and wealth (to potentially detect inequities or exclusion). The PME WG, the RE WG, and the Secretariat are continuing to explore ways to measure dimensions of rights and empowerment in family planning programs. In 2015 a landscaping survey was commissioned to evaluate current and soon-to-be-launched initiatives looking at similar areas. Upon completion, FP2020 will launch an effort to **develop and test new indicators**, working closely with partners in the family planning and measurement spheres.

Performance Monitoring & Accountability (PMA2020) uses an innovative data collection system to conduct routine, low-cost, rapid-turnaround, nationally representative surveys on family planning in nine FP2020 commitment-making countries. PMA2020 supports FP2020's measurement agenda by producing annual or biannual family planning estimates that can be used to track country progress toward the FP2020 goal. PMA2020 is currently active in Burkina Faso, DR Congo, Ethiopia, Ghana, Kenya, Indonesia, Niger, Nigeria, and Uganda; within the next year it will also launch in India and Pakistan.

Visit **FP2020's Measurement Hub** to find links to the Core Indicator estimates, the NCIFP survey results, country-specific DHS data summaries, and updates on Track20 and PMA2020, as well as measurement reports, white papers, and fact sheets: www.familyplanning2020.org/measurement-hub.

FP2020 IS FOSTERING COLLABORATION TO SHAPE SUSTAINABLE MARKETS FOR QUALITY-ASSURED CONTRACEPTIVES

FP2020's attention to market dynamics is driven by the need to ensure that family planning commodities are available to meet the goal of 120 million additional users, and that the market is healthy enough to sustain this demand beyond 2020. The Market Dynamics Working Group seeks to improve global and national markets to ensure that women in FP2020 focus countries have access to a broad range of quality-assured, affordable contraceptive methods.

KEY HIGHLIGHTS 2014–2015

In May 2015, the *Family Planning Market Report* was published as part of FP2020's **Global Markets Visibility Project**, led by the Clinton Health Access Initiative (CHAI) in conjunction with the Reproductive Health Supplies Coalition (RHSC). The wealth of information in the report fills in crucial gaps in understanding the global market for family planning products, providing consumption and shipment data across all 69 FP2020 focus countries. CHAI and FP2020 cohosted a webinar on the report in July 2015.

FP2020's **Market Dynamics Dashboard** is in beta testing and on track for rollout in the coming year. The dashboard is modeled after the successful UNITAID dashboard used in the HIV/AIDS sector, and will provide the family planning sector with a snapshot view of the global market for contraceptive products. This information can be used to identify opportunities and address gaps and bottlenecks in the flow of commodities. FP2020 is leading development of the dashboard in collaboration with RHSC, USAID, Abt Associates, PSI, and the World Bank, with additional input from UNFPA, MSH, FHI 360, DFID, and CHAI.

To **improve procurement practices** for contraceptive commodities, in 2015 FP2020 conducted an assessment of tenders from key procurers in the global market—including UNFPA, USAID, and social marketing organizations—and commissioned a questionnaire to determine the value procurers assign to current practices. FP2020 also convened a meeting of manufacturers, wholesalers, and select stakeholders to develop an actionable list of recommendations to improve procurement and bidding for contraceptives in FP2020 countries.

FP2020 IS SHARPENING THE FOCUS ON HUMAN RIGHTS

Human rights are at the center of FP2020's vision and goals. Successful family planning programs must be grounded in principles of rights and empowerment, with an unwavering focus on providing women and girls with the means and opportunity to make decisions about their own lives. Rights-based family planning means listening to what women want, treating individuals with dignity and respect, and ensuring that everyone has access to full information and high-quality care. The FP2020 Rights & Empowerment Working Group (RE WG) collaborates with the Secretariat and the other three Working Groups to ensure that a rights-based perspective is reflected throughout FP2020's work.

KEY HIGHLIGHTS 2014–2015

In December 2014, FP2020 launched the ***FP2020 Rights and Empowerment Principles for Family Planning***. FP2020 worked with a range of international partners to develop these principles, which describe 10 dimensions of human rights that are critical to growing sustainable, equitable, and effective programs with lasting impact. Every partner that commits to working with FP2020 also commits to embracing a rights-based approach to family planning.

In July 2015, on the third anniversary of the London Summit, FP2020 launched a high-profile 10-part blog series illustrating how partners around the world have successfully implemented these rights and empowerment principles in their work.[4]

4. http://www.familyplanning2020.org/microsite/progressisrights

Over the past year FP2020 has collaborated with the Asian-Pacific Resource and Research Centre for Women (ARROW) to develop a **Global Accountability Tool**. The tool will serve as a guide for civil society to operationalize the WHO technical guidelines and recommendations for ensuring that human rights are respected in family planning programs.[5] While the WHO guidance urges governments and program managers to incorporate rights-based information and services in their programs, the Global Accountability Tool will enable activists to evaluate how well their local programs are measuring up to the WHO standards and empower them to advocate for greater adherence. FP2020 and ARROW planned to launch the tool in November 2015.

5. World Health Organization. "Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations." Geneva: WHO, March 2014.

In collaboration with USAID and the Joint United Nations Program on HIV/AIDS (UNAIDS), FP2020 contributed a concurrent panel and a side session to the **Measurement and Accountability for Results in Health Summit** in June 2015. The sessions drew lessons from the rights measurement agenda set by FP2020 and partners, from the stigma and discrimination work done by UNAIDS and partners, and from the Population Council's project on measuring quality of care in family planning services. During the summit, Population Action International presented the *FP2020 Rights and Empowerment Principles for Family Planning* on behalf of the partnership.

FP2020 IS CONTRIBUTING TO THE GLOBAL DEVELOPMENT ARCHITECTURE

With the transition from the Millennium Development Goals to the Sustainable Development Goals, 2015 has been a momentous year for global development. FP2020 worked with a range of partners over the past year to influence the evolving global architecture and ensure that contraceptive information, services, and supplies are understood as central to achieving health and gender equality goals. Voluntary, rights-based family planning is central to other Sustainable Development Goals as well: ending extreme poverty, increasing social inclusion, enhancing environmental stewardship, and fostering sustainable development and economic growth.

In advance of the adoption of the Sustainable Development Goals and the launch of the updated **Global Strategy for Women's, Children's and Adolescents' Health** at the UN General Assembly in September 2015, the FP2020 Secretariat served on the writing team convened by UNICEF for the Operational Framework for the Updated Global Strategy, provided feedback on the technical working papers, actively engaged as a member of a post-2015 working group led by the WHO's Partnership for Maternal, Newborn & Child Health (PMNCH), and supported the WHO- and UNFPA-led initiative to include women and girls living in humanitarian situations in the the updated Global Strategy.

FP2020 also played a key role in the design of the new **Global Financing Facility (GFF)** in Support of *Every Woman Every Child*, launched in July 2015. Through its representation on the Oversight Group and Business Planning Team and alongside key partners at the global and country levels, FP2020 was influential in developing the GFF Business Plan and determining ways to capitalize on the emergence of this new opportunity in support of FP2020's goals. FP2020 is aligned with the GFF's guiding principles and commends the prioritization of family planning within the GFF Business Plan as well as the focus on equity, gender, and rights. Under the guidance of the Reference Group, FP2020 will collaborate with the World Bank and others as the GFF is operationalized and work to ensure that FP2020 commitments are upheld.

2015 has been a momentous year for global development. FP2020 worked with a range of partners over the past year to influence the evolving global architecture and ensure that contraceptive information, services, and supplies are understood as central to achieving health and gender equality goals.

Photo by:
Prashant Panjiar/
Bill & Melinda Gates Foundation

RAPID RESPONSE MECHANISM

FP2020's Rapid Response Mechanism (RRM) supports projects that respond to emerging and urgent opportunities to expand access to family planning in FP2020's focus countries.

FP2020's Rapid Response Mechanism (RRM) provides fast resources to meet urgent, time-bound needs. Established in July 2014 by Bloomberg Philanthropies and FP2020, the fund disburses short-term grants in response to critical emergencies, sudden gaps, and unforeseen opportunities to expand access to family planning in FP2020 focus countries. Grassroots organizations, in particular, are encouraged to apply, though larger agencies may also be funded for one-time projects that fall outside regular budgets.

In its first year the RRM funded 18 projects in 15 countries, covering a wide range of initiatives. In Bolivia, Ipas piloted a national plan to reduce adolescent pregnancy, making contraceptive services available to 24,923 teenagers through youth-friendly health care facilities. In Pakistan, Youth Action for Pakistan launched an advocacy campaign to integrate youth-oriented family planning services into the health policies of Sindh Province, where some 10 million people are between the ages of 15 and 29. In Zambia, Chilanga Youth Awake is using innovative Social and Behavior Change Communication (SBCC) strategies to increase access to family planning and HIV services, with the aim of reaching 10,000 young men and women. And in Mali, funding from the RRM is enabling Marie Stopes International to address an urgent gap in clinical skills, training 452 service providers on long-acting and permanent methods of contraception (LAPM).

The RRM fund has tripled in size since its original launch by Bloomberg Philanthropies, with the Bill & Melinda Gates Foundation, the Brush Foundation, and an anonymous donor joining the effort. To date over US$1.3 million has been disbursed.

For more Rapid Response Mechanism project highlights, please refer to ***FP2020 Commitment to Action 2014–2015: Digital Edition*** at www.familyplanning2020.org/progress.

RAPID RESPONSE MECHANISM IMPACT
AS OF AUGUST 2015

IN JUST ONE YEAR, THE RRM HAS FUNDED:

18 PROJECTS IN **15** COUNTRIES

CURRENT PROJECTS SUPPORT AND PROVIDE TECHNICAL ASSISTANCE TO:

- YOUTH GROUPS
- FAITH-BASED ORGANIZATIONS
- HIV INTEGRATION PROGRAMS
- ADVOCACY EFFORTS

$1,305,202
TOTAL DISBURSED

Photo by:
Prashant Panjiar/
Bill & Melinda Gates Foundation

RRM PROJECT SPOTLIGHT: THE FORUM FOR FAMILY PLANNING AND DEVELOPMENT

Project Title: Demand RH: Addressing the SRH Needs of Night High School Students of Cebu City
Grantee: The Forum for Family Planning and Development
Location: Cebu City, Philippines
Start Date: August 2015

"There are 20 babies born to teen moms every hour in the Philippines, and teen moms account for at least 20% of all maternal deaths in the country," says Maricar "Chi" Laigo Vallido of the Forum for Family Planning and Development, based in Manila. The Philippines has a brand-new reproductive health law that guarantees the right to family planning for adults, but young people under the age of 18 must still obtain their parents' permission to access contraception. The law does, however, give young people the right to learn about reproductive health in school.

That's where the Forum comes in. With funding from the Rapid Response Mechanism, the Forum is creating a training curriculum on reproductive health for night high schools in Cebu City. More than 40,000 teenagers attend these schools, which start in the evening so that the students can hold down jobs during the day. Most of the students are very poor; many of them are already parents.

"This group of young people is neglected under the RH law," Chi explains. The Forum's new training curriculum will equip teachers to meet the special needs of these students, with information on reproductive health and family planning, a "myths and misconceptions" guide, pointers on the new law, an explanation of the services available to adolescents, online material, and handouts in the local dialect.

"We hope other provinces will be able to learn from this project," says Chi. "We're hoping to create a ripple effect in the Philippines. We say the youth is the hope of the future, but we must help ensure a great life for them now."

02 PROGRESS ON COMMITMENTS

FP2020 COMMITMENTS

Commitments are the lifeblood of the FP2020 movement: formal pledges by countries, donors, civil society, and private sector partners to expand access to voluntary, rights-based, high-quality family planning. The commitments are specific statements of intent, outlining what actions the commitment-makers will undertake, what objectives they will pursue, what policy changes they will seek, and how much money they will invest. As such, they function as a blueprint for collaboration, providing partners with a shared agenda and measurable goals. Taken together, the FP2020 commitments add up to an enormous, unprecedented global undertaking to bring health and empowerment to millions of women and girls.

A YEAR OF NEW COMMITMENTS

The past year has seen the largest wave of new commitments to FP2020 since the 2012 London Summit on Family Planning. This enthusiasm is testament not only to the compelling power of the FP2020 vision, but to the growing value of this platform as a catalyst for change.

The locus of this forward momentum is the countries. When countries commit to FP2020 they are setting the agenda for progress, underpinned by a multisectoral foundation of support. They are investing in a transformational strategy that will lead to healthier and more prosperous women, children, families, and communities. And they are joining a global partnership of donors, experts, and advocates who are equally committed to realizing a future where every woman and girl has the right to grow, thrive, and shape her own life.

COUNTRIES

Seven additional countries have joined the FP2020 movement in the past 12 months, bringing the total number of commitment-making countries to 36.[6] This means that more than half of the 69 FP2020 focus countries are now formally pledged to the partnership:

BURUNDI

Burundi committed to increasing its contraceptive prevalence rate (CPR) from 22% to 50% by 2020. The government plans to create a national population board, which will integrate population, health, and environmental objectives; increase budget allocations for family planning by 10% every year beginning in 2015; coordinate financial mechanisms to improve engagement with donors; encourage greater public-private partnerships to expand family planning service delivery points; and improve family planning services by training health providers.

CAMEROON

Cameroon pledged to realize its *Strategic Plan for Reproductive, Maternal, Neonatal and Child Health for 2014–2020* and to increase its modern contraceptive prevalence rate (mCPR) from 16.1% to 30% by 2020. The government aims to increase its budget allocation for reproductive health to 5% by 2020; offer subsidies on family planning services to more vulnerable groups, such as adolescents and women with disabilities; and ensure commodity security, so that stock-outs of vital contraceptive supplies do not occur.

TOGO

Togo committed to increasing its mCPR from 13.2% in 2010 to 24.3% by 2017. The government's objectives are to improve the access of local populations to family planning services; scale up best practice interventions in reproductive health and family planning service delivery; optimize the supply chain; strengthen communication around family planning; and develop partnerships with the private sector to provide family planning services. The government also pledged to launch a national plan for repositioning family planning and to provide a specific financial grant for the purchase of contraceptive products.

MALI

Mali pledged to increase its mCPR from 9.9% to 15% by 2015, with a special focus on meeting the unmet needs of teens and young adults. The government pledged to implement the *National Family Planning Action Plan 2014–2018* and to strengthen its partnership with stakeholders, including the private sector and professional organizations; to increase by 5% each year the budget allocation for contraceptives; and to diversify

6. This figure includes South Africa, which made an FP2020 commitment but is not an FP2020 focus country. South Africa's GNI does not qualify it as one of the world's poorest countries (based on the World Bank 2010 classification using the Atlas Method).

the source of financing for family planning activities, especially by mobilizing the private sector.

SOMALIA

Somalia committed to increasing its mCPR from 2.6% to 10% by 2016. The government pledged to bolster links between local communities and health facilities to expand contraceptive access; fortify existing family planning programs to emphasize quality of care, reinforce community-based distribution of contraceptives, and strengthen the referral system; conduct outreach and awareness campaigns about family planning, including targeted messages to men and young people; develop a regulatory framework to underpin the supply of health services, training, equipment, and commodities; and implement the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA).

NEPAL

Nepal pledged to reposition family planning as a key strategy for fostering sustainable economic and social development; to execute its newly developed *National Family Planning Costed Implementation Plan 2015–2021*; and to remove barriers to family planning faced by young people, those living in rural areas, and other vulnerable and marginalized groups.

Tragically, within weeks of announcing its new FP2020 commitment, Nepal was struck by its worst earthquake in nearly a century (see related story on page 15). Development priorities have been upended as the country struggles to recover from the devastation. The government of Nepal remains committed to FP2020, however, and is currently evaluating how best to pursue its family planning objectives with support from FP2020 partners.

