

# KEY MESSAGES

# Partnership in Progress Report

## Topline Message

***Partnership in Progress* details the accomplishments of the FP2020 partnership in the second year following the 2012 London Summit on Family Planning. The report also measures, for the first time, progress against FP2020's Core Indicators across the 69 focus countries.**

## Supplementary Messages

- At the 2012 London Summit on Family Planning, leaders from around the world committed to expanding contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by 2020. Family Planning 2020 (FP2020) is the movement that carries this global effort forward.
- More than 20 governments made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies.
- Donors also pledged an additional US\$2.6 billion in funding.
- Despite all the measurements and statistics, FP2020 is not about numbers. FP2020 is about empowering women and girls with health, choice, and opportunity. It is, ultimately, about making sure that every woman and every girl has the right, and the means, to shape her own life—to grow, to thrive, and to plan the family she wants.

# Country Progress

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## Topline Message

**Five more countries made commitments to FP2020 in 2013—Benin, the Democratic Republic of Congo, Guinea, Mauritania and Myanmar, bringing the total number of pledging countries to 29—that’s 42% of FP2020’s 69 focus countries now committed and on board. More countries are expected to announce commitments in late 2014**

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## Supplementary Messages

- Since November 2013, eight countries have launched national implementation plans for family planning.
- One-half of all FP2020 partner countries now have formal, detailed plans to guide national family planning strategies.
- Nine countries in West Africa, a region with some of the lowest modern contraceptive prevalence rates (mCPR) rates in the world, now have costed implementation plans.
- FP2020 partner countries represent 42% of the world’s 69 poorest countries and 80% of women with unmet need for contraception.

# Mobilizing Resources

## Topline Message

**In 2013, donor governments provided US\$1.3 billion in bilateral funding for family planning programs, almost 20% more than was given in 2012. An additional US\$460 million was disbursed in core contributions to UNFPA.**

## Supplementary Messages

- The US was the largest bilateral donor in 2013, providing US\$585 million for family planning, almost half (45%) of total bilateral funding. The UK was the second largest bilateral donor providing US\$305.2 million, 23% of all funding. They are followed by the Netherlands at US\$153.7 million (12%), Sweden at US\$50.4 million (4%) and Canada at US\$45.6 million (3%).
- Among the 10 donors profiled by Kaiser Family Foundation, eight 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 eight have made progress towards fulfilling their commitments.
- Philanthropic foundations and the private sector have followed through on their commitments as well.

# Measurement and Impact

## Topline Messages

**In 2013, the number of women and girls using modern contraception in the 69 FP2020 focus countries rose by 8.4 million, compared to 2012.**

**While falling just under 11% short of FP2020's benchmark goal of 9.4 million, the result represents a significant achievement this early on. FP2020 is on the right track and making steady progress; however, we must collectively accelerate our progress in order to reach 120 million more women and girls by 2020.**

## Supplementary Messages

- Today, more women and girls than ever before have access to modern contraception
- In 2013, across the 69 FP2020 focus countries, the use of modern contraceptives by 274 million women and girls of reproductive age averted:
  - 77 million unintended pregnancies, compared to 75 million in 2012
  - 24 million unsafe abortions, compared to 23 million in 2012
  - 125,000 maternal deaths, compared to 120,000 in 2012.
- Modern contraceptive prevalence rates (mCPR) averaged 23.5% across the 69 FP2020 focus countries. In 12 countries, mCPR was greater than 40%; in nearly half (32) of the countries, mCPR was less than 20%.
- The average mCPR growth rate across all countries masks some important gains in some countries where the growth trajectory is rising significantly. In Bhutan, Djibouti, Ethiopia, Kenya and Rwanda, growth rates exceeded 2.5%.
- Evidence suggests that the use of modern contraception by women and girls increases when a wider range of methods is available. However, the dominance of a single method of modern contraception is still a defining feature in more than half of the FP2020 focus countries. In the Democratic Republic of the Congo, Ethiopia, and India, more than 60 percent of users rely on a single method.

# Advocacy, Service Delivery and Innovation

## Topline Messages

**Government policies, laws, regulations and funding priorities can either help or hinder the delivery of family planning services. Advocates generate support for family planning policies, build strategic alliances and lobby decision makers for change. Some major wins this past year should see contraceptive use surge among several formerly underserved populations.**

**Securing the contraceptive supply chain means fewer stock-outs, bottlenecks and a variety of methods available for use. Innovative market shaping strategies aim to proactively shape the flow of commodities by making them more affordable, improving their design, streamlining procurement, simplifying regulation and strengthening delivery systems. Over 20 organizations are deploying market shaping techniques, investing as much as US\$315 million in such efforts since 2006.**

**Family planning programs are also taking inspiration from the commercial sector to improve delivery systems. The Informed Push Model replicates a system used to keep commercial vending machines supplied. Instead of relying on pharmacies and clinics to keep an inventory of stock and make their own orders, responsibility has been handed to delivery drivers who visit such centers on a regular schedule, conduct inventory of stock and replace supplies as needed. A pilot program in Senegal, carried out by IntraHealth completely eliminated stock outs of contraceptive supplies at participating centers as is expected to be rolled out nationally by 2015.**

