We live in an age of power and promise.

Our capacity to prevent harm and alleviate suffering—to challenge what were once viewed as inevitable conditions of human existence—is unprecedented.

Equally unprecedented—and equally important—is our shared conviction that we can, and must, use this power for the good of all.

The Millennium Development Goals forged a global consensus that we should concentrate our efforts on eight crucial development challenges. Today, at the sunset of the MDG timeframe, global poverty has been halved, and 90% of children in developing regions partake in primary education. The likelihood of a child dying before the age of five has been cut in half, and 54% fewer women die from complications due to pregnancy and childbirth. United under the banner of Every Woman Every Child, we have improved women’s and children’s health in the world’s poorest countries.

The evidence is clear: when women have access to family planning information, services and supplies, their quality of life improves, and entire communities prosper. When countries provide family planning services to all who want and need them, the result is a cascade of benefits across multiple sectors.

We have arrived at a crucial moment. The progress we’ve made toward our goal is remarkable, but that progress must accelerate in the next two years if we hope to stay on track. If we revert to business as usual, we will have squandered a precious opportunity to use our collective strength to elevate the most vulnerable among us.

The will to act together, now, to expand access to life saving contraceptives for millions of women and girls: this is what FP2020 will deliver. Together, we will succeed.

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

Dr. Babatunde Osotimehin
Executive Director
United Nations Population Fund
Our goal is to expand access to voluntary family planning information, services and supplies to an additional 120 million women and girls by 2020.

8.4 million more women and girls using modern contraception bringing total users in the 69 focus countries to 274 million women and girls.

30+ countries made commitments to FP2020.

77m unintended pregnancies averted.

125,000 women’s and girls’ lives saved.

In 2013, donors provided 1.3 billion US dollars for family planning.

Our goal is to expand access to voluntary family planning information, services and supplies to an additional 120 million women and girls by 2020.
All women and girls have the right, and must have the means, to decide freely and for themselves whether and when to have children. Access to voluntary family planning leads to transformational benefits across the development spectrum, and is one of the smartest investments a country can make in its future.

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 the year 2020. Family Planning 2020 (FP2020) is the movement that carries this global effort forward. In the two years since the London Summit, FP2020 has made remarkable progress. The first year was a period of formation; the second has been one of growing momentum and measurable results.

In November 2013, five more countries made commitments to FP2020, bringing the total number of commitment-making countries to 29. Additional countries are expected to make commitments before the end of this year. One-half of FP2020 commitment-making countries now have formal, detailed plans to guide their national family planning strategies, including all nine countries of the Ouagadougou Partnership in francophone West Africa.

In 2013, donor governments disbursed US$1.3 billion in bilateral funding for family planning programs—representing a nearly 20% increase over 2012—and US$460 million in core contributions to the United Nations Population Fund (UNFPA). Philanthropic foundations and the private sector followed through on their commitments as well, including allocations for service delivery programs, commodity security, product innovation and access, advocacy, awareness and more.

In 2013, 8.4 million additional women and girls used modern contraception compared to 2012. While this number is just below our projected benchmark of 9.4 million additional users in the first year, it is still a significant milestone. More women and girls than ever before have access to contraceptives, and the FP2020 collaboration is clearly working. We anticipated that growth would be slowest in the first years of the initiative as countries and partners expand their programs; in many countries an enormous effort is required simply to maintain existing levels of service. The data show that FP2020 is on the right track and making steady progress; however, we must collectively accelerate our efforts in order to reach 120 million more women and girls by 2020.

In 2013, across the 69 FP2020 focus countries, we estimate that the use of modern contraception by a total of 274 million women and girls averted 77 million unintended pregnancies, which is two million more unintended pregnancies averted than in 2012. Preventing unintended pregnancies creates substantial health impacts by reducing women’s exposure to unsafe abortions and maternal deaths. In 2013, there were 24 million unsafe abortions averted (compared to 23 million in 2012) and 125,000 maternal deaths averted (compared to 120,000 in 2012).

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 among donors, partners, countries, and other stakeholders in the family planning community. An FP2020 focal point network has been established in every commitment-making country, and FP2020 assists in matching countries with the technical and financial resources needed to accelerate progress. Additionally, FP2020 launched a Rapid Response Mechanism to fund short-term, high-impact projects in response to urgent needs or unforeseen opportunities in FP2020 focus countries.

The commitments made to FP2020 are translating into progress, but there is still much to do. As the global community shapes its post-2015 development agenda, we must keep our focus on the importance of family planning to the lives and health of women and girls—and on its tremendous potential to enable a more prosperous, just and sustainable world.
The international effort for family planning involves hundreds of partner organizations: governments, multilateral organizations, civil society organizations, philanthropic foundations, the private sector and the research and development communities. FP2020’s role is to coordinate the efforts of these many diverse participants, helping to ensure that agendas are aligned, knowledge is shared and new cooperative strategies are pursued.

FP2020’s organizational structure is deliberately light-touch, consisting of only three components: a Reference Group for strategic direction, a small Task Team 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. The 18 members of the Reference Group represent national governments, multilateral organizations, civil society, donor foundations and the private sector.

The Task Team reports directly to the Reference Group and is responsible for the day-to-day administration of FP2020. Hosted by the UN Foundation, the Task Team manages daily operations, administers the Rapid Response Mechanism, and supports the strategies of the Working Groups.

The four Working Groups are at the core of FP2020. Each group focuses on a key element 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 partners with the health care sector to ensure that a broad range of high quality, affordable contraceptive methods are available to the women who need them.

The Performance Monitoring & Accountability Working Group collects and analyzes the data necessary to measure FP2020’s progress and ensure that partner commitments are kept.