MADAGASCAR

Madagascar committed to increasing its contraceptive prevalence rate (CPR) to 50% by 2020 and to reducing unmet need for family planning by half. The government pledged to create a favorable legislative and regulatory environment for family planning; enforce all laws related to family planning and marriage; improve access to family planning services for youth; institutionalize the annual national campaign for family planning; strengthen community mobilization and distribution; ensure contraceptive security and the availability of contraceptive products; improve health training in family planning, particularly for long-acting and permanent methods; and strengthen public-private partnerships and multisectoral engagement. The government also pledged to increase its budget allocation for family planning by at least 5% each year.

INSTITUTIONAL PARTNERS

Five institutional partners have also made FP2020 commitments in the past year, infusing the global movement with new resources and fresh momentum:

BRUSH FOUNDATION

The Brush Foundation joined the FP2020 partnership with an initial pledge of US$30,000 toward global family planning efforts, including funds for FP2020's Rapid Response Mechanism (see page 32). The Brush Foundation subsequently extended its commitment by an additional US$50,000, with contributions to Pathfinder International and the Guttmacher Institute.

ENGENDERHEALTH

EngenderHealth pledged to spend US$40 million on programs in West and Central Africa that will expand women's access to family planning. EngenderHealth also committed to developing an advocacy campaign to inspire support in the United States for women in developing countries who want access to contraception (the WTFP?! Where's the Family Planning?! campaign, rolled out in 2015), and to finalizing its new *Checkpoints for Choice* guide, designed to help governments and partners ensure that family planning services are grounded in human rights.

PFIZER

Pfizer joined the FP2020 partnership with a commitment to sell Sayana® Press for US$1/dose to qualified purchasers. Sayana® Press combines Depo-Provera with Uniject™, a completely self-contained one-dose injection system that eliminates the need for health workers to store medicines and syringes or measure out doses. The price agreement allows Sayana® Press to be offered to women in FP2020 countries at reduced or zero cost. Financial support is provided by the Bill & Melinda Gates Foundation (BMGF) and Children's Investment Fund Foundation (CIFF), while in-country distribution is made possible by PATH, DFID, UNFPA, and USAID.

BAYER HEALTHCARE

Bayer HealthCare (BHC) committed to expanding its successful youth-centric health programs under the umbrella of the World Contraceptive Day (WCD) initiative and its related It's Your Life—It's Your Future campaign, pledging financial and in-kind support worth more than US$8.4 million over the next five years. BHC's work with WCD focuses on increasing the awareness and knowledge of sexual and reproductive health among adolescents and youth worldwide, with medically accurate and unbiased sexuality education provided through national, regional, and global programs.

MANAGEMENT SCIENCES FOR HEALTH

Management Sciences for Health (MSH) pledged to work with national, subnational, and local leaders to help them plan for and achieve their FP2020 goals. MSH will build upon its performance management approaches and frameworks, such as the Leadership Development Program, to strengthen decision making at all levels of the health system, and will expand its YOUTHLEAD program to cultivate young champions of family planning. MSH will also foster dialogue between the family planning community and ministers of finance to establish accountability platforms, work with FP2020 to develop and monitor costed implementation plans, and provide tools and technical assistance to strengthen supply chains.

A CALL FOR RENEWAL

In April 2015 the FP2020 Reference Group convened for a milestone meeting in New Delhi, India. After reviewing the progress of the initiative to date and assessing the need to fast-track efforts, the Reference Group urged partners to do more—to reinvigorate their FP2020 commitments with more ambitious objectives and innovative, practical strategies to meet them. And partners are stepping up with new and increased pledges:

BILL & MELINDA GATES FOUNDATION

The Bill & Melinda Gates Foundation is announcing a major expansion of its FP2020 commitment with this report, pledging to increase its financial investment by 25% over the next three years. The new funding will be concentrated in three areas: enabling social marketing organizations to reach greater scale, family planning in urban contexts, and helping to grow the global community of support for family planning. The Gates Foundation also plans to invest in a new learning agenda for adolescents and youth (see page 68 for more details).

MARIE STOPES INTERNATIONAL

Marie Stopes International (MSI) responded to the call by doubling its FP2020 commitment. MSI's original pledge, delivered at the 2012 London Summit, was to reach 6 million new users of contraception by 2020; now it will aim to reach 12 million, representing 10% of FP2020's overall goal. MSI plans to halve the cost of reaching each new user by employing economies of scale, improving operational efficiencies, and harnessing emerging forms of contraception. MSI will draw from its own funds and also seek to double its annual income from donor and domestic financing.

JHPIEGO

Jhpiego also announced a sizable increase in its FP2020 commitment. Jhpiego's original pledge was to invest US$200,000 to expand the availability of postpartum family planning (PPFP) and postpartum intrauterine devices (PPIUDs) in Burkina Faso. That initial US$200,000 turned into US$7 million with the April 2015 launch of a three-year scale-up program, funded by an anonymous donor. The new project will increase access to PPFP and PPIUDs in Burkina Faso and support the integration of these services with the training of midwives and physicians.

PATHFINDER INTERNATIONAL

Pathfinder International renewed its FP2020 commitment with a pledge to expand sexual and reproductive health services to 25 million youth in developing countries by 2020. Pathfinder's original FP2020 commitment was to raise US$3 million to augment and expand its existing family planning programs. By the end of 2014 Pathfinder had already exceeded this pledge, increasing its financial support for family planning to US$172 million, expanding to two additional countries (Bangladesh and Haiti), and launching a new program focused on the family planning needs of young married couples in francophone West Africa.

For more information on renewed and updated FP2020 commitments, please refer to ***FP2020 Commitment to Action 2014–2015: Digital Edition*** at www.familyplanning2020.org/progress.

SPOTLIGHT: FP2020 AND EVERY WOMAN EVERY CHILD

Launched in September 2010 by the UN Secretary-General, the **Global Strategy for Women's and Children's Health** has contributed to significant progress worldwide for women's and children's survival and health. The *Every Woman Every Child* (EWEC) movement that grew out of the Global Strategy mobilized actors from all sectors to work toward shared goals, and strong progress has been made toward the vision of ending all preventable maternal, newborn, child, and adolescent deaths within a generation. FP2020 is aligned with EWEC, and family planning has been the subject of the largest number of commitments to EWEC to date.

FP2020 pledges will continue to be an essential driver for reducing preventable maternal mortality and morbidity and promoting the health and wellbeing of women, children, and adolescents everywhere in the Secretary-General's updated **Global Strategy for Women's, Children's and Adolescents' Health**, launched in September 2015 at the UN General Assembly.

Positioning family planning's centrality in the evolving global landscape is critical to achieving the ambitious new goals for the sustainable development of humanity and our planet as set forth by the international community. The year 2020 is an important and quickly approaching milestone on the path toward realizing the Sustainable Development Goals, and urgent action is required to reach the millions of additional women and girls who want to plan if and when they have children but lack the means to do so.

The UN Secretary-General is now inviting bold, meaningful, and measurable commitments—including existing and new FP2020 commitments—to EWEC and the updated Global Strategy.

Photo by:
Prashant Panjiar/FP2020

GLOBAL FAMILY PLANNING PROGRESS 2014–2015

2014

NOVEMBER 2014

- FP2020 Reference Group meets in London, UK
- FP2020 Rights & Empowerment Working Group hosts stakeholder consultation with SRHR advocates in London
- FP2020 releases second-annual Progress Report, announces 8.4 million new users of contraception
- Uganda launches *Uganda Family Planning Costed Implementation Plan, 2015–2020*
- Burkina Faso authorizes task-sharing pilot project for family planning services
- Third Nigeria Family Planning Conference convenes in Abuja, Nigeria
- Nigeria launches *Nigeria Family Planning Blueprint (Scale-Up Plan), 2014–2018*
- EngenderHealth launches *Checkpoints for Choice: An Orientation and Resource Package*
- *Every Woman Every Child* kicks off process to renew Global Strategy
- World Bank launches discussions for Global Financing Facility business plan

DECEMBER 2014

- Burundi, Cameroon, Togo, the Brush Foundation, and EngenderHealth announce FP2020 commitments at F2020 Global Stakeholder Meeting
- Mali announces FP2020 commitment
- FP2020 launches *FP2020 Rights and Empowerment Principles for Family Planning*
- World Bank approves US$170 million for Sahel Women's Empowerment and Demographic Dividend Project
- Guttmacher Institute and UNFPA publish 2014 *Adding It Up* report
- DR Congo convenes Third National Conference on Repositioning Family Planning

2015

JANUARY 2015

- Uganda authorizes alternative distribution strategy for family planning commodities in private sector
- DR Congo releases recommendations from Third National Conference on Repositioning Family Planning
- Accelerating Contraceptive Choice meeting convenes in Abuja, Nigeria

FEBRUARY 2015

- Malawi raises minimum age of marriage to 18
- FP2020 Performance Monitoring & Evidence Working Group holds in-person meeting in London and finalizes two Core Indicators to measure contraceptive security

MARCH 2015

- Nepal and Somalia announce FP2020 commitments
- FP2020, USAID, and UNFPA cohost first FP2020 Focal Point Workshop in Istanbul, Turkey
- FP2020, USAID, and UNFPA launch Costed Implementation Plan Resource Kit
- FP2020 launches new interactive knowledge-sharing and accountability platform
- FP2020 Country Engagement Working Group holds in-person meeting in Istanbul
- High-Level Event on Women's Empowerment and Sustainable Development convenes in Riga, Latvia
- Commission on the Status of Women celebrates 20th anniversary of Beijing Declaration and Platform for Action (Beijing+20)

APRIL 2015

- Commission on Population and Development (CPD) convenes for 48th session
- UNFPA and World Health Organization (WHO) publish *Ensuring Human Rights Within Contraceptive Service Delivery: Implementation Guide*
- Niger, Tanzania, Marie Stopes International, and Children's International Investment Fund take seats on FP2020 Reference Group, which convenes in New Delhi, India
- Track20 conducts second-annual training workshop for M&E specialists in Nairobi, Kenya
- "She Matters" 2015 International G7/20 Parliamentarians Conference meets in Berlin, Germany
- Jhpiego increases FP2020 commitment from US$200,000 to US$7 million with anonymous donor support

MAY 2015

- FP2020 announces new Working Group co-leads
- FP2020 and Implementing Best Practices (IBP) Initiative launch new webinar series on High-Impact Practices in Family Planning
- Council of the European Union adopts the Council Conclusions on Gender in Development
- Uganda Ministry of Health hosts workshop on developing rights-based approach to family planning
- DFID launches inception phase of Action2020 accountability program
- FP2020 Secretariat launches internal strategic review to identify opportunities for greater impact and effectiveness

JUNE 2015

- Marie Stopes International doubles FP2020 commitment
- Jhpiego and FP2020 cohost Postpartum Family Planning (PPFP) Global Meeting in Chiang Mai, Thailand
- World Health Organization (WHO) issues fifth edition of *Medical Eligibility Criteria (MEC) for Contraceptive Use*
- Christian Connections for International Health convenes annual meeting in Washington, DC, with FP2020 invited to present during preconference
- Family Planning Association of Bangladesh hosts national consultation on integrating SRHR into Sustainable Development Goals
- IBP Semiannual Consortium Meeting convenes in Addis Ababa, Ethiopia
- USAID, World Bank, and WHO convene Measurement and Accountability for Results in Health Summit in Washington, DC
- FP2020, United Nations Foundation, and Access to Medicine Foundation co-convene webinar on improving maternal health and the role of the private sector
- USAID marks 50th anniversary of US government's first investments in international family planning programs
- Ouagadougou Partnership Donors Meeting convenes in Washington, DC
- Track20 convenes second meeting of International Family Planning Expenditure Tracking Advisory Group in Geneva, Switzerland
- State Innovations in Family Planning Services Agency in India commits to establishing district working groups for family planning in three districts of Uttar Pradesh
- Myanmar publishes *Costed Implementation Plan to meet FP2020 Commitments*

JULY 2015

- Global Financing Facility (GFF) in Support of *Every Woman Every Child* launched
- IBP convenes second High-Impact Practices in Family Planning webinar
- Women Deliver and Bayer HealthCare launch World Contraception Day Ambassadors Project
- First ECOWAS Good Practices Forum in Health convenes in Ouagadougou, Burkina Faso

AUGUST 2015

- FP2020 convenes Workshop on Family Planning, Population Dynamics, and Sustainability
- Jhpiego and FP2020 host first of four follow-up webinars to PPFP Global Meeting
- India's Drugs Technical Advisory Board approves introduction of injectable contraceptives in public health system

SEPTEMBER 2015

- Madagascar announces FP2020 commitment
- Pfizer announces FP2020 commitment
- Bayer HealthCare announces FP2020 commitment
- Management Sciences for Health (MSH) announces FP2020 commitment
- Malawi launches *Malawi Family Planning Costed Implementation Plan, 2016–2020*
- Sustainable Development Goals formally adopted by UN General Assembly
- Renewed Global Strategy for Women's, Adolescents' and Children's Health launched
- International Conference on Birth Defects and Disabilities in the Developing World convenes in Dar es Salaam, Tanzania, with FP2020 invited to present
- Ghana launches *Ghana Family Planning Costed Implementation Plan, 2016–2020*
- Family Planning Voices launches on World Contraception Day: www.fpvoices.org
- Jhpiego and FP2020 host second of four follow-up webinars to PPFP Global Meeting
- Nepal recognizes UNFPA and Marie Stopes International for contributions to development through support of family planning programs
- Center for Global Development convenes first meeting of Working Group on Alignment in Family Planning

OCTOBER 2015

- Pathfinder International expands FP2020 commitment
- Global Maternal and Newborn Health Conference held in Mexico City
- FP2020 Reference Group meets in Washington, DC
- RHSC annual meeting convenes in Oslo, Norway
- Jhpiego and FP2020 host third of four follow-up webinars to PPFP Global Meeting

NOVEMBER 2015

- 2015 International Conference on Family Planning convenes in Nusa Dua, Indonesia
- FP2020 launches third-annual Progress Report and first Measurement Annex
- Bill & Melinda Gates Foundation increases FP2020 commitment

Having children is an important life decision that should be made freely and from a position of empowerment. Access to sexual and reproductive health, including voluntary family planning, expands options for women and adolescent girls to shape their future and fulfill their potential. It leads to fewer births, fewer deaths, and fewer injuries. It also allows women and girls to obtain more education, better employment, and greater equality, all of which help eradicate poverty and transform our world.

Dr. Babatunde Osotimehin
Under-Secretary-General
of the United Nations
Executive Director
United Nations Population Fund

Photo by:
Dominic Chavez/FP2020

COUNTRY COMMITMENTS

Countries are at the forefront of global progress in family planning. FP2020 was launched in 2012 with groundbreaking commitments from 24 governments to expand access to contraception in their countries. Since then another 12 countries have joined the FP2020 movement—including 7 just in the past year—bringing the total number of commitment-making countries to 36.

All commitment-making countries now have national family planning strategies in place, and 20 countries have developed costed implementation plans (CIPs). These plans establish clear goals and objectives for expanding access to rights-based family planning, with an emphasis on voluntarism, informed choice, quality of care, and reaching the poor and vulnerable. Each country's government leads the development and implementation of its plan, working in concert with civil society stakeholders, the private sector, implementing partners, and donors.

Accurate data is crucial for accountability, and a key benefit of the FP2020 platform is the support countries receive in measuring and assessing their family planning programs. Track20 trains country M&E specialists to use the FP2020 Core Indicators in alignment with country family planning strategies, and supports annual data consensus workshops where government decision makers and other stakeholders review family planning data. Two-thirds of commitment-making countries have now received M&E training from Track20, and this year 19 countries conducted data consensus workshops.

ACHIEVING THE COMMITMENTS: 2014-2015 HIGHLIGHTS

All commitment-making countries are invited to provide official annual updates on the progress made toward their FP2020 goals. In this section we highlight a few of the success stories from the past year: specific commitments that have been achieved or notable gains that have been recorded. Updates on more countries and additional details are included in *FP2020 Commitment to Action 2014–2015: Digital Edition* at www.familyplanning2020.org/progress.

