

Family Planning Summit – London, July 2012

Aims of the Summit

The UK Government and the Bill & Melinda Gates Foundation, with the support of UNFPA and other partners, will host a ground breaking international Family Planning Summit in London in July. The Summit will launch a global movement to give an additional 120 million women in the world's poorest countries access to lifesaving family planning information, services and supplies by 2020. Increasing access will enable these women and girls to choose whether, when and how many children to have.

Currently, over 200 million women and girls in developing countries who want to delay or avoid becoming pregnant do not have access to modern methods of contraception. For many of these women, the inability to choose and access family planning will cost them their lives. Avoiding unintended pregnancies reduces the number of unsafe deliveries and unsafe abortions – two of the main causes of maternal deaths.

Action is needed now. The Family Planning Summit will build on the momentum created by the UN Secretary General's Global Strategy for Women's and Children's Health, "Every Woman, Every Child", and the innovative public-private and civil society partnerships that are developing through the Reproductive Health Supplies Coalition (RHSC) and their HandtoHand Campaign.

Despite our efforts, progress on enabling women and girls to access contraception has largely stalled over the last two decades. Recent analyses (undertaken for the summit) shows that women who want contraceptives, but lack access to them, are being reached at a slower rate than previously thought. This Summit is our collective opportunity to generate global commitments to increase access to family planning and, in doing so, accelerate the achievement of MDGs 4 (reducing child mortality) and 5 (improving maternal health) – including MDG target 5b (reproductive health) – as well MDG target 6a (HIV prevention).

Leaders from developing and developed countries, donors, civil society groups and the private sector will come together behind a simple vision: to give women in the developing world the same access to lifesaving family planning as women in the developed world.

Unprecedented political commitment and resources will be called for at the Summit, but the return on our collective investments will be huge: if the global community can support countries to enable 120 million more women and girls to gain access to contraception between 2012 and 2020, it is estimated that cumulatively 300,000 fewer women and girls will die in pregnancy and childbirth and three million fewer infants will die from complications in their first year of life.

This document explains why it is time to put family planning back on the global community's agenda, and outlines the important role each stakeholder can play to ensure a successful outcome for the world's poorest women – both at the Summit and in the years ahead.

The case for investing in family planning

Girls and women should have the power to plan their own lives and raise healthier, better educated, and more prosperous families. Ensuring access to voluntary family planning is one of the best contributions to empowering women, and one of the most cost-effective investments a country can make in its future.

When women and girls have the right and ability to decide for themselves whether, when and how many children they have:

- **Maternal and infant mortality rates fall and there are wider health benefits.** If all women and girls in developing countries, who wanted contraception, had access to it, unintended pregnancies would drop by more than 70 percent, and each year nearly 100,000 mothers would not die from complications during pregnancy and childbirth, and more than half a million newborns would not die¹. Access to family planning information, services and supplies is equally critical for preventing HIV and other sexually transmitted infections, and reducing abortions.
- **Women and their families become healthier, wealthier, and better educated.** Studies find that women and couples who can decide on the number, spacing, and timing of their children are better able to increase their household income and invest in their existing children.
- **Country budgets go further.** As fertility rates fall, pressure is relieved on a country's health, education, water, sanitation and social services, and on scarce natural resources. It is estimated that every US\$1 spent on family planning services yields between \$2 and \$6 in subsequent social sector cost savings in Sub-Saharan Africa and up to \$13 in South Asia².
- **Girls are more likely to complete their education and have greater opportunities.** Delaying the age of first pregnancy dramatically increases opportunities for girls and young women – currently half of all first births are to adolescent girls; the majority of these girls are married³. Girls who are able to delay marriage and to delay their first pregnancy are better able to gain the skills, confidence and assets they need to take up opportunities and improve their own lives.

The goal of the Summit

The Summit will commit the global community to giving access to family planning to 120 million more women in the poorest countries by 2020. The poorest 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) – a group of 69 countries.

¹ Facts on satisfying the need for contraception, Guttmacher Institute and IPPF (2010)

² USAID, *Achieving the MDGs: The Contribution of fulfilling the unmet need for family planning*, Washington DC: Futures Group International, 2006.

³ Bruce, J and Bongaarts, J, *The New Population Challenge*, Population Council (2009).

As well as providing family planning for 120 million additional women in these 69 countries, the global community also needs to sustain coverage for the 260 million women currently using contraceptives – estimated as of 2012. By 2020, we aim to serve a total of 380 million women with quality family planning to delay, space or limit their births. This is an ambitious and powerful goal.