# Advocacy, Service Delivery and Innovation

## Topline Messages

**Gaps in the health care system are a reality in the world's poorest countries. Doctors and nurses are scarce and medical facilities are often far from where people live. For family planning programs to be effective, they must draw on the resources and networks that exist, and with proper training this can include non-medical staff or even volunteers.**

**In settings where doctors and nurses are in short supply, task-shifting is an invaluable strategy for expanding service delivery. Task-shifting involves delegating tasks to less-specialized health workers, such as community health workers, who can be trained to provide injectable contraceptives and even implants. As of March 2014, 14 focus countries in sub-Saharan Africa were supporting community-based delivery of injectables: Ethiopia, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Nigeria, Rwanda, Senegal, Sierra Leone, Togo, Uganda and Zambia**

**Social franchise networks are another innovative service delivery mechanism taking inspiration from commercial practice. Franchisees are usually private health care providers—midwives, clinics, or pharmacies—who pay a small fee to join the network, and are trained to provide subsidized contraceptives**

# Advocacy, Service Delivery and Innovation

## Supplementary Messages

- In the Philippines, a 15 year campaign by CSOs and politicians to improve access to contraceptive advice and services finally saw the Responsible Parenthood and Reproductive Health Act declared constitutional and passed into law following a two year delay caused by opposition groups led by the church. As a result, virtually all forms of contraception will now be freely available at public health clinics. Sex education will be provided in schools, and public health workers will receive family planning training.
- Following a decade of effort by advocates, Uganda finally passed a law creating a National Population Council to oversee the country's reproductive health and family planning policies. At Uganda's first ever National Family Planning Conference, held in July 2014, President Museveni endorsed family planning as a key strategy for accelerating social and economic transformation.
- USAID | DELIVER PROJECT provides technical assistance to strengthen supply chains in more than 30 different countries, working with ministries of health and other organizations. Using best practices and innovative approaches, USAID | DELIVER develops and implements robust logistics solutions, fosters supportive commodity security environments, procures and ships health commodities and partners with local organizations to build sustainable capacity.
- In Pakistan, Marie Stopes International has established Suraj, a social franchising network. Franchisees receive extensive training on reproductive health services, and are provided with affordable high-quality commodities for their clients. The network includes field-based health educators (FHEs), who go door-to-door to teach women about family planning. The FHEs also distribute vouchers to women who cannot afford to pay for care. Suraj now serves over one million women in Pakistan, reaching communities that are underserved by the government's community health worker program.



# Accelerating Growth of Contraceptive Use

## Topline Messages

**If historical trends continue without accelerated action, the total number of women and girls in the world's poorest countries using modern contraception would grow from 258 million in 2012 to 306 million by 2020. This would leave 72 million additional women and girls who want to space or limit their fertility without the means to do so effectively.**

**FP2020's goal to address this shortfall requires an expansion of services—an increase in numbers of users—but just as importantly, it requires an improvement of service quality. FP2020's Core Indicators for measuring success reflect both the need for service expansion and service improvement.**

## Supplementary Messages

- The average annual rate of mCPR growth was marginally lower in 2013 (0.65 percentage points) than reported in 2012 (0.73 percentage points). Some countries had new data that showed they experienced slower or static mCPR growth rates despite expanding their family programs to serve many more women and girls. This can occur when the growth of the population of women and girls of reproductive age outpaces program expansion, and illustrates the challenge FP2020 has set itself to keep pace with population growth whilst still delivering contraceptive services to an additional 120 million women and girls by 2020.
- FP2020 selected mCPR to be a Core Indicator, rather than the standard indicator of CPR (which measures the use of all methods, traditional as well as modern). We chose to measure mCPR for *all women* rather than just *married or in-union* women to underscore the contraceptive needs of unmarried women and girls and to align our measurement framework with countries that offer contraceptive services to all women and that already have strategies in place to reach adolescents.

# About FP2020

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## Topline Message

**In the two years since the London Summit, FP2020 has made important strides. The first year was a period of formation, in which alliances were built, benchmarks were agreed upon, Working Groups and a Task Team were formed and measurement tools to track progress were established. Now, in the second year, momentum has continued to build.**

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## Supplementary Messages

- In July 2014 FP2020 launched the Rapid Response Mechanism (RRM), opening up a dynamic new source of funding for FP2020 focus countries. The RRM disburses grants for short-term, high-impact projects in response to urgent or unforeseen opportunities. The first RRM grant was issued in September 2014 for a faith-based family planning advocacy program in Uganda.
- FP2020 has established a network of focal points in every commitment making country. In keeping with FP2020's intention not to duplicate existing global architecture, the focal points are representatives nominated by the government and donor focal points are representatives of USAID, UNFPA and DFID who are already in-country.
- FP2020 facilitates progress by coordinating and building on existing architecture and frameworks. FP2020 is aligned with United Nations Secretary-General Ban Ki-moon's *Every Woman Every Child* Global Strategy for Women's and Children's Health, and fosters cooperation and strategic alliances between donors, partners, countries and other stakeholders in the family planning community