MALAWI

Malawi fulfilled one of its key FP2020 commitments this year with a landmark law raising the marriage age from 15 to 18. The *Marriage, Divorce and Family Relations Act 2015* is an important legal milestone on the journey to ending child marriage, and represents a major human rights victory for girls and women. Malawi's next task is to amend the constitution to bring it into alignment with the new law.

In March 2015 the Ministry of Health began developing a costed implementation plan (CIP) for Malawi's FP2020 strategy. The intensive five-month process to develop the CIP was supported by USAID, FP2020, and UNFPA, and included wide-ranging consultations with local religious and traditional leaders, stakeholders in nongovernmental organizations (NGOs) and civil society, and service providers. The resulting *Malawi Family Planning Costed Implementation Plan, 2016–2020* was launched in September 2015.

NIGERIA

At the Third Nigeria Family Planning Conference in November 2014, the Federal Ministry of Health (FMOH) unveiled the *Nigeria Family Planning Blueprint (Scale-Up Plan), 2014–2018*. The plan articulates Nigeria's ambitious FP2020 commitment, including the goal of raising the contraceptive prevalence rate (CPR) among married women from 15% to 36% by the year 2018. The total cost of implementing the blueprint is estimated at US$603 million. The FMOH and its partners are currently working with states to develop costed implementation plans for state-level activities in support of the national strategy.

One of Nigeria's FP2020 commitments is to open up opportunities for the social marketing of contraceptives. Social marketing can mitigate some of the socio-cultural barriers to family planning, such as religious restrictions, a cultural preference for large families, and women's lack of decision-making power. DKT Nigeria is using social marketing to provide a wide a variety of contraceptive options to Nigerian consumers, including condoms, IUDs, oral contraceptives, emergency contraceptives,

injectables, and implants. In 2014 DKT Nigeria became the first program on the African continent to offer Sayana® Press commercially.

KENYA

In 2014 Kenya registered a striking increase in its contraceptive prevalence rate (CPR) for married women, which rose from 46% in 2009 to 58%.[7, 8] This exceeded the government's own goal of achieving a 56% CPR by 2015. Much of the improvement can be chalked up to Kenya's shift to community-based distribution of injectable contraceptives, a nationwide effort led by the Ministry of Health and Jhpiego with support from the Bill & Melinda Gates Foundation.

The data also revealed an especially marked increase in the CPR among the urban poor, with the rate for that demographic rising 14 points from 2009 to 2014. This good news suggests that the five-year Urban Reproductive Health Initiative in Kenya (Tupange)—also a collaboration between the Ministry of Health, Jhpiego, and the Bill & Melinda Gates Foundation—has had a significant impact.

At the same time, Kenya is facing the challenge of moving to a decentralized political system. Since making its FP2020 commitment in 2012, Kenya has transitioned to a two-level system of government, and most health functions have been devolved to county governments. But the National Council for Population and Development and its partners are working with the counties to build their capacity for supporting and implementing family planning policies (see the essay on page 50 by Dr. Josephine Kibaru-Mbae).

If this trend continues, the government's benchmark goal of 58 percent CPR by 2020 is likely to be surpassed. Some of Zambia's success can be attributed to the doubling of its budget for family planning—a key FP2020 commitment which has now been achieved.

ZAMBIA

Zambia also recorded a significant gain in its CPR, with an increase from 33% at the time of its FP2020 commitment to 45% in the latest survey.[9] If this trend continues, the government's benchmark goal of 58% CPR by 2020 is likely to be surpassed.

Some of Zambia's success can be attributed to the doubling of its budget for family planning—a key FP2020 commitment which has now been achieved. Zambia's FP2020 strategy is led by the Ministry of Community Development Mother and Child Health, while a strong multisectoral Technical Working Group (TWG) oversees implementation. The TWG is co-chaired by the Ministry and UNFPA, and includes representatives from civil society as well as other partners. The Ministry has now begun forming TWGs in the provinces to ensure that national family planning initiatives are scaled up at the local level.

7. Kenya National Bureau of Statistics (KNBS) and ICF Macro. *Kenya Demographic and Health Survey 2014: Key Indicators*. Calverton, Maryland: KNBS and ICF Macro, 2015.

8. Performance Monitoring and Accountability 2020 (PMA2020) Project, International Centre for Reproductive Health Kenya (ICRHK). 2014. *Detailed Indicator Report*: Kenya 2014. Baltimore, MD: PMA2020. Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.

9. Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia *Demographic and Health Survey 2013–14*. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

See Appendix 2 on page 96 for a full list of commitment-making countries.

EXPERT VOICES

DEVOLUTION AND FAMILY PLANNING: THE VIEW FROM KENYA

By Dr. Josephine Kibaru-Mbae
Director General of the National Council for Population and Development, Kenya

Kenya is in the midst of an ambitious devolution process that, once complete, promises to bring government closer to the people and improve the delivery of public services. The 2010 Constitution of Kenya created a decentralized system of government with 47 counties, each of which is responsible for providing health care and other services to its citizens. The actual process of devolution got underway in March 2013, when the new county governments were elected and began taking on their devolved powers and responsibilities.

For Kenya's family planning program, these first two years of devolution have been a period of learning and adjustments. We are transitioning from a highly centralized system—with policy and implementation handled for the whole country by the National Council for Population and Development (NCPD) and the Ministry of Health—to one in which each individual county is responsible for planning, budgeting, and implementing family planning services. Naturally, there have been some challenges.

One big challenge is the sheer loss of continuity and institutional memory, which is probably unavoidable in a transition of this nature. The new county governments are starting from scratch, learning what needs to be done, why it needs to be done, and how. NCPD's role is to act as technical advisor and facilitator, helping to build the capacity of the county governments to keep family planning services on track.

The second challenge, and very much related to the first, is the funding gap that has emerged for contraceptive commodities. The national budget line for commodity procurement was eliminated upon devolution of health services, with the expectation that counties would take over this budget function. But the counties were unprepared for this, and initially there were no county allocations for family planning at all. For the first two years of devolution, Kenya was totally dependent on outside donors for contraceptive commodities.

The third challenge involves the in-country distribution of commodities. The Kenya Medical Supplies Authority (KEMSA) is a national agency that distributes drugs, contraceptives, and other supplies throughout the country. Before devolution, contraceptive commodities were automatically sent to the doorsteps of the facilities from the central stores; with the new devolved system, there is no distribution budget for commodities. They are only distributed if counties place orders for medicines and the commodities can be piggybacked onto those orders. If counties don't place orders for medicines, then no commodities are shipped out. Local stock-outs are an inevitable result.

These are thorny issues, but we're making very good progress on resolving them. One thing we've all learned is that there simply must be a national program for commodity purchasing to ensure sustainability and equity. It's not yet clear how to organize that within the context of our devolved system, but discussions are ongoing. In the meantime, the

National Treasury has restored the national budget line for commodities, allocating 50 million Kenyan shillings for the 2015/16 financial year.

We have also noted great progress at the county level, as the county governments grow into their roles as community leaders. NCPD is working closely with members of the county assemblies and county executives to help them understand the importance of family planning and how it fits into their development agendas. More and more counties are now allocating funds for family planning, developing their own county-specific health plans, and even forming their own family planning technical working groups. Kenya's FP2020 strategy is a key factor here, as counties incorporate the objectives into their own plans and take ownership of the process.

Overall, the long-term outlook for family planning in Kenya is excellent. Devolution is a complicated process that will take years to unfold and institutionalize. But the result we're working towards will be worth it: sustainable, community-driven family planning programs that are rooted in local concerns and responsive to local needs.

Dr. Kibaru-Mbae has been a public health leader for more than 20 years, and formerly served as the director general of the East, Central and Southern Africa Health Community (ECSA-HC).

Photo by:
Mark Naftalin/FP2020

A CLOSER LOOK INDONESIA

GOTONG ROYONG: FAMILY PLANNING THE INDONESIAN WAY

In his address to the London Summit on Family Planning in July 2012, Dr. Agung Laksono, then the coordinating minister for people's welfare of the Republic of Indonesia, introduced the phrase *gotong royong*. It refers to the Indonesian principle of mutual aid and shared responsibility. *Gotong royong*, Dr. Laksono explained, is the driving force behind Indonesia's commitment to family planning.

In the three years since, Indonesia has made strong progress on that commitment. A broad group of stakeholders are collaborating to revitalize the country's family planning program, from the national level down to the smallest village. And the spirit of *gotong royong* is everywhere in evidence.

Indonesia's new universal health coverage program, launched in January 2014, includes low-cost or free family planning for eligible couples. Increased mobile services are bringing contraceptives even to the most remote areas of the archipelago. More than 23,500 family planning clinics are in the process of being upgraded, and the government is training thousands of midwives and doctors.

To ensure that women are able to choose from a wide range of contraceptives, the Improving Contraceptive Method Mix (ICMM) project, implemented by K4Health, is working to expand the availability of IUDs and implants. And to mobilize resources for family planning at the local level, the KB Kencana initiative supports advocacy efforts aimed at district policymakers (*see box, RRM Project Spotlight*).

Photo by:
Prashant Panjiar/Bill & Melinda Gates Foundation

> **Indonesia recognizes that a successful family planning program means a brighter, healthier future for everyone: women, children, families, communities, the country as a whole. And that getting there is everyone's responsibility.**

Strategies to raise awareness of family planning and generate demand are also in motion. The Right Time, Right Method, My Choice campaign, led by the Johns Hopkins Center for Communication Programs (CCP), will reach 2.9 million women through radio, TV, print, and online outlets. Another CCP-led project is bringing the family planning message to women through prayer groups, Koran readings, and other activities organized by Muhammadiyah and Nahdlatul Ulama, the two largest Muslim organizations in the country. The project will also explore pre-kindergarten and daycare networks as avenues for reaching young mothers.

The FP2020 Country Committee, which was established by the National Population and Family Planning Board (BKKBN) in 2013, brings together the many stakeholders who are contributing to this grand revitalization: the government, NGOs, civil society, the private sector, development partners, and donors. Strategic direction is provided by BKKBN, while a greatly increased budget—Indonesia's allocation for family planning quadrupled from 2006 to 2014—supports efforts across the board.

Indonesia recognizes that a successful family planning program means a brighter, healthier future for everyone: women, children, families, communities, the country as a whole. And that getting there is everyone's responsibility. *Gotong royong.*

RRM PROJECT SPOTLIGHT: YAYASAN CIPTA CARA PADU

Project Title: Supporting Family Planning Revitalization in Indonesia
Grantee: Yayasan Cipta Cara Padu (YCCP)
Location: East Java, South Sulawesi, Maluku, and Papua, Indonesia
Start Date: June 2015

"Expanding access to family planning isn't just the government's business," says Inne Silviane. "It's everyone's business—NGOs, civil society, everyone."

Inne Silviane is the executive director of Yayasan Cipta Cara Padu (YCCP), a Jakarta-based nonprofit that leads several advocacy efforts in Indonesia. With funding from FP2020's Rapid Response Mechanism, YCCP is working to cultivate support for family planning at the local level.

In Indonesia's decentralized political system, much of the budget for family planning is controlled by village and district governments. "Usually, family planning isn't high on their list of priorities," Inne says. "They're thinking about infrastructure instead—roads, schools, housing." YCCP's job is to show local stakeholders how to make a convincing, compelling case for family planning to be funded.

The first step is to assemble a District Working Group, with members drawn from local government, the local BKKBN office, women's groups, the midwives association, community and religious groups, and the private sector. Once established, the District Working Group functions as a multisectoral advocacy committee for family planning, with significant influence over local budgeting decisions.

It's an approach that has already proved successful in Indonesia. YCCP's project is part of the overall KB Kencana initiative, launched by BKKBN in 2012, and uses an advocacy template piloted by Advance Family Planning.

The reason it works, Inne explains, is because it repositions family planning as a community issue. "You have to get buy-in from everyone," she says. "And then everyone has a stake in it."

INSTITUTIONAL PARTNER COMMITMENTS

While country commitments set the pattern for progress in FP2020, the commitments from other sectors bring a rich diversity of resources to the table. FP2020's institutional partners include a broad mix of civil society organizations, multilateral agencies, and private sector stakeholders who are committed to expanding access to rights-based family planning.

Civil society organizations are at the vanguard of the initiative in every sense of the word: they are the service providers, the advocates, the researchers and scientists, and the implementing partners who help governments realize their family planning strategies. Multilateral partners furnish key support for FP2020 on the international level, cultivating a global enabling environment for progress.

As market-based drivers of innovation, private sector partners are uniquely positioned to deliver contraceptive products and services to the millions of women and girls with unmet need. Robust private sector participation in family planning contributes to an expanding base of users, more efficient distribution networks, and flexible partnerships that support new approaches. And private philanthropic foundations pour crucial resources into the FP2020 movement, providing financial sustenance for existing programs and making bold new departures possible.

HIGHLIGHTS 2014–2015

All FP2020 partners are invited to provide annual progress updates on their commitments. In this section we highlight a variety of programs and achievements from the past year; more partner updates are included in *FP2020 Commitment to Action 2014–2015: Digital Edition* at www.familyplanning2020.org/progress.

ENGENDERHEALTH

EngenderHealth is leading the implementation of the USAID-funded Agir pour la Planification Familiale (AgirPF) project, a five-year initiative (2014–2019) to improve access to high-quality, voluntary family planning services for urban populations in Togo, Niger, Burkina Faso, Côte d'Ivoire, and Mauritania. Unmet need for contraception in these countries is among the highest in the world, and EngenderHealth's mandate is to develop a strong, sustainable approach to family planning. It's doing this by cultivating partnerships with local, national, and international stakeholders, including a particularly thriving collaboration with the West Africa Health Organization.

In addition to training health care providers in gender-sensitive and youth-friendly services, EngenderHealth is leveraging mobile technology to reach underserved communities and working to reduce financial barriers to health care through partnerships with ministries of health and local organizations. And to ensure that family planning services meet a high standard of quality, EngenderHealth is conducting intensive training of providers at Centers of Excellence in Togo, Niger, and Burkina Faso.

POPULATION COUNCIL

The Population Council leads the USAID-funded Evidence Project, which seeks to determine which strategies work best in improving, expanding, and sustaining rights-based family planning services. The project is also evaluating how to implement and scale up those strategies. This work is currently being put in motion in Uganda. The Ugandan government's commitment to FP2020 is articulated in its *Uganda Family Planning Costed Implementation Plan, 2015–2020*, which explicitly pledges to protect and fulfill human rights in the provision of family planning services. The Ministry of Health has requested technical support to translate these pledges into action, and the Evidence Project is collaborating with the International Planned Parenthood Federation (IPPF) to develop an action plan to implement, document, and test rights-based approaches to family planning at the policy, service delivery, community, and individual levels.

See Appendix 2 on page 96 for a full list of FP2020's institutional partners.

INTRAHEALTH

IntraHealth hosts the Coordination Unit for the Ouagadougou Partnership (OP), which oversees the OP's efforts to expand family planning services in francophone West Africa. In 2015 the OP achieved a remarkable milestone, recording 1.18 million new users of contraception since 2011. This surpassed the original goal of reaching 1 million new users by 2015.

IntraHealth's country work in West Africa is concentrated in Senegal and Mali. In Senegal, IntraHealth is continuing its partnership with the Ministry of Health to reduce contraceptive stock-outs. The Informed Push Model is now functioning nationwide to improve the family planning supply chain in Senegal's public sector. In Mali, IntraHealth is leading the new USAID-funded Capacity Building for Fistula Treatment and Prevention project, which integrates family planning with fistula repair protocols. IntraHealth is working with the Ministry of Health and local partners to ensure that women leaving fistula repair centers are given the opportunity to learn about and choose modern methods of contraception.

HEWLETT FOUNDATION

The Hewlett Foundation is a core donor to the Ouagadougou Partnership, and over the past two years has strengthened its engagement with francophone West Africa. Highlights of grants in 2014 and 2015 include a significant increase in the Foundation's support of the Ouagadougou Partnership Coordination Unit; a large, flexible grant to Marie Stopes International for developing an organizational strategy for the Sahel and testing different approaches for regional procurement and operational models; support to Hope Consulting to incorporate the results from their 2013 market segmentation analysis into government and partner programming; support to IntraHealth for family planning advocacy coalitions in Benin, Burkina Faso, Mali, Niger, and Senegal; and funding to the World Faiths Development Dialogue to engage high-level faith leaders in Senegal in support of the country's costed implementation plan.

