London Summit on Family Planning. 70 commitments made toward increasing access to family planning for additional 120 million women and girls, including pledges amounting to US$2.6 billion and commitments by more than 20 governments.

Announcement to expand access to Sayana® Press injectable contraceptive.

Kenya launches costed national family planning plan. Ghana holds national family planning conference, Kumasi.


Kenya amends National Family Planning Service Provision Guidelines, allowing trained community health workers to offer injectable contraceptives at community level.


Niger launches costed national family planning plan. FP2020 Stakeholders meet. Agreement to reduce price of Jadelle® contraceptive implant.

FP2020 Reference Group meets for the second time, Washington, D.C.


Burkina Faso launches national family planning plan. FP2020 Reference Group meets for the time, Kuala Lumpur.


Uganda to hold national family planning conference.
The enthusiasm that emerged at the London Summit on Family Planning is yielding tangible results, and it is clear that countries are leading the way. As of July 2013, countries comprised one-third of the 70 commitment makers to FP2020.

THE FP2020 COMMITMENT-MAKING COUNTRIES ARE:

- Bangladesh
- Burkina Faso
- Côte d'Ivoire
- Ethiopia
- Ghana
- India
- Indonesia
- Kenya
- Liberia
- Malawi
- Mozambique
- Niger
- Nigeria
- Pakistan
- Philippines
- Rwanda
- Senegal
- Sierra Leone
- Solomon Islands
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe

FP2020’s goal is to enable an additional 120 million women in the world’s poorest countries (FP2020 focus countries) to use modern contraception by 2020. These countries are defined as those with a gross national income (GNI) of $2,500 per year or less (based on the World Bank 2010 classification using the Atlas Method).

South Africa’s GNI does not qualify as one of the world’s poorest based on the World Bank 2010 classification using the Atlas Method.
The London Summit on Family Planning was a defining event for Indonesia’s family planning program. Our commitment there crystallized actions we were considering for revitalizing our program. FP2020 continues to be a catalyst, as was evident during Indonesia’s Summit on Family Planning.

**INDONESIA’S COMMITMENT TO FP2020**

Starting January 1, 2014, family planning services and supplies will be available free of charge through Indonesia’s universal health coverage system, and efforts are underway to improve 23,500 clinics and strengthen human resources in order to meet increased demand. Resources are being reallocated to focus on the most densely populated areas, and efforts will be concentrated on reaching populations in rural areas and on smaller islands. The government is committed to working with national and international partners to provide the technical support needed to provide gender-sensitive, high-quality family planning information and services to all people, including unmarried women, youth, and the poor.

Indonesia’s Family Planning Summit and Commemoration of World Contraception Day, held on September 26, 2013, in Jakarta, was a resounding success. More than 1,700 participants were in attendance. The Vice President of Indonesia, Dr. Boediono, opened the meeting by reiterating the government’s strong commitment to family planning and by personally pledging his full support. Five government ministers presided over the opening and high-level panel discussions.

Dr. Julianto Witjaksono, Deputy of Family Planning and Reproductive Health of Indonesia’s National Population and Family Planning Board (BKKBN), serves on the FP2020 Reference Group. BKKBN’s Dr. Siti Fathonah serves on FP2020’s CE WG, and Dr. Roy Tjiong of the Indonesian Planned Parenthood Association serves on PMA WG. All three played an active role in designing and executing the Indonesia summit.

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Historically, Indonesia had one of the world’s most successful family planning programs. However, progress has decelerated over the last decade, and the contraceptive choices available for women have diminished. Today, fewer women are using IUDs and implants than 15 years ago. Responding to this stagnation, Indonesia committed to improving the quality of its family planning program at the London Summit on Family Planning.

Responding to this commitment, BKKBN convened four FP2020 country meetings. The meetings, which were co-chaired by USAID and UNFPA, had a catalytic impact on the reproductive health community and reframed and reinforced the government’s revitalization efforts.