The Rights & Empowerment Working Group ensures that a fundamental respect for the rights of women and girls underpins all of FP2020’s efforts.

FP2020 spurs progress by building on existing partnerships and architecture, and avoids creating redundant structures or new reporting requirements. Wherever possible, FP2020 works with organizations, frameworks, and mechanisms that are already in place, at both the global and country level.
At the 2012 London Summit on Family Planning, Senegal pledged to raise its contraceptive prevalence rate from 12% to 27% by 2015. Four months later, the government unveiled its National Family Planning Action Plan 2012-2015, a detailed strategy to expand contraceptive access and acceptance. The early results are impressive. As of 2013, Senegal’s contraceptive prevalence rate had already jumped four percentage points to 16%.

Striking improvements are being made in the supply chain. The successful Informed Push Model of distribution promises to virtually eliminate stock-outs of contraceptive supplies. Efforts are also underway to improve service delivery and expand method mix, including access to Depo-Provera® and Sayana® Press.

However, improvements to service delivery and the supply chain will only go so far; the cultural taboos and misinformation surrounding contraception must be confronted as well. The Ministry of Health began a multi-phase communications campaign designed to raise awareness of family planning, with targeted messages for women, men and young people. Civil society organizations, like Réseau Siggil Jigéen, IntraHealth and Advance Family Planning also play a crucial role as advocates. Partnerships like these, between countries and organizations, drive progress for women and girls.
The 2012 London Summit on Family Planning generated US$2.6 billion in financial commitments from donors, and served as a pivotal moment for the global community to declare that voluntary family planning is one of the best investments a country can make in its future. Disbursements of family planning funds have increased substantially over the past year and action is being accelerated toward the realization of FP2020 commitments.

In 2013, donor governments provided US$1.3 billion for bilateral family planning programs, representing a nearly 20% increase over 2012, as well as US$454 million in core contributions to UNFPA. 

The US was the largest bilateral donor in 2013, providing US$585 million and accounting for almost half (45%) of total bilateral funding. The UK (US$305.2 million, 23%) was the second largest bilateral donor, accounting for nearly a quarter of all funding, followed by the Netherlands (US$153.7 million, 12%), Sweden (US$50.4 million, 4%) and Canada (US$45.6 million, 3%).

Among the ten donors profiled by the 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 of these donors have made progress toward fulfillment of their commitments.

INTERNATIONAL FAMILY PLANNING ASSISTANCE: DONOR GOVERNMENTS AS A SHARE OF BILATERAL DISBURSEMENTS, 2013 (TOTALS IN US$ MILLIONS)

<table>
<thead>
<tr>
<th>Country</th>
<th>Disbursements (US$ million)</th>
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</thead>
<tbody>
<tr>
<td>Australia</td>
<td>39.5</td>
</tr>
<tr>
<td>Netherlands</td>
<td>153.7</td>
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<tr>
<td>Denmark</td>
<td>18.8</td>
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<tr>
<td>Sweden</td>
<td>50.4</td>
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<tr>
<td>Germany</td>
<td>38.2</td>
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<tr>
<td>US</td>
<td>585.0</td>
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<tr>
<td>Canada</td>
<td>45.6</td>
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<tr>
<td>Norway</td>
<td>20.4</td>
</tr>
<tr>
<td>France</td>
<td>37.2</td>
</tr>
<tr>
<td>UK</td>
<td>305.2</td>
</tr>
<tr>
<td>Other DAC</td>
<td>13.8</td>
</tr>
</tbody>
</table>

TOTAL
US$1.3078 BILLION
BILATERAL DISBURSEMENTS

1. Core contributions by donors to UNFPA are used to support a range of projects for family planning, reproductive health, maternal and newborn health, and HIV by UNFPA; data provided here could not be adjusted to represent an estimated family-planning-specific share.
WOMEN AND GIRLS AT THE HEART OF FP2020

The Kalinzi Dispensary is a small health clinic in one of the most remote regions of western Tanzania. Enidyjoy Daniel stands on the porch of one of the buildings, looking out over a buzzing crowd of men, women and children. This small, graceful woman is the head nurse at the dispensary. Despite the large number of patients awaiting her attention, she remains unruffled. She was born in a village close by and understands the challenges that women face here.

Enidyjoy has been a nurse for many years, including five years at this particular facility. “The women here ache for their families,” she says. “Their greatest challenge is the sickness of their children. There are too many to care for, to keep healthy. The children cannot eat enough and cannot stay warm. They are constantly ill and many of them die too young.”

Enidyjoy is one of seven children herself, and remembers her childhood with a touch of sadness. Her mother and father could not support their family. “It was hard to get an education; we had to help provide food, water and firewood,” she says. One day, a neighboring orphanage put out a call for workers to help care for the growing number of abandoned children. Enidyjoy’s desperate father took her to the orphanage and left her there. Over the years, she helped to care for younger children and became passionate about becoming a nurse. The memory of those years continues to fuel her dedication to her career and to promoting family planning.

With the support of USAID, Bloomberg Philanthropies, and their implementing partner EngenderHealth, the dispensary provides reproductive and child healthcare to the women and children of Enidyjoy’s community. Enidyjoy sees 300-400 people a month, a number that can sometimes overwhelm the staff of only four. And Enidyjoy is the only trained family planning provider, which she admits can be exhausting. But she does the best she can, believing that women could lead better lives if they could plan their families.

Enidyjoy says the women here are strong. “They are used to hard lives; they fight to survive,” she says. “If given the opportunity, they can put their strong will into creating stronger families, stronger communities. They can reduce sickness in their homes, reduce the number of women and children dying. All they need is access to family planning. From that comes health, education and economic opportunity.”

Kalinzi Dispensary, Kigoma, Tanzania. August 2014