WORLD HEALTH ORGANIZATION

In June 2015 the World Health Organization (WHO) released its *Medical Eligibility Criteria for Contraceptive Use*, *fifth edition* (MEC), which contains the latest recommendations on contraceptive eligibility for women and men with various medical conditions and personal characteristics. This was accompanied by the release of the 2015 edition of the MEC Wheel, which enables providers to more easily locate information and recommendations for contraceptive methods.

WHO is committed to scaling up the availability of high-quality contraceptive commodities through product prequalification and fast-track mechanisms. In 2015 WHO approved the addition of three new contraceptive methods to the WHO Essential Medicines List: the levonorgestrel intrauterine system, the progesterone vaginal ring (for use by women actively breastfeeding at least four times a day), and the etonorgestrel-releasing hormonal contraceptive implant. WHO serves as the secretariat of the Implementing Best Practices (IBP) Consortium, which is dedicated to identifying and scaling up what works in family planning and reproductive health. IBP's semiannual meeting in June 2015 was held in Addis Ababa, Ethiopia—the first time the IBP had convened in Africa. The meeting hosted over 200 participants from East and Southern Africa to share effective practices, tools, and approaches for documenting and scaling up reproductive health and family planning practices in the region.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

As the world's largest sexual and reproductive health service network, the International Planned Parenthood Federation (IPPF) plays a key role in the global movement toward universal access to family planning. Since the 2012 London Summit, IPPF has increased access to contraceptive services for 20.8 million new users in 59 FP2020 focus countries. IPPF has expanded its reach by improving performance, prioritizing IPPF's core funds to support member associations in low-income countries, and continuing to ensure that choice and quality are the starting point for all clients. In 2014 alone, IPPF provided services to 8.2 million new users in FP2020 focus countries. This is a major component of the global expansion of family planning, and reflects IPPF's focus on reaching the most marginalized and underserved groups. IPPF also delivered over 5.7 million contraceptive services to young people under 25 years of age.

MOBILIZING RESOURCES

Family planning programs require funding, and expansions to those programs require additional funding. The logic is as simple as it is inescapable. No matter how well intentioned a country's commitment or how well designed a partner's project, they are unworkable without the resources to underwrite their implementation.

The 2012 London Summit generated US$2.6 billion in financial commitments from global donors to support family planning. It also sparked a renewed emphasis on family planning as a global development priority, with growing recognition that voluntary, rights-based family planning is one of the most cost-effective investments a country can make in its future.

These pledges and priorities are translating into action: a new analysis by the Kaiser Family Foundation reveals that bilateral funding for family planning has increased by almost a third since the 2012 London Summit. Donor governments are following through on their FP2020 commitments:

- In 2014 donor governments provided US$1.4 billion in bilateral funding for family planning programs, a 9% increase over the prior year and a 32% increase over 2012.[10]
- The US was the largest bilateral donor in 2014, providing almost half (44%) of total bilateral funding: US$636.6 million. The UK was the second-largest bilateral donor, accounting for nearly a quarter of all funding (US$327.6 million).[11]
- All eight commitment-making donor governments profiled by the Kaiser Family Foundation are on track to meet their FP2020 commitments.[12]

These increases continue the upward trendline reported last year and confirm that support for family planning is solidifying and strengthening among global donors. Yet at the same time, Track20 estimates that *expenditures* on family planning in 2013—the first year for which the data can be compiled—totaled $3.1 billion across the 69 FP2020 focus countries.[13] To expand family planning programs beyond 2013 service levels, funding will need to be scaled up even more dramatically.

DONOR GOVERNMENT FUNDING FOR FAMILY PLANNING IN 2014: KAISER FAMILY FOUNDATION ANALYSIS

OVERVIEW

2014 marks the third year of Kaiser Family Foundation's annual analysis of donor government funding for family planning.[14] Overall, donor governments[15] provided US$1.4 billion for bilateral family planning in 2014, a 9% increase over the prior year. Of the 10 donor governments profiled, 8 made commitments during the 2012 London Summit; all 8 are on track to meet those commitments.

This analysis is based on data from 29 governments who were members of the Organisation for Economic Co-operation and Development (OECD), Development Assistance Committee (DAC) in 2014 and had reported Official Development Assistance (ODA) to the DAC.

KEY FINDINGS FROM 2014 ARE AS FOLLOWS:

- In 2014, donor governments provided US$1.4 billion for bilateral family planning programs (see table).

Bilateral funding:

- The US$1.4 billion provided by donors in 2014 represents a 9% increase (+US$120.5 million) above 2013 (US$1.3 billion), and 32% above 2012 (US$1.1 billion).

- Seven donors (Canada, Denmark, France, Netherlands, Sweden, US, and UK) increased bilateral funding in 2014 (after exchange rate fluctuations are taken into account), while two (Australia and Norway) remained essentially flat and one decreased (Germany).

- Most of the bilateral increase was driven by the US, followed by France, the UK, and Sweden.

- The US was the largest bilateral donor in 2014, providing US$636.6 million and accounting for almost half (44%) of total bilateral funding. The UK (US$327.6 million, 23%) was the second-largest bilateral donor, accounting for nearly a quarter of all funding, followed by the Netherlands (US$163.6 million, 11%), Sweden (US$70.2 million, 5%), and France (US$69.8 million, 5%).

Progress toward FP2020 commitments:

- Among the 10 donors profiled in this analysis, 8 made commitments during the 2012 London Summit on Family Planning: Australia, Denmark, France, Germany, the Netherlands, Norway, Sweden, and the UK. Preliminary estimates indicate that all 8 are on track toward fulfilling their commitments.

UNFPA:

- In addition to donor government bilateral disbursements for family planning—which include non-core contributions to UNFPA for family planning projects as specified by the donor—donors also contributed US$472 million to UNFPA core resources in 2014. Core resources are meant to be used by UNFPA for both programmatic activities (family planning, population and development, HIV-AIDS, gender, and sexual and reproductive health and rights) and operational support. In 2014, UNFPA spent an estimated US$93 million of core contributions on family planning. Combined with the estimated US$241 million spent on family planning from non-core resources, the overall amount spent by UNFPA on family planning was an estimated US$334 million in 2014, or 40.7% of UNFPA total resources.

- Among the donor governments profiled, Sweden provided the largest core contribution to UNFPA in 2014 (US$70.3 million), followed by Norway (US$69.1 million), the Netherlands (US$48.4 million), and Denmark (US$41.9).[16]

10. Kaiser Family Foundation

11. Kaiser Family Foundation

12. Kaiser Family Foundation

13. Source: Track20. See: www.familyplanning2020.org/measurement-hub

14. For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology), and include: stand-alone family planning projects; family planning–specific contributions to multilateral organizations (e.g., contributions to the Global Programme to Enhance Reproductive Health Commodity Security at UNFPA); and, in some cases, projects that include family planning within broader reproductive health activities.

15. Donor governments include members of the OECD DAC only.

16. In 2014, Finland, which was not directly profiled in this analysis, provided the third largest core contribution (US$60.4 million) to UNFPA, followed by the Netherlands.

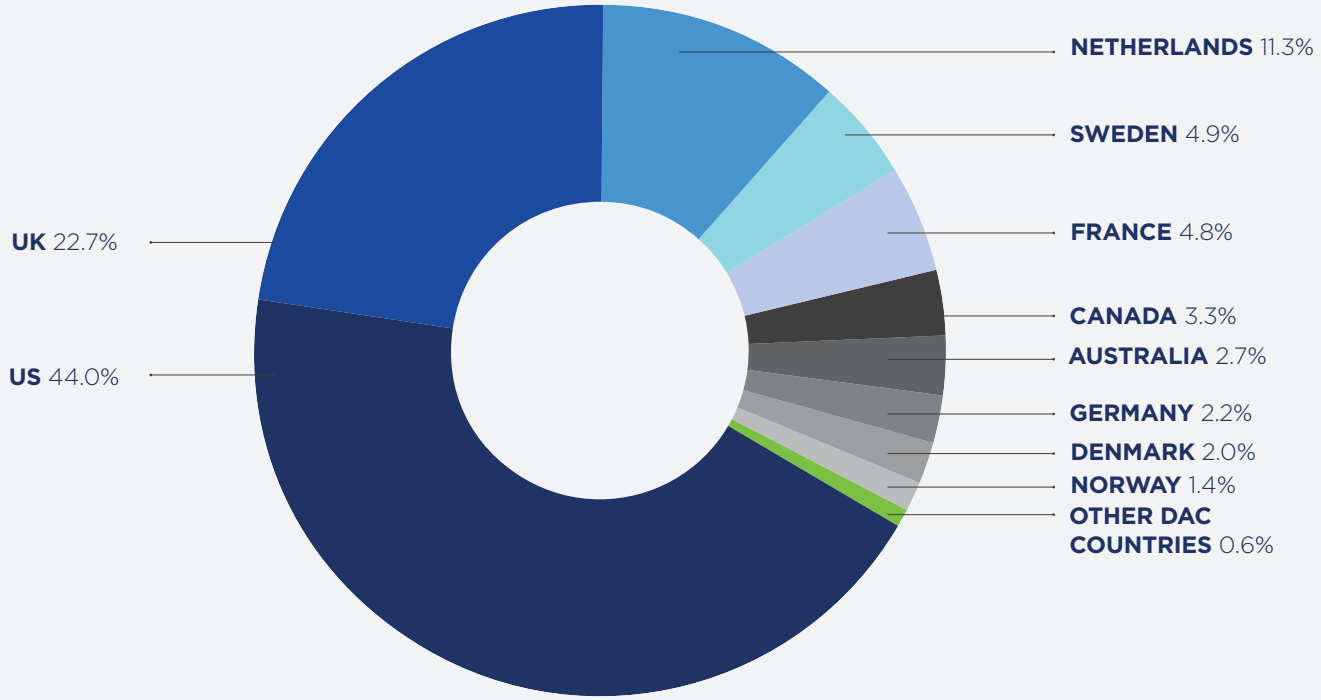
THE WORLD BANK

The World Bank provides funding for family planning under broader population and reproductive health activities. In 2014, the World Bank provided US$251 million for population and reproductive health, an increase of US$30 million above the 2013 level (US$221 million). With the creation of the Global Financing Facility (GFF), the World Bank is expected to play an increasingly important role in supporting family planning activities.[17]

17. Kaiser Family Foundation based on personal communication with World Bank

Photo by:
Mark Naftalin/FP2020

INTERNATIONAL FAMILY PLANNING ASSISTANCE: DONOR GOVERNMENTS AS A SHARE OF BILATERAL DISBURSEMENTS, 2014



TOTAL
US $1,445.5 MILLION
BILATERAL DISBURSEMENTS

METHODOLOGICAL NOTE

The financial data presented in this analysis represent disbursements defined as the actual release of funds to, or the purchase of goods or services for, a recipient. They were obtained through direct communication with donor governments, analysis of raw primary data, and from the OECD Creditor Reporting System (CRS). UNFPA core contributions were obtained from United Nations Executive Board documents.

In some cases it is difficult to disaggregate bilateral family planning funding from broader reproductive and maternal health totals, and the two are sometimes represented as integrated totals (Canada, France, the Netherlands, Sweden, and the US do not disaggregate family planning funding from broader reproductive and maternal health totals). In addition, family planning–related activities funded in the context of other official development assistance sectors (e.g., education, civil society) has remained largely unidentified. For purposes of this analysis, we worked closely with the largest donors to family planning to identify such family planning–specific funding where possible (see table notes). Going forward, it will be important to efforts to track donor government support for family planning if such funding is more systematically identified within other activity categories by primary financial systems.

For data in the currency of the donor country, please contact the researchers.

DONOR GOVERNMENT BILATERAL DISBURSEMENTS FOR FAMILY PLANNING, 2012–2014*

COUNTRY	2012 (US$ million)	2013 (US$ million)	2014 (US$ million)	NOTES
Australia	$43.2	$39.5	$39.5	Australia identified AU$43 million in bilateral FP funding for the 2013–14 fiscal year using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g., HIV, RH, maternal health, and other sectors) and a percentage of the donor's core contributions to several multilateral organizations (e.g., UNFPA). For this analysis, Australian bilateral FP funding did not include core contributions to multilateral institutions. However, it was not possible to identify and adjust for funding to other non-FP-specific activities in most cases. Final 2014–15 data is not yet available. Level funding is assumed.
Canada	$41.5	$45.6	$48.3	Bilateral funding is for combined family planning and reproductive health activities in FY13–14; family planning–specific activities cannot be further disaggregated.
Denmark	$13.0	$20.3	$28.8	Bilateral funding is for family planning–specific activities and includes specific contributions (in addition to Denmark's core contribution) to UNFPA's "Reproductive Health Commodities Fund."
France	$49.6	$37.2	$69.8	Bilateral funding is new commitment data for a mix of family planning, reproductive health, and maternal and child health activities in 2012, 2013 and 2014; family planning–specific activities cannot be further disaggregated.
Germany	$47.6	$38.2	$31.3	Bilateral funding is for family planning–specific activities. For 2014, the figure is a preliminary estimate. More broadly, Germany committed a total of €79 million in RH/FP funding in 2014.
Netherlands	$105.4	$153.7	$163.6	The Netherlands budget provided a total of US$553.2 million in 2014 for "Sexual and Reproductive Health & Rights, including HIV/AIDS" of which an estimated US$163.6 million was disbursed for family planning and reproductive health activities (not including HIV); family planning–specific activities cannot be further disaggregated.
Norway	$3.3	$20.4	$20.8	Bilateral funding is for family planning–specific activities. In addition, Norway contributed a total of US$70.8 million in 2013 and 2014 to UNFPA's RMNCH Trust Fund. Approximately 26% and 22%, respectively, of the Fund's expenditures were estimated to have been used on family planning activities during those two years.
Sweden	$41.2	$50.4	$70.2	Bilateral funding is for combined family planning and reproductive health activities; family planning–specific activities cannot be further disaggregated.
UK	$252.8	$305.2	$327.6	In the financial year 2014/15, the UK spending on family planning was £203 million, which is above the 2020 goal. This is an estimated figure, using the FP2020-agreed methodology, which includes funding from non-FP-specific activities (e.g., HIV, RH, maternal health, and other sectors) and a percentage of the donor's core contributions to several multilateral organizations (e.g., UNFPA). For this analysis, UK bilateral FP funding was calculated by removing all core contributions to multilateral organizations. However, it was not possible to identify and adjust for funding for other non-FP-specific activities in most cases. Bilateral funding is for combined family planning and reproductive health.
US	$485.0	$585.0	$636.6	Bilateral funding is for combined family planning and reproductive health activities; while USAID estimates that most funding is for family planning–specific activities only, these cannot be further disaggregated.
Other DAC Countries**	$13.8	$29.5	$9.0	Bilateral funding was obtained from the Organisation for Economic Co-operation and Development (OECD) Credit Reporting System (CRS) database and represents funding provided in 2013, the most recent year available, and assumes level funding for 2014.
Total	$1,096.4	$1,325.0	$1,445.5	

*For purposes of this analysis, family planning bilateral expenditures represent funding specifically designated by donor governments for family planning as defined by the OECD DAC (see methodology), and include: stand-alone family planning projects; family planning-specific contributions to multilateral organizations (e.g., contributions to the Global Programme to Enhance Reproductive Health Commodity Security at UNFPA); and, in some cases, projects that include family planning within broader reproductive health activities. During the 2012 London Summit, donors agreed to a revised Muskoka methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors, including HIV, reproductive health (RH), maternal health, and other areas, as well as a percentage of a donor's core contributions to several multilateral organizations, including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the UK reported FP funding using this revised methodology.

