

## London Summit on Family Planning – July 11, 2012

In July 2012, partners from across the world will come together at the London Summit on Family Planning to support the right of women and girls to decide, freely and for themselves, whether, when and how many children they have.

Over 200 million women and girls in developing countries who want to delay, space or avoid becoming pregnant are not using effective methods of contraception, resulting in over 75 million unintended pregnancies every year. This puts women and girls at serious risk of death or disability during pregnancy and childbirth, including from unsafe abortions, particularly where quality of care is inadequate.

Services and supplies are not available or affordable for many women and girls, or are not appropriate to meet their needs, and many lack knowledge and information about contraception. Frequently, women's partners and their communities are also not fully informed about contraception, or do not support women's and girls' rights to decide to use it.

The continuing failure to address these barriers and to help women and girls who want to use contraception and consistently access family planning services, without discrimination or coercion, has a very high price in terms of women's and children's health and survival, and the prosperity of communities and nations. At the same time, by reducing unintended pregnancies and enabling healthy timing and spacing of pregnancies, contraception is one of the most cost-effective ways to reduce maternal, infant, and child deaths.

Action is needed now. The UK Government and the Bill & Melinda Gates Foundation, in partnership with UNFPA, national governments, donors, civil society, the private sector, the research and development community, and others, are launching a groundbreaking effort to make available affordable, lifesaving contraceptive information, services, and supplies to **an additional 120 million women and girls in the world's poorest countries by 2020.**

The Summit will support the delivery of, and build on the momentum created by, the UN Secretary General's Global Strategy for Women's and Children's Health, "Every Woman, Every Child"<sup>1</sup>, and the innovative public-private and civil society partnerships that are developing through the Reproductive Health Supplies Coalition (RHSC) and their HandtoHand Campaign<sup>2</sup>; both launched at the UN General Assembly in September 2010. It also aims to build on and support existing donor partnerships such as the Ouagadougou Cooperation<sup>3</sup> and the Alliance for Reproductive, Maternal and Newborn Health<sup>4</sup>. Efforts to strengthen family planning will be integrated into broader reproductive, maternal, newborn and

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<sup>1</sup> [www.everywomaneverychild.org](http://www.everywomaneverychild.org)

<sup>2</sup> [www.rhsupplies.org/handtohand-campaign.html](http://www.rhsupplies.org/handtohand-campaign.html)

<sup>3</sup> Appeal for action – Declaration of Ouagadougou for Population, Development and Family Planning in French Speaking West Africa, February 2011

<sup>4</sup> [www.usaid.gov/our\\_work/global\\_health/pop/alliance.html](http://www.usaid.gov/our_work/global_health/pop/alliance.html)

child health, including HIV services; to support and strengthen the continuum of care while filling critical gaps in access to family planning.

This Summit is an opportunity to generate global commitments to make high quality, voluntary family planning services more available, acceptable and affordable, and, in doing so, to accelerate the achievement of MDGs 4 (reducing child mortality) and 5 (improving maternal health) – including MDG target 5b (universal access to reproductive health) – and MDG target 6a (HIV prevention).

The Summit and its follow-up will fully align with the broader SRHR framework established by the International Conference on Population and Development (ICPD) almost 20 years ago. The Summit will have a strong focus on equity and rights, and will emphasise freedom of access to a range of contraceptives for married and unmarried women, marginalised communities and adolescents. The Summit supports innovative public-private and civil society partnerships to transform the lives of women, men and adolescents.

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 supports countries' own ambitions and, in doing so, enables 120 million more women and girls to use contraceptives between 2012 and 2020, over 200,000 fewer women and girls will die in pregnancy and childbirth and nearly three million fewer infants will die in their first year of life<sup>5</sup>.

### **The case for investing in contraceptives**

All women and girls have the right, and must have the means, to plan their own lives, including whether, when and how many children to have. Access to voluntary family planning has transformational benefits for women and girls. It is **one of the most cost-effective investments a country can make in its future**.