BKKBN’s new chair, Dr. Fasli Jalal, told the Indonesia Family Planning Summit attendees that family planning must be prioritized as a long-term, multisector development issue. To do so, it is essential to build support in the local governments of more than 500 districts. Some significant actions discussed during the summit include increasing access to long-acting methods of contraception, improving and increasing midwifery services, and mounting a communications campaign to raise awareness of family planning choices.

One highlight of the summit was a panel of young people who discussed the needs of youth in Indonesia and challenged the government to increase the legal age for marriage from 16 to 18 years old. They asked for more attention and resources for sexuality education and greater support for young people, especially the poor and most vulnerable. The Minister of Health, Dr. Nafsiah Mboi, spoke of the critical importance of family planning in reducing maternal and infant mortality, and underlined the need to collaborate across government programs to support the needs of women and girls. Attendees applauded midwives for their heroic efforts to improve maternal health and for the pivotal roles they play in improving access to family planning and expanding contraceptive options.

Another high point was the announcement that BKKBN and the Population Commission of the Philippines had signed a memorandum of understanding to support south-to-south collaboration, with a focus on Mindanao Island, a conflict area in the Philippines that has a majority-Muslim population. Areas of collaboration include strengthening the role of faith-based organizations, sharing lessons on decentralization and local advocacy, and sharing best practices.
Within a year, the three main pillars of the commitment—increased national government investment in family planning, more donor support, and systems strengthening—had been accomplished. Specifically, the allocation for family planning supplies increased from US$3.3 million to $5 million in the current budget. UNFPA, USAID, and DFID exceeded the additional $5 million called for from donors. Finally, a reproductive health subaccount was established to track reproductive health resource flows and improve the National Medical Stores’ capability to distribute reproductive health supplies and commodities.

The government and its partners are now working to create a unified and costed national plan for family planning using the FP2020 commitment as a guide and to firmly ground the plan in Uganda’s development priorities. The plan is expected to be completed and implementation underway by the end of 2013.

The UFPC and Advance Family Planning have already begun expanding access to family planning through innovations supported by government policy. These innovations include task sharing for contraceptive procedures and provision of contraceptive injectables by village health teams, and postpartum availability of IUDs through voucher programs. PPDARO will lead efforts to track the continued fulfillment of the commitment. The first-ever Ugandan family planning conference will take place in December 2013, coordinated by the Ministry of Health, UFPC, and others, with support from UNFPA.

Though Uganda’s family planning needs are acute, there is renewed optimism that progress is possible and that health and development prospects will be significantly improved. With gains made toward fulfillment of the FP2020 commitment, universal access to family planning is within reach.
Donor Government Disbursements for Family Planning in 2013 (Totals in USD Millions)

01. Other DAC Countries
02. Australia
03. Canada
04. Denmark
05. France
06. Germany
07. Netherlands
08. Norway
09. Sweden
10. U.K.
11. U.S.

TOTAL = $899.8 MILLION

$11 Other DAC Countries
$43 Australia
$42 Canada
$13 Denmark
$66 Netherlands
$49.6 France
$48.6 Norway
$41.2 Sweden
$47.6 Germany
$41.5 Canada
$99.4 U.K.
$485 U.S.

See page 34 of progress report for methodological note.

*Includes the other 14 donor members of the OECD Development Assistance Committee in 2012.
Zambia’s national family planning strategy is very ambitious, but it is also achievable. We are on track to better serve the needs of the hardest to reach communities. The women and girls of Zambia will benefit from the renewed commitment to expand family planning services.

DR. CAROLINE PHIRI
DIRECTOR OF MOTHER CHILD HEALTH
MINISTRY OF COMMUNITY DEVELOPMENT
MOTHER CHILD HEALTH, ZAMBIA

PARTNERSHIP ACCELERATES PROGRESS IN ZAMBIA

Zambia has one of the highest maternal mortality ratios in the world: 591 per 100,000 live births. The loss of life and the impact on families and communities are devastating. At the London Summit on Family Planning, Zambia took an important step toward improving maternal health when it pledged to increase the prevalence rate for modern contraceptive methods from 33% in 2007 to 58% by 2020.