**Austria, Belgium, Czech Republic, European Union, Finland, Greece, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, New Zealand, Poland, Portugal, the Slovak Republic, Slovenia, Spain, and Switzerland.

Photo by:
Mark Naftalin/FP2020

DONOR GOVERNMENT PROGRESS TOWARD LONDON SUMMIT COMMITMENTS

COUNTRY	FP2020 SUMMIT COMMITMENT(S)
AUSTRALIA	"Australia commits to spending an additional AU$58 million over five years on family planning, doubling annual contributions to AU$53 million by 2016. This commitment will form a part of Australia's broader investments in maternal, reproductive and child health (at least AU$1.6 billion over five years to 2015)."
DENMARK	"Denmark commits an additional US$13 million to family planning over eight years."
FRANCE	"In 2011, France pledged to spend an additional €100 million on family planning within the context of reproductive health through to 2015, in nine countries in francophone Africa."
GERMANY	"Germany commits €400 million (US$491.6 million) to reproductive health and family planning over four years, of which 25% (€100 million or US$122.29 million) is likely to be dedicated directly to family planning, depending on partner countries' priorities."
NETHERLANDS	"The Netherlands committed €370 million in 2012 for sexual and reproductive health and rights, including HIV and health, and intends to extend this amount to €381 million in 2013, and to €413 million in 2015."
NORWAY	"Norway commits to doubling its investment from US$25 million to US$50 million over eight years."
SWEDEN	"Sweden will increase spending on contraceptives from its 2010 level of US$32 million per year to US$40 million per year, totaling an additional US$40 million between 2011 and 2015."
UK	"The UK is committing £516 million (US $800 million) over eight years towards the Summit goal of enabling an additional 120 million women and girls in the world's poorest countries to be using modern methods of family planning by 2020. This commitment is part of the UK's broader commitment to double efforts on family planning, increasing investments from £90 million per year (average spend over 2010/11 and 2011/12) to £180 million per year over the eight years from 2012/13 to 2019/20."

*During the 2012 London Summit, donors agreed to a revised Muskoka methodology to determine their FP disbursements totals. This methodology includes some funding designated for other health sectors, including HIV, reproductive health (RH), maternal health, and other areas, as well as a percentage of a donor's core contributions to several multilateral organizations, including UNFPA, the World Bank, WHO, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Among the donors profiled, Australia and the UK reported FP funding using this revised methodology.

PERIOD OF COMMITMENT	PROGRESS TOWARD FP2020 SUMMIT COMMITMENT(S)
2012–2016	Australia included two components in its FP2020 commitment: 1. double annual disbursements from AU$26.5 million to AU$53 million, and 2. provide an additional AU$58 million (above the baseline of AU$26.5 million) over the 2012–2016 period. In 2013, the most recent year of available data, Australia provided AU$43 million, which is 80% of its AU$53 million annual goal. Additionally, Australia disbursed a combined total of AU$39.4 million in 2012 and 2013 above the AU$26.5 million baseline, which is 68% of the additional AU$58 million goal over the 2012–2016 period.
2012–2020	In 2013 and 2014, Denmark disbursed a combined total of US$23.1 million in additional bilateral FP funding above its 2012 baseline level. This surpasses its stated goal of an additional US$13 million by 2020, with six years remaining.
2011–2015	France's FP2020 pledge was a reiteration of a previous pledge to increase support for FP through increased funding (by €100 million over the 2010 level during the period between 2011 and 2015) for broader reproductive health activities, of which FP is a component. France's bilateral funding for FP/RH activities has been above the 2010 level during the entire period between 2011 and 2014 for a cumulative total of €127 million in additional funding. As such, France has fulfilled its pledge with one year remaining.
2012–2015	Germany's FP2020 commitment was for family planning and reproductive health activities (€400 million or US$491.6 million over four years), of which FP-specific activities would account for 25% (€100 million or US$122.29 million). During the period between 2012–2014, Germany provided €362.8 million in bilateral funding for combined FP/RH activities including €89.3 million that was FP-specific. These amounts are both approximately 90% of Germany's FP2020 commitment, with one year remaining.
2012–2015	The Netherlands disbursed €377 million in 2012 and €382 million in 2013, exceeding its stated commitment in each year, and was estimated to have exceeded its 2015 target a year early, with €416 million disbursed in 2014.
2012–2020	Norway disbursed US$20.4 million in 2013 and US$20.8 million in 2014 for FP-specific activities, both of which are above Norway's 2012 level (US$3.3 million) for FP-specific activities. The disbursement in 2014 represents 83% of its stated goal of a US$25 million increase by 2020, with six years remaining. Norway also provides FP funding under broader reproductive health activities. While FP-specific funding cannot be disaggregated from these amounts, Norway's funding for broader reproductive health activities increased in both 2013 and 2014.
2011–2015	Sweden's bilateral FP funding is provided under broader FP/RH activities. While FP-specific (and contraceptive) funding totals could not be disaggregated from the broader FP/RH activities, Sweden's total bilateral FP/RH funding increased in both 2013 and 2014, reaching nearly US$30 million above the 2012 total. The combined increases in 2013 and 2014 totaled more than US$38 million above the 2012 level.
2012–2020	The UK has disbursed more than £516 million (US$800 million) in the three-year 2012-2014 period, already fulfilling its FP2020 commitment with five years remaining. In addition, the UK has also exceeded its broader commitment to increase annual investments toward family planning from £90 million to £180 million.

FOCUS ON EUROPE: COUNTDOWN 2015 EUROPE ANALYSIS

Countdown 2015 Europe is a consortium of 15 leading European non-governmental organizations working to ensure sexual and reproductive health and rights in developing countries. Countdown 2015 Europe tracks European donor spending on international family planning and works nationally with their own governments to increase support and accountability for family planning and reproductive health.

TRENDS AND DEVELOPMENTS FROM SELECT EUROPEAN DONORS

During this key year for sexual and reproductive health and rights and family planning (SRHR/FP), European donors have maintained their long-standing commitment to the issues through vocal support during negotiations on the post-2015 Sustainable Development Goals, in European Council processes, during the redrafting of the Global Strategy, and in other international forums. There have been new governments elected in a few European countries, and forthcoming budget changes are likely. However, the policy framework surrounding SRHR/FP remains robust. Financial figures spent on SRHR/FP from European governments overall have been growing over the past year, following the same pattern as previous years.

FP2020 COMMITMENT-MAKERS

DENMARK

Denmark's government changed in June 2015 and budget cuts are possible, but the policy basis for commitment to RH/FP is sound. In fall 2014 Denmark joined with the Dutch government to launch AmplifyChange, a new fund to promote civil society advocacy for sexual and reproductive health and rights, with access to family planning for the most marginalized as one of its five priority themes.

EUROPEAN INSTITUTIONS

European institutions have undergone various changes in financial disbursements and instruments over the past year, but remain strongly committed to SRHR/FP. As commitment-makers to FP2020, the European Commission pledged €23 million for family planning, which then increased to €36 million. This has been implemented through a call for proposals to civil society organizations (launched in 2013) and funding to the Global Programme on Enhancing Commodity Security through UNFPA.

FINLAND

Finland's newly elected government is faced with a tight economic climate, with budget cuts expected for 2016. In the past few years funding to RH has been protected, and core and project funding to UNFPA has actually increased.

> **The policy framework surrounding sexual and reproductive health and rights and family planning (SRHR/FP) remains robust. Financial figures spent on SRHR/FP from European governments overall have been growing over the past year, following the same pattern as previous years.**

FRANCE

France's first Development Law was passed in 2014, with specific mention of reproductive health including family planning. The French Development Agency endorsed a health strategy in June 2015, and a strategy that includes population and SRHR issues is forthcoming from the Ministry of Foreign Affairs.

GERMANY

In January 2015, the Federal Ministry for Economic Cooperation and Development (BMZ) announced that it would extend its Initiative on Rights-based Family Planning and Maternal Health until 2019 and increase funding from €80 million/year to €100 million/year. The initiative was launched in 2011 as part of Germany's Muskoka commitment, which comes to an end this year, and was counted as Germany's contribution to FP2020.

NETHERLANDS

The Netherlands has maintained its position as a long-standing supporter of SRHR/FP through policy engagement as well as the launch of AmplifyChange in late 2014 (see above). SRHR/FP was protected in the budget cuts announced in spring 2014.

NORWAY

Norway is also historically a strong supporter of SRHR/FP, with a significant increase in SRHR/FP funding in the past two years, including financial support to UNFPA.

SWEDEN

Sweden's commitment to sexual and reproductive health and rights remains robust and is exemplified through policy and financial support. A new regional strategy for sub-Saharan Africa has been adopted and will be operationalized in fall 2015. The government has initiated a digital and diplomatic campaign called midwifed4all, highlighting the need of midwives to ensure FP and SRHR.

NON-COMMITMENT DONORS

While a large majority of international family planning assistance is provided by 11 FP2020 pledging donors and the United States (which is the largest donor but did not make a London Summit commitment), notable contributions have also been made by non-pledging countries in Europe to address the global unmet need for family planning. In Belgium and Ireland, policy commitments to RH/FP have actually seen a rise in 2014–2015. UNFPA received increased financial support from both Belgium and Finland in 2014 and 2015.

Photo by:
Vaila Finch

GLOBAL EXPENDITURES ON FAMILY PLANNING: TRACK20 ANALYSIS

A new way to estimate total spending on family planning from all sources (public, private, and out-of-pocket) across the 69 FP2020 focus countries has been developed by Track20 with the help of a group of experts convened as the International Family Planning Expenditure Tracking Advisory Group. The methodology draws from ongoing work by numerous partners to improve the collection and understanding of data on family planning expenditures, including donor contributions, spending by NGOs and corporations, and out-of-pocket expenditures.

It is now estimated that in 2013, a total of US$3.1 billion was spent on family planning across the 69 FP2020 focus countries. This estimate brings together expenditure data from the Kaiser Family Foundation, UNFPA/Netherlands Interdisciplinary Demographics Institute Resource Flows Project, World Health Organization System of Health Accounts, Countdown 2015 Europe, USAID/Deliver Project, PMA2020, and Track20.

The total expenditure translates to just under US$12 per modern contraceptive user per year. Almost half of expenditures occur in just five countries—Indonesia, India, Pakistan, Egypt, and Bangladesh—and these five countries account for 70% of modern contraceptive users across the 69 FP2020 focus countries.

A new way to estimate total spending on family planning from all sources (public, private, and out-of-pocket) across the 69 FP2020 focus countries has been developed by Track20.

Visit **FP2020's Measurement Hub** for more information on Track20's estimates and analysis: www.familyplanning2020.org/measurement-hub.

THE INVESTMENT CASE FOR CONTRACEPTION

To illustrate the potential impact of a nation's investment in contraception, Marie Stopes International (MSI) selected five social and economic indicators for which country-level data are widespread and robust: per capita GDP; primary school completion rate for girls; gender equality ranking; foreign aid as percentage of government revenue; and position in the Fragile State Index. Using the hypothetical example of a small sub-Saharan African nation called *Contraceptia,* with 2.2 million women of reproductive age and a contraceptive prevalence rate (CPR) of 20%, MSI estimated the benefits of increasing CPR by 5 percentage points. The results point to some potentially exciting correlations: providing contraception to an additional 5% of women of reproductive age appears to coincide with substantial improvements for all five social and economic indicators.[18]

18. https://mariestopes.org/sites/default/files/Time-to-Invest.pdf

CORE CONVENER COMMITMENTS

The Core Conveners of the FP2020 initiative are the Bill & Melinda Gates Foundation, the UK Department for International Development, the United Nations Population Fund, and the US Agency for International Development. FP2020 is hosted by the United Nations Foundation.

BILL & MELINDA GATES FOUNDATION

At the 2012 London Summit on Family Planning, the Bill & Melinda Gates Foundation committed to investing more than US$1 billion in family planning, doubling its investment from US$70 million a year to US$140 million a year for eight years. The Gates Foundation is on track to exceed this commitment, investing US$133.6 million in 2013 and US$156 million in 2014.

In recognition of the need to accelerate the rate of progress toward the FP2020 goal, the Gates Foundation will increase its financial commitment by about 25% over the next three years. New investments will focus on three areas that were determined after a careful review of the most recent data, evidence, and the foundation's own core strengths:

- Catalyzing the growth and quality of family planning service provision in the private sector through an infusion of working capital to social marketing organizations
- Incentivizing the scale-up of proven interventions that improve family planning outcomes among the urban poor
- Scaling successful advocacy efforts in priority FP2020 countries to build stronger political will, increase stakeholder alignment, and ensure resources are available to support successful and sustainable family planning programs

The Gates Foundation will also make a major new investment around a learning agenda for adolescents and youth. This investment will place adolescents at the center of the design, research, and implementation process to develop family planning solutions that meet their unique needs. Promising solutions will be brought to scale in partnership with ministries of health and local partners, leveraging local networks and service delivery channels where possible.

By cultivating high-level political leadership in support of countries' FP2020 commitments, the Gates Foundation and its grantees work with governments to expand access to family planning. In **Nigeria**, the foundation is supporting the government to implement the *Nigeria Family Planning Blueprint*, scale up high-impact family planning approaches, and develop supply chain solutions in Lagos and Kaduna states. In **Pakistan**, the foundation is supporting Pathfinder International to work with ministers in Sindh and Punjab provinces to develop provincial costed implementation plans for family planning.

In **DR Congo**, Gates Foundation grantee Advance Family Planning (AFP) worked with partners to garner high-level commitment to family planning from the country's top leadership, resulting in unprecedented subsequent changes in the policy environment. In the two years since committing to FP2020 in 2013, the government has significantly improved access to family planning services and contraceptives through national policy and funding commitments.

In **Uganda**, AFP is also working with partners to fulfill President Yoweri Museveni's ambitious pledge at the 2012 London Summit. Three years later, the

president's leadership and the collective efforts of government, implementing partners, civil society, and donors have carried forward those commitments into concrete, positive changes. In July 2014, the president opened the country's first national family planning conference by favorably endorsing family planning as a key pillar for the social and economic transformation of Uganda. The Gates Foundation's advocacy partners supported the participation of both high-level and district-level leaders in the conference, mobilizing them to renew their commitments to family planning and construct a road map to achieve them. The country's costed implementation plan was launched four months later.

UK GOVERNMENT

The UK government's Department for International Development (DFID) plays a leading role in the global FP2020 initiative, and also directly supports family planning programs in 18 focus countries. Much of this support involves strengthening health systems to deliver high-quality service and working with communities to publicize the benefits of family planning. Some country programs operate in fragile settings, such as **Pakistan**, and in hard-to-reach areas, such as a project to reach pastoral women in **Ethiopia**. Other programs—in **India**, for example—work with the private sector. The UK has long pushed the international community to break the silence on adolescent sexual and reproductive health and rights, including family planning. While much more remains to be done, **Nigeria**, **Ethiopia**, **Ghana**, and **Zambia** now have DFID-supported programs specifically targeted at young people, and there is an increasing focus on addressing the social barriers to contraceptive uptake, including discrimination against young or unmarried women.

Apart from country-level work, the UK supports family planning through a number of global programs that explore innovative contracting approaches and focus on understanding markets, demand, and data. The UK is the largest donor (£356 million from 2013 to 2020) to UNFPA Supplies (formerly the Global Programme for Reproductive Health Commodity Security), which provides contraceptive commodities and supply system strengthening to 46 countries around the world. This program furnishes 27% of the global commodities required to meet the FP2020 goal of 120 million additional users of contraception. The UK also supports the market-shaping work of the Reproductive Health Supplies Coalition (RHSC) and the Clinton Health Access Initiative (CHAI).

As part of its wider commitment to the FP2020 movement, in May 2015 DFID launched **Action2020**, a strategic accountability program in 10 countries *(see box)*.

ACTION2020

Action2020 is a new 10-country accountability program to ensure that governments and service providers deliver on their FP2020 commitments with full, free, and informed family planning choice for everyone.