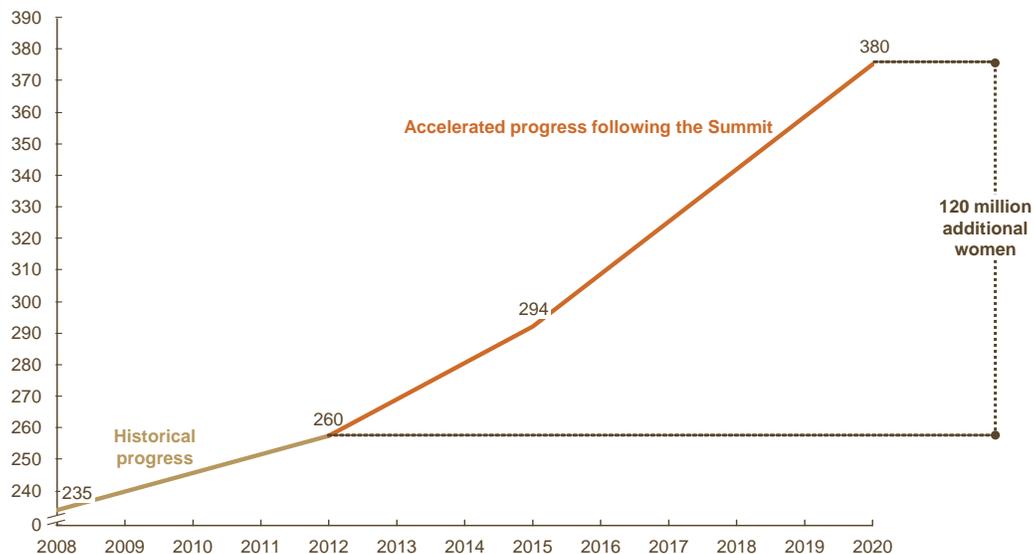
The estimated resource requirement for sustaining the current use of contraception is \$10bn over eight years from 2012 to 2020. This is made up of contributions from country governments, consumers, and external donors. Reaching an additional 120 million women will require resources equivalent to an additional \$4bn over the next eight years [this is not a cash amount and we are working with a range of partners to determine what the summit asks will be].

The figure below depicts the Summit goal of accelerating family planning uptake to meet the needs of 120 million additional women living the world’s poorest countries.

Figure 1

The Summit will lead to an additional 120 million women being able to access family planning

Estimated progress to 2015 and 2020, 69 countries ≤\$2500 GNI per capita
MM women using modern contraception



(1) Includes 69 countries (≤\$2500 GNI per capita), adjusted for ratio of married / unmarried women
SOURCE: UN Population Division, DHS, Futures Institute, Guttmacher Institute, team analysis

The Summit will mark a significant step towards achieving the vision of ensuring women in the developing world have the same access to lifesaving family planning information, services and supplies as women in the developed world. It is also a vision that many developing countries share and have already made ambitious commitments towards.

The goal is ambitious. However, with greater political leadership, and increased and more effective investment, it is achievable and highly cost effective.

Principles to support the goal

- Universal access to voluntary family planning information, services and supplies; within the context of broader programmes to achieve sexual and reproductive health and rights and the health-related MDGs
- Equity by ensuring the poorest and most vulnerable women and girls have the same access to quality services and supplies as those in developed countries
- Country owned and led, focussed on national priorities, conditions and needs
- Targeted at the poorest countries and on high impact, sustainable interventions designed to favour access for the poor
- Additional financing which is flexible for use by country systems in support of family planning objectives and can join country-level pooling arrangements as appropriate
- Catalytic investments which trigger greater domestic financing and policy and delivery commitments
- Partnership at the country level including with the non-state sector as an important contributor to service delivery
- Innovation in financing, systems and service delivery, including integration, and addressing quality and demand side barriers
- Funding for efforts that can transform family planning and deliver results with capacity to extend to the broader continuum of care for RMNCH
- Commitment to results, transparency and accountability.

How partners will work together to achieve this goal

The Summit will seek a range of policy, financing and delivery commitments from developing countries, donors, the private sector and civil society that together will enable an additional 120 million women in the world's poorest countries to have access to modern methods of family planning by 2020.

To reach this ambitious goal, transformational change is needed at the international, country and local levels to increase family planning access and overcome a number of barriers that currently prevent women and girls from accessing contraceptives:

- Inadequate political commitment
- Inadequate, inconsistent and unpredictable funding
- Demand limited by social, cultural, policy and financial barriers
- Lack of commitment to increasing and improving services
- Weak procurement and supply chains
- Limited supply of quality products and lack of access to a broad range of methods from which people can choose

- High price of mid to long-acting and reversible contraceptive methods and lack of associated skilled providers
- Current methods do not meet needs of all women and new methods have insufficient investment

Support to significantly accelerate country-led plans:

It is expected that many countries will need additional resources in order to deliver accelerated plans and better policies. These resources should be made available through a range of channels including support to procurement of cost-effective commodities, support to scaling up services, and support to innovative and new approaches to reaching the poorest and most vulnerable women and girls.

In order to best support countries to make the fastest and most sustainable progress possible, partners need to work together to develop a number of options to channel accelerated funding. Many countries are increasing their commitments to health and will be able to finance a large portion of their plans out of resources available in-country (both from domestic budgets and from funds available through sector programmes and other donor sources). But other countries may need additional support to fill and maintain their commodity pipeline or to achieve the level of scale-up required to make a significant difference to women.