When women and girls, both married and not, regardless of income, location and circumstance, are empowered to decide whether, when and how many children they have, then:

#### **1. The burden of maternal and infant mortality falls and there are wider health benefits.**

If the 215 million women and girls in developing countries with an unmet need for contraception used modern methods of family planning, unintended pregnancies would fall by more than 70 percent, and each year there would be nearly 100,000 fewer maternal deaths and nearly 600,000 fewer newborn deaths each year<sup>6</sup>.

- If every woman was able to leave at least a two-year gap between a birth and a subsequent pregnancy, deaths of children under five would fall by 13%. If the gap is three years, such deaths would decrease by 25%<sup>7</sup>.

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<sup>5</sup> Family Planning Summit 2012, Technical Note: Data sources and methodology for calculating the 2012 baseline, 2020 objectives, impacts and costings Family Planning Summit Metrics Group (ADD WEBLINK)

<sup>6</sup> Based on 2008 data; to be updated with new estimates from Singh S and Darroch JE, *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*, New York: Guttmacher Institute and United Nations Population Fund, Forthcoming, 2012.

<sup>7</sup> Rutstein SO, Further evidence of the effects of preceding birth intervals on neonatal, infant, and under-five-years mortality and nutritional status in developing countries: evidence from the demographic and health surveys, *DHS Working Papers*, No. 41, Calverton, MD, USA: Macro International, 2008.

- When contraceptive information and services include information on the prevention of STDs, including HIV, and provide male and female condoms for protection against both pregnancy and HIV, they can contribute substantially to reducing unintended pregnancies and the spread of HIV and STDs. Meeting the unmet need for contraception also contributes to eliminating mother-to-child transmission of HIV.

## **2. Girls are more likely to complete their education and have greater opportunities.**

The 2012 Commission on Population and Development specifically recognized the sexual and reproductive health and rights of adolescents and identifies this age group as one whose needs have largely been ignored. Nearly 13 million adolescent girls give birth each year in developing countries, most often before they are physically, emotionally or economically prepared. Complications arising from unsafe abortion, pregnancy and childbirth remain a leading cause of death among young women aged 15 to 19. Recognizing the human rights of girls and women, the dangers of early pregnancy, and that girls who delay marriage and their first pregnancy are more likely to stay in school and secure productive employment, adolescents should be provided with comprehensive sexuality education, and access to contraceptives, counseling and services.

## **3. Women and their families become healthier, wealthier, and better educated.**

Studies find that women and couples who decide to limit and space their children are better able to increase their household income and invest in their children's health and education. In the 1970s, half the villages in Matlab, Bangladesh were randomly chosen to have access to contraception. Today, the people in those villages have healthier, better educated children, and financially are far better off than their neighbors who did not have access to contraceptives<sup>8</sup>.

## **4. 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 invested in family planning services yields between \$2 and \$6 in subsequent social sector cost savings in Sub-Saharan Africa and up to \$13 in South Asia<sup>9</sup>. Family planning is one of the best investments for improving health and achieving other national development goals.

## **The goal of the Summit**

The Summit will seek commitments from the global community to expand the availability of voluntary family planning information, services, and supplies to enable 120 million more women and girls in the world's poorest countries to be using contraception by 2020, without coercion or discrimination. These countries—69 in total—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). In addition, the global community will commit to sustaining coverage for the estimated 260 million women in these countries who are currently using modern contraceptives, so that by 2020 a total of 380 million women and girls

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<sup>8</sup> Gribble, James and Voss, Maj-Lis, "Family Planning and Economic Well-Being: New Evidence from Bangladesh" Population Reference Bureau Policy brief, May 2009, <http://www.prb.org/Publications/PolicyBriefs/bangladeshfamilyplanning.aspx>

<sup>9</sup> USAID, *Achieving the MDGs: The Contribution of fulfilling the unmet need for family planning*. Washington DC: Futures Group International, 2006.