Action2020 is funded by the UK government and is being implemented by a consortium of civil society organizations, led by Christian Aid in partnership with Plan UK and the International HIV/AIDS Alliance. Technical support is provided by the Overseas Development Institute. The program is managed from Nairobi and will run in 10 countries: Bangladesh, Bolivia, Burundi, Ethiopia, Ghana, Kenya, Malawi, Mali, Niger, and Nepal.

Action2020 recognizes that strengthening civil society alone is insufficient to secure accountability; the responsiveness of governments and service providers must be enhanced as well. The program will focus on combining these strategies and on building stronger state-citizen space for political engagement.

The 10 Action2020 countries are currently in the process of conducting country context studies to identify key partners and develop strategic accountability packages. Program implementation is likely to begin in the first quarter of 2016.

UNITED NATIONS POPULATION FUND

Since its founding in 1969, the United Nations Population Fund (UNFPA) has supported family planning in over 150 countries, ensuring that women and girls are able to make the choices that will allow them to fulfill their potential. UNFPA's work in family planning is guided by its *Choices not Chance* strategy, which is based on principles of human rights, equity, nondiscrimination, national ownership, accountability, and innovation.

UNFPA works with national governments, civil society, and national institutions to build an enabling environment for family planning, increase demand and improve availability of quality contraceptives, and strengthen service provision and information systems. UNFPA support is provided through coordination and partnerships, advocacy and policy dialogue, procurement, capacity building, and knowledge management.

UNFPA Supplies (formerly the Global Programme to Enhance Reproductive Health Commodity Security) is UNFPA's flagship commodity security program. UNFPA Supplies is one of the largest providers of donated contraceptives in the world, proving support to 46 countries. Since its launch in 2007, UNFPA Supplies has worked in partnership with countries to achieve tangible results: increasing the choice, quality, and availability of contraceptives, including for marginalized communities; and achieving efficiencies in procurement and the supply chain, with significant reductions in commodity pricesand lead times

In 2014, UNFPA spent US$334 million or 40.7% of its resources on family planning. Reflecting the crosscutting nature of family planning vis-à-vis the different areas of work covered by UNFPA's mandate, this estimate includes all expenses that contribute to family planning–related results. US$93 million of these expenses were funded through core contributions, and US$241 million were funded through noncore contributions. Within the latter, US$185 million (or 55% of UNFPA's overall FP expense) was funded through UNFPA Supplies. This highlights the importance of UNFPA Supplies toward meeting the FP2020 goal and the impact that a funding shortage could have on the achievement of that goal.

> **Since its founding in 1969, UNFPA has supported family planning in over 150 countries, ensuring that women and girls are able to make the choices that will allow them to fulfill their potential.**

In 2015 UNFPA supported the government of **Nepal** in making its commitment to FP2020, following the launch of its first national costed implementation plan (CIP) on family planning. UNFPA is currently working with the government of **Zimbabwe** to develop a national family planning CIP, and in **Nigeria** UNFPA has convened a process to support the development and implementation of state-level CIPs. UNFPA also focuses on improving accountability for FP2020 commitments. In **Zambia**, for example, UNFPA helped develop a stringent monitoring and accountability framework—the FP annual scorecard—to track the government's commitments and investments across the family planning scale-up plan.

Together with USAID and the IBP consortium, UNFPA is working with the FP2020 Country Engagement Working Group to develop a decision-making tool to support countries in prioritizing High Impact Practices (HIPs) in family planning in their CIPs.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

2015 marked the 50th anniversary of the US government's investment in international family planning programs. During these five decades, USAID has concentrated its efforts toward enabling couples to determine whether, when, and how often to have children, which is vital to promoting healthy and prosperous families, communities, and nations. USAID's leadership has furthered the global conversation around family planning and strengthened programming for increased access to modern contraception worldwide. The agency's innovative approaches have created one of the greatest success stories in sustainable foreign assistance.

USAID works closely with governments and civil society partners to advance FP2020 at the country level. USAID has helped develop costed implementation plans for family planning in seven countries of the Ouagadougou Partnership in francophone West Africa. In **Burkina Faso**, the Ministry of Health increased

financial support to the costed implementation plan by allocating US$961,000 in the national budget to purchase contraceptives—the first country in the area to take such a bold stance. **Mauritania** announced that for the first time the government was allocating US$51,000 for the purchase of contraceptives. And **Niger** made a commitment to allocate US$385,000 in the national budget for the purchase of contraceptives. While more investment is needed to meet overall need for contraception in these countries, these resources are visible evidence of the governments' commitment to expanding access and use.

Ensuring access to a full range of contraceptive methods is critical for the healthy timing and spacing of pregnancies and for addressing unmet demand for family planning. USAID is a major supplier of family planning commodities globally, and in fiscal year 2014 shipped US$85.6 million worth of contraceptives. USAID's innovative public-private partnership with Bayer HealthCare has almost doubled the distribution of a low-cost, fully commercially sustainable, oral contraceptive product in seven sub-Saharan African markets.

USAID also supports the development of new and improved contraceptive methods. The SILCS diaphragm, a one-size-fits-most barrier method, received market clearance from the US Food and Drug Administration and is now available in 14 countries under the brand name Caya™. The novel design means that pelvic exams are not required for sizing and clinics will not need to stock multiple sizes. USAID and its partners also launched the first-ever clinical trial of an intravaginal ring engineered to prevent pregnancy as well as provide protection from HIV and herpes infections.

UNITED NATIONS FOUNDATION

The United Nations Foundation is the hosting organization for the FP2020 initiative. The UN Foundation also serves as the advocacy and communications focal point for *Every Woman Every Child*, and leads communications and digital engagement for the movement. Through its Universal Access Project (UAP), the UN Foundation has spearheaded a number of innovative initiatives to bolster support for reproductive health, including the *Why We Care* project and a new *Why We Care Youth* contest. The UN Foundation's support for the 2015 International Conference on Family Planning includes press fellowships, a grant to the Youth Pre-Conference, and hosting the CEO Emerging Leaders Roundtables.

The UN Foundation's Girl Up campaign focuses on empowering adolescent girls and building programs that give girls an equal chance for education, health, and social and economic opportunities. Since 2010 Girl Up has partnered with the UN Adolescent Girl Task Force on comprehensive pilot programs in Malawi, Liberia, Guatemala, and Ethiopia; in 2015 the initiative was expanded to India. The UN Foundation also supports the Girl Declaration Joint Advocacy Working Group, which works to ensure that adolescent girls are prioritized in global development frameworks and meaningfully included in the design, monitoring, and evaluation of the Sustainable Development Goals.

The UN Foundation is committed to championing the use of mobile technologies to improve health throughout the world. Through MAMA (the Mobile Alliance for Maternal Action), the UN Foundation supports the provision of postpartum family planning messages to women through SMS messages. MAMA is currently working to integrate family planning messaging in its newest country program in Nigeria. This year the UN Foundation also provided grants in Tanzania and Kenya for the implementation of the Mobile for Reproductive Health (m4RH) service, which is an automated, interactive, and on-demand SMS system that provides essential information about the full range of short-term and long-acting contraceptive methods.

In 2015 the UN Foundation entered a new partnership with UNFPA, Merck for Mothers, and Accenture Development Partnerships to expand private sector participation in family planning. The project has resulted in four commitments from businesses in the Philippines to provide access to family planning information and services for women in their workforces and communities.

The UK is very committed to the work of Family Planning 2020—access to rights-based, voluntary family planning is essential for girls and women to have voice, choice, and control across their lives. Family planning is also a great investment—every £1 spent on family planning can save governments up to £4 on healthcare spending, housing, water and other public services. It is great to see the progress we have made to date. But we need to work hard to reach the London Summit on Family Planning goal of providing an additional 120 million girls and women in the poorest countries with the ability to plan their families. If we act now, we can still reach this goal and be on the road to universal access by 2030. It is important that everyone steps up to help make that happen.

The Right Honourable Justine Greening
Secretary of State for International Development
United Kingdom

Photo by:
Prashant Panjiar/Bill & Melinda Gates Foundation

A CLOSER LOOK THE EBOLA OUTBREAK

THE IMPACT ON WOMEN'S HEALTH AND FAMILY PLANNING

During 2014 and 2015, West Africa fought the largest, deadliest outbreak of Ebola in history. Over 11,000 people died, including more than 500 health workers.

In the three hardest-hit countries—**Guinea**, **Liberia**, and **Sierra Leone**—the impact on health systems was devastating. Reproductive health care ground to a halt as funds and resources were diverted to cope with the epidemic. Family planning services were suspended, clinics turned away patients, and hospitals shut their doors.

The outbreak took a particularly severe toll on women. Because women are traditionally caregivers, they suffer higher rates of infection. For pregnant women, Ebola is virtually a death sentence: their mortality rate from the virus is 90%. The risk of sexual violence against women and girls is also heightened in such a crisis.

Many FP2020 partners were at the front lines of the international Ebola response, and many are now deeply involved in the recovery. While the epidemic may be over, the damage to health care systems and family planning programs will take years, if not decades, to repair.

UNFPA

In **Guinea**, **Liberia**, and **Sierra Leone**, UNFPA provided emergency reproductive health kits to help local staff cope with the crisis: clean delivery kits for pregnant women, contraceptive supplies, basic medical kits, blood transfusion sets. Shipments of disinfectants, medical gloves, heavy-duty aprons, and handwashing equipment were dispatched to facilities throughout the region. UNFPA also distributed thousands of individual dignity kits, which contain personal items—soap, toothpaste, sanitary napkins, underwear—to help women and girls maintain basic hygiene. To compensate for the lack of skilled birth attendants, UNFPA mobilized retired midwives to deliver babies at community centers.

MARIE STOPES

Marie Stopes is a key provider of family planning and maternal care in **Sierra Leone**, and the nurses and midwives have long been trusted figures throughout the country. But the Ebola outbreak created widespread fear of health workers and the contagion they were thought to carry. The Marie Stopes outreach teams worked hard to regain people's confidence, even traveling to villages in unmarked vehicles so as not to create panic. Marie Stopes also supported the national response to Ebola by training health workers, setting up call centers, staffing command posts, managing Ebola care centers, and providing regular radio talks about the importance of family planning and the threat of Ebola.

> **"The communities that once welcomed us before the Ebola outbreak started to reject all health workers for fear that they would spread the virus. They drove us away from their villages. This happened in almost every village we visited."**
>
> **Mary Kaifineh**
> *Marie Stopes Sierra Leone*

WRESL AND IPAS

Women's Response to Ebola Sierra Leone (WRESL) is a civil society consortium of women's groups who came together to tackle the Ebola epidemic. Keenly aware of the disease's disproportionate impact on women, WRESL pitched in with community mobilization efforts, advised the Ministry of Health and Sanitation on gender issues, and launched a national handwashing campaign with the help of market women. To document the impact of Ebola on the ability of women and girls to access family planning and other reproductive health services, WRESL partnered with Ipas to conduct an assessment survey in the eight worst affected districts in **Sierra Leone.**

> **"We knew that the disease disproportionately affected women. We could see that nurses, predominantly women, were among the greatest number of victims. Many of them were dying and leaving children unattended, or were becoming victims of stigma and discrimination."**
>
> **Yasmin Jusu-Sheriff**
> *WRESL*

IPPF

The International Planned Parenthood Federation (IPPF) and its member associations responded to the epidemic by integrating Ebola prevention into existing reproductive health services. The Planned Parenthood Association of **Liberia** launched awareness campaigns, provided personal hygiene kits, and leveraged its youth program to serve as a key platform for Ebola education. The Planned Parenthood Association of **Sierra Leone** established handwashing sites in all its offices and clinics, and distributed protective gear and sanitary commodities. In **Guinea**, the Association Guinéenne pour le Bien-être Familial organized an Ebola awareness and prevention campaign that included a workshop, outreach materials, and thousands of home visits.

WOMEN AND GIRLS IN HUMANITARIAN SETTINGS

Women and girls face special challenges in crisis situations, and access to family planning and other reproductive health services is essential.

See ***FP2020 Commitment to Action 2014–2015: Digital Edition*** for more on this topic and the lifesaving work of FP2020's partners: www.familyplanning2020.org/progress.

ENGENDERHEALTH

EngenderHealth has worked in **Guinea** for decades to improve reproductive health, with a special focus on preventing maternal death and injury. In the face of Ebola's deadly toll on pregnant women, EngenderHealth launched an urgent effort through village motherhood networks to raise awareness of the virus and teach prevention.

> **"We learned from the Ebola crisis that health systems in Africa remain extremely fragile and highly vulnerable to health emergencies. The Ebola crisis not only wiped out individuals and families, it affected entire health systems, taking human, technical, and financial resources away from family planning and other health matters."**
>
> **Dr. Yetnayet Asfaw**
> *EngenderHealth*

DFID

In **Sierra Leone**, UK support funded over half of all Ebola beds, and provided funds for burial teams, training of frontline staff, labs and testing, PPE suits and vehicles. The UK is continuing to support reproductive health services in Sierra Leone alongside regional preparedness, so that countries are ready to quickly respond to cases of Ebola and other infectious diseases. The UK is also committed to supporting Sierra Leone's 9-month Early Recovery and Transition Plan and 2-year Recovery Strategy for long-term sustainable recovery, which focuses on health, education, social protection, and economic recovery.

CHAI

As the Ebola outbreak recedes, countries are working to reboot their family planning programs. With support from CHAI, the **Liberian** Ministry of Health and Social Welfare has begun holding Contraceptive Days at local health centers. Because of the long hiatus in routine family planning service delivery during the outbreak, community mobilization activities inform women when the Contraceptive Days will be held so they can schedule a trip to their local clinic at the right time.

USAID

USAID deployed a massive response to help West Africa battle Ebola, and is now equally committed to helping the region recover. Work is centered on restoring vital health services—including family planning, prenatal and maternal health care and nutrition, and programs to prevent and treat infectious diseases—and getting life back on track: children back in school, parents back at work, markets and businesses back up and running. Most importantly, USAID is helping **Guinea**, **Liberia**, and **Sierra Leone** rebuild their health systems and infrastructure to be stronger and more resilient—so that a tragedy like the Ebola disaster will never happen again.

Yasmin Jusu-Sheriff was originally quoted on www.eboladeeply.org. Mary Kaifineh was originally quoted on mariestopes.org.

03 MEASUREMENT

MONITORING AND MEASUREMENT

From its inception, FP2020 has been committed to leading a transformation in the global monitoring of family planning. Achieving our ambitious goal within eight short years requires aggressive monitoring of country level progress, both to provide countries with timely information for use in making program adjustments, and to help stakeholders develop strategies that wisely target their investments.

Because the success of FP2020 is dependent on the participation of a broad range of partners at the national and global levels, FP2020's measurement agenda requires a standardized approach to monitoring and evaluation that produces internationally comparable estimates on an annual basis across the 69 FP2020 focus countries. FP2020's Performance Monitoring & Evidence Working Group (PME WG) was convened with the mandate to provide technical guidance, contribute analytic depth, and exercise intellectual stewardship and quality control over the measurement agenda, including the annual assessment of the FP2020 Core Indicators.

FP2020's Core Indicator estimates are produced by Track20, a project of Avenir Health, in collaboration with a network of country family planning measurement specialists. Track20 trains country M&E specialists to use the FP2020 Core Indicators in alignment with country family planning strategies, and supports annual country consensus workshops where government ministries of health and diverse stakeholders conduct reviews of family planning data.

By the third anniversary of the London Summit on Family Planning, an unprecedented number of women and girls were using modern methods of contraception: 290.6 million across the 69 FP2020 focus countries. This means there were 24.4 million *more* women and girls using modern methods of contraception by July 2015, the end of the FP2020's third year, than there were in July 2012.