Financing options should take into account concerns about the costs and challenges around setting up new global financing arrangements. However, countries that are ready to accelerate access to family planning should be able to partner with donors who have the resources and commitment to do more. In particular, countries with transformational, best-practice and results based multi-year plans should be given priority for funding. Plans should also include proposals for long-term sustainability and be focused on the poorest and most marginalised women.

It is proposed that accountability processes are developed, with civil society for example, and that monitoring takes place through clearly defined tracking indicators in order to ensure countries can demonstrate progress and good value for money.

Based on country needs for addressing these barriers, the Summit will support several complementary arrangements for additional family planning financing as detailed below.

Countries will be able to access support through a request nested in countries' own national health strategies and/or specific RMNCH and family planning frameworks as appropriate. In-country partners, such as donors, technical agencies and non-state actors, could support the process of request preparation. The request could include how to:

- Scale up access to the contraceptives needed to achieve the country's goal, and procure these supplies (with additional co-financing provided to support increased levels of procurement in line with increasing need and absorptive capacity). This funding will ensure that women can have access to a range of quality, affordable methods of contraception.
- Improve supply chains, systems and service delivery models to increase knowledge and awareness and to ensure contraceptives reach the women who need them.

Additional co-financing could be provided to support efforts and commitments at the country level for:

- The adoption of best and proven practices to achieve improved efficiency and effectiveness of supply and delivery. This could support demand side interventions with women and men such as social and behaviour change, new delivery models and service integration, better supply chains and reduced financial barriers to access family planning information, and/or services and supplies for girls and women who want to use them.
- Innovative solutions to identify new practices that have the potential to achieve a true transformation in family planning service provision and utilization in a given geographic area or for a population sub-group.

At a global level, this support will be complemented by:

- Interventions to create healthier **market dynamics** for family planning commodities (e.g., new product development partnerships with industry, guarantees where markets for new or niche commodities are fragile, supporting regulatory pathways and processes). Investments in market dynamics will be targeted at reducing commodity prices and increasing the availability and quality of women preferred family planning methods.
- Complementary support to strengthen **monitoring, evaluation and accountability at both country and global levels**. The goal of this will be to transform the way that family planning progress and results are monitored and used to drive political accountability by developing and rolling out new, innovative approaches to data collection and reporting. These efforts should complement existing country and global efforts to monitor and drive progress to the achievement of the health-related Millennium Development Goals, including the work underway under the auspices of the UN Secretary General's Global Strategy for Women's and Children's Health.

Aligning with country plans and processes, ensuring better value for money

There is a clear need to avoid creating new structures that risk duplicating existing functions, and where possible we will work with existing processes, organisations and frameworks – at both global and country levels – wherever the right capabilities are in place. However, we also must be catalytic and transformational to reach our ambitious goal of 120 million new users by 2020. We will not accept the status quo as being the best we can do, and we will continue to look for new partners with innovative ideas both in countries and internationally to accelerate change.

This initiative will take place fully in the context of national health strategies and plans for family planning scale-up, or will seek to create those plans with countries where they do not exist today. At the country level, the work will also build on existing structures (e.g., country committees and stakeholder groups) to:

- Set a baseline for current contraceptive use and goals for each country where appropriate
- Coordinate in-country efforts to improve contraceptive demand and contraceptive mix forecasts, which in turn can be aggregated into global demand forecasts

- Mobilize financial and health system resources for contraceptives and service delivery at the country level, and increase those resource contributions over time
- Identify ways to dramatically decrease contraceptive stock-outs and ensure broader access to women-preferred methods
- Encourage the identification and application of best practices to drive effective scale-up of family planning service delivery
- In coordination with partners (including civil society organizations), identify novel ways to improve supply and generate demand, particularly in those countries with very low modern contraceptive prevalence rates
- Monitor and proactively review progress against goals and take additional action through governance and accountability processes as required

The Summit seeks a set of commitments from the global community

In order to succeed after the July event, all of us, as members of the global community, must play our part to make and meet the Summit's ambitious commitments:

- **Partner countries** need to make bold political commitments to increase access to family planning. This will involve making additional domestic resources available, and tackling the policy, demand and service delivery barriers which currently prevent people from accessing family planning.
- **Donors** need to commit to sustaining current investments and providing additional funds for family planning, to using these funds in a more coordinated, effective and efficient way, and to supporting advocacy efforts.
- **Civil Society** needs to mirror these commitments by pledging to continue existing advocacy work and work to improve the supply and demand for family planning services. Civil society groups have a key role to play in building support for family planning among the poorest families and communities, safeguarding against coercive practices, and in ensuring that providers, policy makers and funders are kept accountable for their commitments.
- **Manufacturers** need to engage with funders and procurers in new and expanded partnerships to make a greater range of quality contraceptive products available, affordable and accessible to people in the poorest countries.
- **Other partners** within the health sectors and other sectors need to engage in new and expanded partnerships that leverage the vast expertise that they have – in such areas as logistics, information technology, education and communication – for the benefit of increasing access to family planning and improving reproductive, maternal and newborn health.

Conclusion

This Summit has the potential to transform the lives of millions of girls and women in the world's poorest countries. All of us have a vital role to play in order to achieve our collective ambition. Only by working together as a global community can we achieve this.