With support from partners including DFID, FHI360, MSI, Planned Parenthood Association of Zambia, UNFPA Zambia, and the USAID-funded Health Policy Project, the Zambian Ministry of Community Development, Mother and Child Health, developed and launched the Costed Eight-Year Integrated Family Planning Scale-up Plan 2013-2020.

It is projected that the implementation of Zambia’s plan will avert 3.5 million unintended pregnancies, more than 100,000 child deaths, and nearly 10,000 maternal deaths. It is expected that the plan will save Zambia 1,492 million ZMW.
PMA2020

By harnessing innovations in and widespread expansion of technology, PMA2020 promotes the use of accurate, timely, accessible information to facilitate annual progress reporting in 10 FP2020 countries across Africa and Asia. The project, led by the Bill & Melinda Gates Institute of Population and Reproduction at the Johns Hopkins Bloomberg School of Public Health, leverages a mobile Assisted Data and Dissemination System (mADDS) to produce new analyses automatically and rapidly to better inform family planning programs and policy.

PMA2020 will deliver data from nationally representative household and facility surveys, in real-time using mobile phone technologies, fielded through a cadre of resident enumerators who are recruited, trained, and deployed on a regular basis to conduct successive survey rounds. In addition to replicating questions included in the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS), PMA2020 introduces new questions that address access, equity, quality, and choice. These questions generate a broader set of family planning data, allowing for more in-depth monitoring and analysis across a subset of countries, and are critical to tracking whether rights are respected, protected, and fulfilled.

At the time of preparing this report, data was being collected in Ghana and surveys were about to begin in Democratic Republic of Congo, Ethiopia, Kenya, and Uganda. Data collected from these surveys will feed into FP2020 core indicators and be presented in future FP2020 progress reports.

PMA2020 has trained more than 100 female resident enumerators in Ghana. Each was recruited from her community, where data are collected. Together, they comprise a sentinel network that is activated to conduct repeated rounds of the survey, interviewing approximately 40 households and three service delivery points each time. Each enumerator is equipped with a smartphone, supported by a regional supervisor, and compensated for her work. Through training, equipping, and supporting this network of sentinel resident enumerators, PMA2020 is building local skills for generating meaningful and timely data for program improvement. Enumerators commented on what they liked best about the training: “It gave us the opportunity to build self-confidence,” “The belief that we can do it,” and “The training has brought improvement to my life.” In addition, the project strengthens the capacity of local university partners to manage all aspects of survey implementation.
Progress is the result of dedication combined with knowledge. The stakeholders in FP2020 are dedicated to a common goal; now, with the foundation of a strong platform for measurement and evaluation, we’ll have the knowledge we need to guide us toward success.

VALERIE DEFILLIPO
DIRECTOR, FP2020
FP2020 countries have high levels of unmet need, with more than 140 million married women estimated to have had an unmet need for family planning in 2012. These are married women who are not currently using family planning but who have expressed that either they do not wish to have additional children or they wish to wait at least two years before having a child. While there are different methodologies used to produce estimates of unmet need, this number is derived from the UN Population Division’s methodology because it produces country-specific estimates as opposed to regional estimates.

The figure to the left shows the number of women with an unmet need in 67 of the 69 FP2020 countries (South Sudan and Western Sahara are omitted due to lack of data). The circle representing India has been reduced in size so that it does not obscure surrounding countries. It should be noted that the FP2020 pledge to reach 120 million additional women with modern methods also aims to increase access among these 140 million women, as well as among unmarried women with an unmet need and women currently using traditional methods who may want to change to a modern form of contraception.