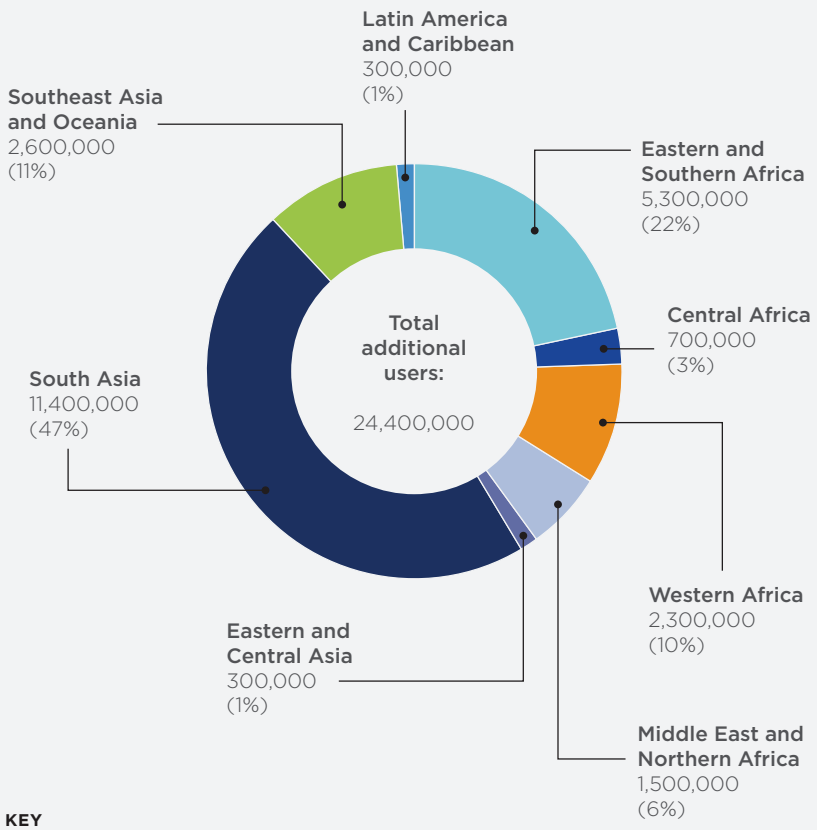
Core Indicator 1, the number of additional women of reproductive age using modern contraception compared to 2012, is our most direct measure of progress toward achieving the goal of adding 120 million contraceptive users by the year 2020. But FP2020 is about much more than numbers. The 24.4 million additional women and girls who, by July 2015, were using modern methods of contraception are now better able to ensure their families' security, education, and wellbeing. The enormous health and economic benefits of family planning extend beyond individuals to communities and countries, and are essential to sustainable development.

However, 24.4 million is 10 million less than the benchmark for 2015 we projected at the time of the London Summit. Again, 10 million represents far more than a numerical gap: these are 10 million women and girls that FP2020, collectively, committed

Section 3, Measurement, presents the Executive Summary of the ***FP2020 Commitment to Action: Measurement Annex 2015***, a companion to *FP2020 Commitment to Action 2014–2015*. The ***Measurement Annex*** contains an expanded analysis of the Core Indicator suite presented here, as well as special analyses on youth and contraceptive method mix, and updates on FP2020's measurement agenda.

To read the full ***Measurement Annex***, please visit: http://www.familyplanning2020.org/progress

ADDITIONAL USERS BY REGION, 2015.5



KEY

Region
Number of additional users
(% of total additional users)

to reach—but has not. It is to these women and girls, and the millions more with an unmet need for family planning, that we are ultimately accountable.

To achieve the FP2020 goal, countries must increase the number of users of modern methods of contraception so that a greater proportion of all women and girls of reproductive age are served. Further, this percentage—the modern contraceptive prevalence rate (mCPR)—must grow at a pace that exceeds the historic trajectory. **Core Indicator 2,** mCPR for all women of reproductive age, averaged 33.2% in 2015, compared to 32% in 2012 across the 69 FP2020 focus countries.

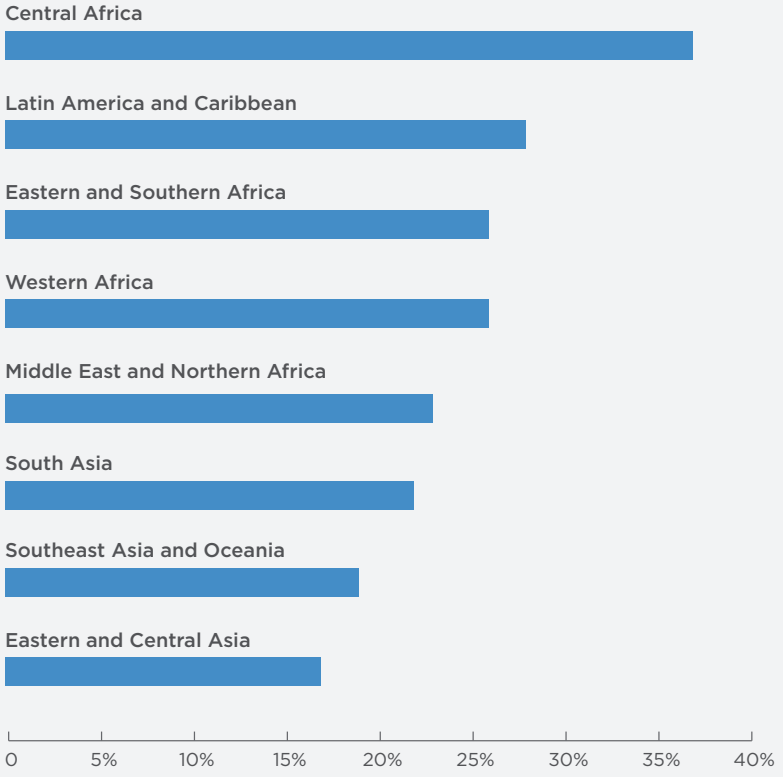
From July 2012 to July 2015, the average increase in mCPR was two times greater among the 34 FP2020 focus countries that had made a commitment prior to July 2015 (1.2% points) than it was among non-commitment making countries (0.5% points).

To examine whether a country had accelerated its growth in mCPR, we looked at the 41 FP2020 focus countries with data collected since the time of the London Summit. We found that in 14 of these countries the new data show an acceleration of mCPR growth that is higher than previously estimated, with the most rapid acceleration seen in Burundi, Kenya, Lesotho, Malawi, and Senegal. This group also includes some of the most populous FP2020 countries: Bangladesh, Ethiopia, and Indonesia.

Ten countries are continuing along their same trajectory, showing the new data are in line with the previous trend. These 10 countries are home to 50% of the women of reproductive age across the 69 FP2020 focus countries, meaning this lack of acceleration has a large impact on achieving FP2020's goal. The group of 10 countries includes some of the most populous, such as India, Pakistan, and the Philippines. Of course, just keeping a country's mCPR constant in the context of a large, growing population translates to more contraceptive users in absolute numbers, and is an enormous challenge. For example, in India, each additional 1% point increase in mCPR translates to 3.3 million additional women.

Core Indicator 3, unmet need for modern contraception, is one measure of a woman's ability to exercise the right to determine the number and spacing of her children. As such, it is not only an important criterion for assessing the performance of national family planning programs; it is also a critical indicator of women's empowerment, as well as the degree to which the state—and the global community, including FP2020—are meeting our commitment to make family planning services available to all who want them.

UNMET NEED BY REGION, 2015.5
PERCENTAGE OF MARRIED WOMEN



Across the 69 FP2020 focus countries, we estimate that 133 million married or in-union women have an unmet need for modern methods of contraception in 2015.[19] On average, approximately one out of five married or in-union women and girls do not want to get pregnant but are not using a modern method of contraception. We can reasonably assume that the true level of unmet need, which would include women and girls who are not currently married or in-union, is much greater.

Core Indicator 4, the percentage of total demand for family planning satisfied by a modern method of contraception, reflects FP2020's fundamental rights and empowerment principles. UNFPA, USAID, and other FP2020 partners have recommended this indicator[20] as a metric for the Sustainable Development Goals because it "reflects the aim of family planning—to support the rights of individuals and couples to choose whether and when to have a child by providing them the means to implement their decision—and promotes voluntarism, informed choice, rights, and equity."[21]

Among the 69 FP2020 focus countries, demand satisfied[22] was less than 30% in 10 countries. In 35 countries demand satisfied was between 30% and 60%, and in 23 countries demand satisfied was greater than 60%.

There is great variation among countries, from a low of 8.9% among married or in-union women in Somalia, to a high of 87.4% among married or in-union women in Nicaragua. However, demand satisfied must be interpreted within the context of total demand in a country: where total demand is low, it is relatively easy to satisfy.

Among the 38 FP2020 focus countries with sufficient data to support this analysis, we identified 35 countries where the percentage of demand satisfied increased over the three years since the London Summit. This increase averaged 3.2% points over the three-year period. The largest increases—all greater than 5% points—were in Djibouti, Ethiopia, Kenya, Malawi, Sierra Leone, and Zambia.

Core Indicator 5, the total number of unintended pregnancies, is an important indicator because of its impact on both maternal and newborn health outcomes. In 2015, an estimated 48.8 million unintended pregnancies occurred across the 69 FP2020 countries: approximately two out of every five pregnancies were unintended. Unintended pregnancies happen both as a result of method failure and of women not using contraception. While we are making progress, this large number tells us there is much more work to be done.

19. This indicator is currently reported for married/in-union women. FP2020 intends to report this indicator for all women and girls of reproductive age starting in 2016.

20. The indicator recommended by USAID, UNFPA, et al is demand for family planning met with modern contraceptive methods among all sexually active women of reproductive age who want to delay or limit childbearing.

21. Fabic M, Choi Y, Bongaarts J, Darroch J, Ross J, Stover J, Tsui A, Upadhyay J, Starbird E. Meeting demand for family planning within a generation: the post-2015 agenda. Lancet. Published online July 1, 2014.

22. This indicator is currently reported for married/in-union women. FP2020 intends to report this indicator for all women of reproductive age starting in 2016.

Core Indicators 6, 7, and 8 show the positive impact from women using modern methods of contraception; that is, unintended pregnancies, unsafe abortions, and maternal deaths that were prevented because women were using modern contraception. In 2015, the use of modern methods of contraception by 290.6 million women across the 69 FP2020 countries averted 80 million unintended pregnancies, 26.8 million unsafe abortions, and 111,000 maternal deaths.

Compared to the time of the London Summit, increases in contraceptive use and changes in method mix (as women switched to more effective methods) resulted in averting 6.6 million more unintended pregnancies in 2015 compared to 2012; averting 2.1 million more unsafe abortions in 2015 compared to 2012; and averted 13,000 more maternal deaths in 2015 compared to 2012.

IMPACT OF CONTRACEPTIVE USE IN THE 69 FOCUS COUNTRIES

	LONDON SUMMIT Year ending July 2012	FP2020 YEAR 1 Year ending July 2013	FP2020 YEAR 2 Year ending July 2014	FP2020 YEAR 3 Year ending July 2015
Modern methods of contraception were used by this many women and girls...	266.2 million	274.2 million	282.3 million	290.6 million
...Thereby averting this many **unintended pregnancies**:	73.4 million	75.6 million	77.8 million	80.0 million
... Averting this many **unsafe abortions**:	24.7 million	25.4 million	26.0 million	26.8 million
... Averting this many **maternal deaths**:	97 thousand	102 thousand	107 thousand	111 thousand

Core Indicator 9, modern contraceptive method mix, shows the percentage distribution of contraceptive users by type of method used. Method mix varies greatly across countries, reflecting the different contexts in which women live. A more diverse method mix helps meet the varied family planning needs of women, girls, and couples. Countries offering more types of modern methods in their programs also have higher percentages of contraceptive use (mCPR).[23] 88% of the FP2020 focus countries have six or more types of modern methods in use by women of reproductive age in the country.

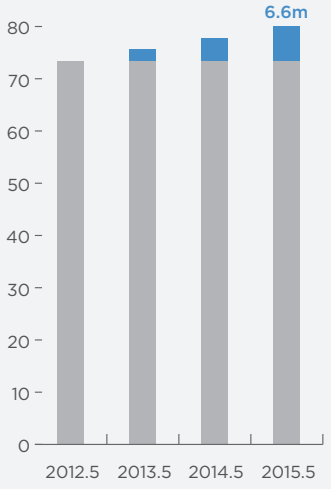
In February 2015, the FP2020 Reference Group formally adopted two new indicators that will help gauge whether investments in family planning are translating into increased commodity availability and choice of methods at the facility level. **Core Indicator 10** measures stock-outs of contraceptive supplies and **Core Indicator 11** measures the number of modern methods available by type of facility.

The most useful way to understand contraceptive stock availability is by method. For 2014, this data was available for 14 of the 29 FP2020 focus countries where surveys were conducted on contraceptive security.[24] Overall, for the 14 countries, stock-outs of female condoms and emergency contraception are most common. On average, 40% of facilities in the 14 countries were stocked out of female condoms and 31% of facilities were stocked out of emergency pills. For male

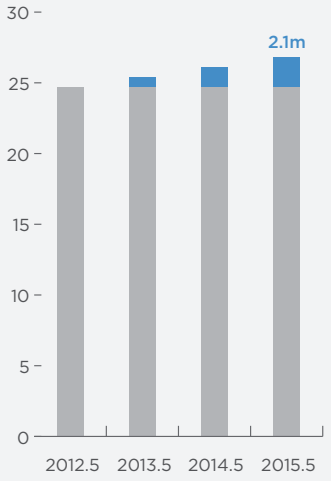
IMPACT OVER TIME
2012.5–2015.5

Sustain 2012 impact
Additional impact

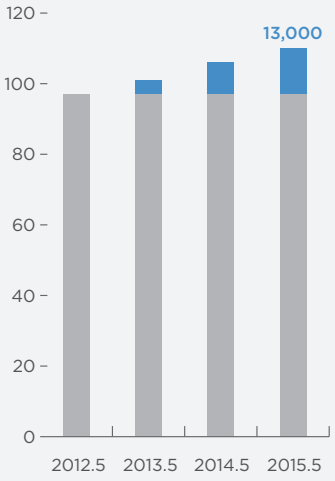
Unintended pregnancies averted
In millions



Unsafe abortions averted
In millions



Maternal deaths averted
In thousands



Impact by sub-region, 2015.5	**X in 100 women will experience an unintended pregnancy due to method failure**	**Percent of unintended pregnancies ending in unsafe abortion**	**One in X women with an unintended pregnancy will die from pregnancy related causes**
Eastern and Central Asia	3 in 100	18%	1 in 3,835
South Asia	3 in 100	34%	1 in 1,066
Latin America and Caribbean	4 in 100	35%	1 in 963
Southeast Asia and Oceania	4 in 100	35%	1 in 767
Eastern and Southern Africa	4 in 100	29%	1 in 287
Middle East and North Africa	4 in 100	40%	1 in 967
Western Africa	7 in 100	32%	1 in 219
Central Africa	8 in 100	23%	1 in 190

condoms, pills, and injectables, stock-outs were on average lower, with 10 of the 14 countries reporting less than 20% of facilities stocked out.

When using the more restrictive definition of being stocked out of *any* modern method, stock-outs appear to be pervasive across the 28 surveyed countries. On average over 60% of facilities were stocked out of *at least one* modern method on the day of survey in the 28 countries where this data was available.

23. Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. Glob Health Sci Pract. 2013;1(2):203-212. http://dx.doi.org/10.9745/GHSP-D-13-00010.

24. PMA2020 R1 surveys were used for Ethiopia (since the UNFPA survey measured only combined method availability) and Malawi (since the Service Provision Assessment Survey was based on the data consensus workshop). Four countries had no UNFPA surveys, and for these countries alternative sources were used: PMA2020 survey data were used for Ghana, Kenya, and Burkina Faso, and logistics report data were used for Côte d'Ivoire.

As we look back at this year's accomplishments, FP2020 is also looking to the future, guided by the resolve to empower women and girls to make healthy reproductive choices and link our progress to achieving the Sustainable Development Goals. Our country partners in government and civil society are the soul of these efforts and the drivers of the change essential for success. We will go forward together—with the countries that have pledged to FP2020, created country implementation plans, or are actively and ambitiously preparing for increased engagement.

Dr. Ariel Pablos-Méndez
Assistant Administrator for Global Health
Child and Maternal Survival Coordinator
US Agency for International Development

Photo by:
Mark Naftalin/FP2020

Core Indicator 12 is government domestic expenditures on family planning. Over the past three years, the global community has laid the foundation for producing estimates in the future. However, at the current time, very limited data is available for *public* reporting. Estimates for 2013 were available for just three countries: Burkina Faso, DR Congo, and India.

Core Indicator 13, Couple-years of Protection (CYPs), is the estimated number of years of protection provided by family planning services during a one-year period. It is our only Core Indicator to come directly from routine data systems. Countries collect information on the number of services and products provided to clients because this information is vital for monitoring performance, forecasting stocks to ensure adequate supplies are available, and tracking progress over time.

Since countries need to have robust data systems to report on this indicator, it can also serve as a proxy for the importance of investing in data systems and using routine data in countries. In the previous FP2020 Progress Report, we presented CYP estimates for the five countries that provided us with estimates; this year, the total increased to 14 countries.

Core Indicator 14, the Method Information Index, speaks directly to key dimensions of rights and empowerment: informed consent, method choice, and the quality of consultation offered by family planning providers. It uses existing survey questions to construct a proxy estimate that measures what type of information is being made available when women obtain a method of contraception. A low score may indicate a lack of provision of basic information on a routine basis, and argues for the need for further investigation into the quality of services and choice of methods offered. This year, we report Method Information Index estimates for the 24 FP2020 focus countries with sufficient data collected at or since the time of the London Summit.

Core Indicator 15 shows what proportion of women received family planning information in the last year, either during a visit with a community health worker, or at a health facility. This question is asked of all women of reproductive age, regardless of whether they are currently users of contraception. Of the 23 countries with sufficient data for this analysis, on average around one-quarter of women reported receiving family planning information during the last year. The values range from 6.6% in Guinea to 52.4% in Pakistan.

Core Indicator 16 shows the percentage of women who make family planning decisions alone or jointly with their husband or partner. Across the 25 countries with data available since the London Summit, the average value of this indicator is fairly high at 87.7%, ranging from 71% in Comoros to 98% in Egypt. Despite the high scores, in 14 of the 25 countries, more than 10% of women using contraception report that they were not involved in making these decisions.

Core Indicator 17, the adolescent birth rate, is expressed as the number of births to adolescent girls (age 15 to 19) per 1,000 adolescent girls. Among the 25 countries with sufficient recent data to produce estimates, the adolescent birth rate ranged from 44 per 1,000 in Pakistan and Kyrgyzstan, to 206 per 1,000 in Niger. In general, the highest rates are seen in francophone Africa, a reflection of the proliferation of child marriage and low levels of contraceptive use among all women in that region. High adolescent birth rates may also be attributed to policies that limit young people's access to contraceptives as well as social stigma and provider bias.

Photo by:
Prashant Panjiar/Bill & Melinda Gates Foundation

04 DIMENSIONS OF PROGRESS

ONE IN 120 MILLION

Goals are important: they set a direction for progress and provide a yardstick for measuring it. Big, ambitious goals—such as FP2020's goal of enabling 120 million women and girls to use modern contraception—can catalyze entire movements for change. But as important as goals are, it's even more important to remember the *purpose* behind the goals.

FP2020's purpose is simple but profound: to ensure that every woman and girl is able to exercise her basic human right to shape her own life. The fulfillment of human rights is not separate from or ancillary to FP2020 progress; it *is* FP2020 progress. The goal of this movement is to empower each individual woman and girl—each one of the 120 million—with the means to take charge of her own health, plan her own family, and determine her own destiny.

To do this, family planning programs must be expanded in a meaningful way. They must take into account women's needs and wishes, as well as the barriers they face. In this section, we highlight how our partners are embodying the many dimensions of progress that are not captured by the data.

In **Niger**, for example, the School for Husbands program offers an innovative approach to a widespread problem: male opposition to women's use of contraception. In these informal village schools, men are educated on the importance of reproductive health care and encouraged to support their wives' access to family planning. With the help of UNFPA, Niger has successfully scaled up the program across the entire country—1,000 schools in all.

Another issue is the acceptability—or unacceptability—of family planning methods. Globally, 110 million women cite method-related reasons for their non-use of contraception. USAID's Expanding Effective Contraceptive Options (EECO) project, led by WomanCare Global and PSI, is designed to provide women with a greater range of options. Large-scale pilots in **Zambia, Malawi, Madagascar,** and **India** will introduce four new product lines: a contraceptive gel, new barrier methods, a hormonal intrauterine system (IUS), and intravaginal rings (IVR). Most of these methods are woman-initiated, and each of them has key benefits that address women's concerns.

Providing a full choice of contraceptives is essential to quality of care, and ensures that each woman will be able to choose the family planning method that best suits her needs, preferences, and life-cycle requirements. **India** has taken a major step in the right direction by approving injectable contraceptives for use in the public health system. This landmark decision expands the basket of choice for millions of Indian women, who will now have access to one of the world's most popular and effective contraceptive methods.

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To ensure that girls and young women get access to the care they need, deliberate youth outreach programs are required. In **Cameroon**, Evidence2Action (E2A) is developing a comprehensive post-partum family planning (PPFP) program that includes a special focus on young mothers. The initiative taps into an existing network of youth associations called RENATA (Réseau National des Associations des Tantines) to provide information and referrals to young women and mothers.

Humanitarian crises brought about by natural disasters, conflict, or disease pose a special challenge for family planning services. Women's reproductive health needs don't disappear in times of crisis, yet their access to care can be severely compromised. When **Nepal** was struck by a devastating earthquake in April 2015, an estimated 2 million women and girls of reproductive age and 126,000 pregnant women were among the survivors (see related story on page 15). UNFPA and IPPF quickly partnered to respond, and within days were setting up mobile camps to provide urgently needed reproductive care.

The digital edition of *FP2020 Commitment to Action 2014–2015* covers these and other themes in more detail: the need for **political will** to advance family planning, the role of civil society **advocacy**, the value of **market shaping** in securing an affordable supply of contraceptives, the links between rights-based family planning and **sustainability**, and the importance of building an **emphasis on rights** into every plan and program from the ground up.

The common thread throughout is the centrality of family planning to the lives and health of women and girls—and its tremendous potential to enable a more prosperous, just, and sustainable world for all.

For more stories of how FP2020 partners are driving progress on rights-based family planning, please refer to ***FP2020 Commitment to Action 2014–2015: Digital Edition*** at www.familyplanning2020.org/progress.

Empowering girls and women with access to family planning and the opportunity to be full participants in society is the key to alleviating poverty, promoting economic growth, and accelerating progress on all of the new global goals for sustainable development.

Kathy Calvin
President and Chief Executive Officer
United Nations Foundation

Photo by:
Prashant Panjiar/FP2020

EXPERT VOICES

A NEW DEVELOPMENT AGENDA: WOMEN AND GIRLS AT THE CENTER

By Suzanne Ehlers
President and CEO of PAI

The 2030 Agenda for Sustainable Development maps out a bold vision for the future: a world that is healthier, more equitable, more prosperous, more peaceful, and more sustainable for everyone. But without women at the center of our development framework, it won't happen. None of it will.

Women's sexual and reproductive health and rights are at the nexus of almost all the development issues we face. Health and wellbeing, food security, economic empowerment, environmental sustainability, peace and justice—all of these hinge on the ability of women and girls to shape their own lives and control their own fertility, without coercion, violence, or discrimination. A girl who is afforded a childhood and an education grows up to be a woman in charge of her own sexual life. She can be anything she wants to be: a peace builder, an environmentalist, a leader of education, an investor in the health and prosperity of her community.

The far-reaching, cross-sectoral nature of the 2030 Agenda creates the opportunity for us to zero in on those connections and deepen our shared understanding that the sexual and reproductive health and rights of women and girls are at the center of development. In the past, discussions around sustainability and population dynamics haven't focused enough on the human rights of individuals and how they can achieve healthy lives. That needs to change. And those of us working in family planning need to be the leaders of that change, by working with other development sectors and women around the world to cultivate new alliances.

This is where FP2020 can and should play a significant role. The unique power of this platform is its ability to convene high-level conversations around challenging issues, with participation from a broad range of stakeholders. We can use that same convening power to invoke the discussion about how sexual and reproductive health and rights intersect with sustainability, security, education, and population dynamics. Together with our colleagues, we can build on existing conversations to ensure that human rights are at the core of any development issue.

We can also do more: FP2020 and its partners can develop creative solutions that cut across sectors. If innovative development proposals that support reproductive health and sustainability together were implemented, the impact on women and girls would be infinite. This is where FP2020 can be a leader.

The 2030 Agenda is ushering in a new era in development, and the potential for cross-sectoral collaboration is stronger than ever before. Together we can accomplish great things, but only if we keep the focus on women and girls at the center, where it belongs.

Suzanne Ehlers is the co-lead of the FP2020 Rights & Empowerment Working Group.

Photo by:
Prashant Panjiar/FP2020

05 APPENDICES

APPENDIX 1 REFERENCE GROUP AND WORKING GROUP MEMBERS AS OF OCTOBER 2015

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APPENDIX 2
COMMITMENT-MAKERS AS OF OCTOBER 2015

COMMITMENT-MAKING COUNTRIES

Bangladesh
Benin
Burkina Faso
Burundi
Cameroon
Côte D'Ivoire
Democratic Republic of Congo
Ethiopia
Ghana
Guinea
India
Indonesia
Kenya
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Myanmar
Nepal
Niger
Nigeria
Pakistan
Philippines
Rwanda
Senegal
Sierra Leone
Solomon Islands
Somalia
South Africa
Tanzania
Togo
Uganda
Zambia
Zimbabwe

COMMITMENT-MAKING INSTITUTIONS

CIVIL SOCIETY

ActionAid
Advance Family Planning
CARE International
DSW (Deutsche Stiftung Weltbevoelkerung)
EngenderHealth
FHI 360
Guttmacher Institute
International Center for Research on Women (ICRW)
International Planned Parenthood Federation (IPPF)
IntraHealth International
Ipas
Jhpiego
Management Sciences for Health (MSH)
Marie Stopes International (MSI)
PAI
Pathfinder International
Planned Parenthood Federation of America and Planned Parenthood Global
Population Council
Population Reference Bureau
Reproductive Health Supplies Coalition (RHSC)/Advocacy and Accountability Working Group (AAWG)
Rotarian Action Group for Population and Development
Save the Children
WomanCare Global and PSI

FOUNDATIONS

Aman Foundation
Bill & Melinda Gates Foundation
Bloomberg Philanthropies
Brush Foundation
Children's Investment Fund Foundation
The David and Lucile Packard Foundation
The William and Flora Hewlett Foundation
United Nations Foundation

MULTILATERALS/ PARTNERSHIPS

Norway, Bill & Melinda Gates Foundation, and the United Kingdom
United Nations Population Fund (UNFPA)
World Bank
World Health Organization (WHO)

PRIVATE SECTOR

Bayer HealthCare
Female Health Company
Merck for Mothers
Pfizer

COMMITMENT-MAKING DONOR COUNTRIES

Australia
Denmark
European Commission
France
Germany
Japan
Netherlands
Norway
South Korea
Sweden
United Kingdom

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Albert González Farran/UN

APPENDIX 3
ACRONYMS

AFP	Advance Family Planning
ARROW	Asian-Pacific Resource and Research Centre for Women
BMGF	Bill & Melinda Gates Foundation
BHC	Bayer HealthCare
BKKBN	National Population and Family Planning Board (Indonesia)
CARMMA	Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa
CE WG	Country Engagement Working Group (FP2020)
CHAI	Clinton Health Access Initiative
CIFF	Children's Investment Fund Foundation
CIP	Costed Implementation Plan
CPD	Commission on Population and Development
CPR	Contraceptive Prevalence Rate
CRS OECD	Creditor Reporting System
CYP	Couple-Years of Protection
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
EWEC	*Every Woman Every Child*
FMOH	Federal Ministry of Health (Nigeria)
FP	Family Planning
FP2020	Family Planning 2020 initiative
GFF	Global Financing Facility
HIP	High Impact Practices
IBP	Implementing Best Practices
ICCM	Contraceptive Method Mix
IPPF	International Planned Parenthood Federation
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KEMSA	Kenya Medical Supplies Authority
KFF	Kaiser Family Foundation
LAPM	Long-acting and Permanent Methods of Contraception
MAMA	Mobile Alliance for Maternal Action
mCPR	Contraceptive Prevalence Rate, Modern Methods
MD WG	Market Dynamics Working Group (FP2020)
M&E	Monitoring and Evaluation
MEC	Medical Eligibility Criteria for Contraceptive Use, fifth edition

MOH	Ministry of Health
MSH	Management Services for Health
MSI	Marie Stopes International
NCPD	National Council for Population and Development (Kenya)
NFPCI	National Family Planning Composite Index
NGO	Nongovernmental Organization
ODA	Official Development Assistance
OECD DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OP	Ouagadougou Partnership
PME WG	Performance Monitoring & Evidence Working Group (FP2020)
PMA2020	Performance Monitoring & Accountability 2020 (Project)
PMNCH	Partnership for Maternal, Newborn and Child Health
PPFP	Postpartum Family Planning
PPIUD	Postpartum Intrauterine Device
PSI	Population Services International
RE WG	Rights & Empowerment Working Group (FP2020)
RG	Reference Group
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RRM	Rapid Response Mechanism
SBCC	Social and Behavior Change Communication
SRHR	Sexual and Reproductive Health and Rights
SRHR/FP	Sexual and Reproductive Health and Rights and Family Planning
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS (UNAIDS)
UNF	United Nations Foundation
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
WCD	World Contraceptive Day
WHO	World Health Organization
WRESL	Women's Response to Ebola Sierra Leone

APPENDIX 4
FP2020 FOCUS COUNTRIES

List of the 69 poorest countries in the developing world by region and subregion (with 2010 per-capita gross national income less than or equal to US$2,500)

EASTERN AND SOUTHERN AFRICA
Burundi
Comoros
Djibouti
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
Somalia
Tanzania
Uganda
Zambia
Zimbabwe

CENTRAL AFRICA
Cameroon
Central African Republic
Chad
Congo
DR Congo
Sao Tome and Principe

WESTERN AFRICA
Benin
Burkina Faso
Côte d'Ivoire
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo

MIDDLE EAST AND NORTHERN AFRICA
Egypt
Iraq
South Sudan
State of Palestine
Sudan
Western Sahara
Yemen

EASTERN AND CENTRAL ASIA
Kyrgyzstan
Mongolia
DPR Korea
Tajikistan
Uzbekistan

SOUTH ASIA
Afghanistan
Bangladesh
Bhutan
India
Nepal
Pakistan
Sri Lanka

SOUTHEAST ASIA AND OCEANIA
Cambodia
Indonesia
Lao PDR
Myanmar
Papua New Guinea
Philippines
Solomon Islands
Timor-Leste
Vietnam

LATIN AMERICA AND CARIBBEAN
Bolivia
Haiti
Honduras
Nicaragua

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This report is dedicated in loving memory to Valerie DeFillipo (1951–2015), a lifelong advocate for women and girls and a treasured colleague and friend.

Feedback
If you have questions or comments about the contents of this report, we welcome your feedback:
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FP2020

www.familyplanning2020.org

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020. FP2020 is an outcome of the 2012 London Summit on Family Planning where more than 20 governments made commitments to address the policy, financing, delivery, and sociocultural barriers to women accessing contraceptive information, services, and supplies. Donors also pledged an additional US$2.6 billion in funding.

Led by an 18-member Reference Group, guided technically by Working Groups, operated daily by a Secretariat, and hosted by the United Nations Foundation, FP2020 is based on the principle that all women, no matter where they live, should have access to lifesaving contraceptives. FP2020 is in support of the UN Secretary-General's global effort for women and children's health, *Every Woman Every Child.*

UNITED NATIONS FOUNDATION

www.unfoundation.org

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