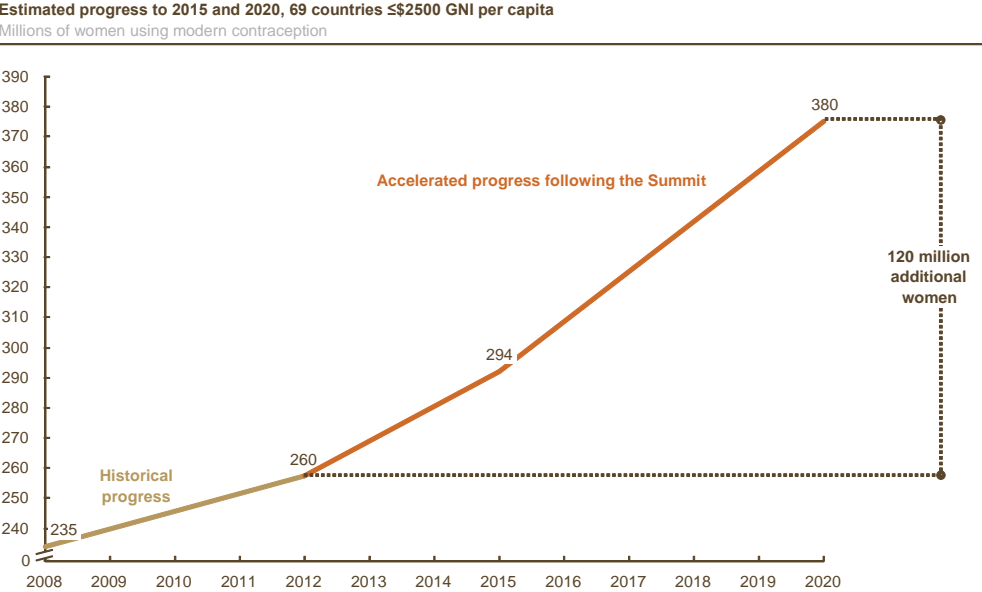
in the world’s poorest countries will have voluntary access to modern methods of contraception, with significantly more women and girls having access to quality information, services and supplies<sup>10</sup>.

It is expected that in addition to supporting the direct provision of information, services and supplies to women and girls in the world’s poorest countries, these efforts will also lead to increased access and utilisation of contraception by women and girls in other countries. For example, efforts to bring new methods to market, to reduce the prices of existing methods and to revitalise interest in international family planning will benefit women and girls worldwide.

Figure 1 below depicts the Summit goal of making family planning information, services, and supplies available to more women and girls in the world’s poorest countries.

**Figure 1**

**The Summit will enable an additional 120 million women to use contraception by 2020**



(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 estimated resource requirement for sustaining the current use of contraception by 260 million women in the 69 poorest countries is US\$10bn over eight years from 2012 to 2020. These resources – which are principally provided by country governments through their health budgets and are supported by contributions from consumers and external donors – need to be sustained. Reaching an additional 120 million women will require resources equivalent to an additional US\$4.3bn over the next eight years. This number includes resources and infrastructure supported by developing countries. Of the \$4.3bn total resource requirements, donors will need to contribute \$2.3bn in funds above and beyond the level of funding provided for family planning in 2010.

<sup>10</sup> See ref 5 (see weblink)

Many donors have already increased their commitments to family planning as part of the 2010 G8 Muskoka Summit and the UN Secretary General's 'Every Woman Every Child' initiative. The additional funding sought for the Summit will build on these existing commitments, recognising those made to family planning that have been or will be disbursed from 1 January 2012 onwards. The Summit working team is proposing a methodology for estimating the proportion of Muskoka commitments that contribute to family planning, and is accounting for these funds in estimates of new resource needs.

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

### **Principles to support the goal of reaching 120 million additional women by 2020**

- Protection of the human rights of women and girls including through policies and mechanisms to ensure informed choice of a broad range of high-quality, safe, effective, acceptable and affordable contraceptive methods; non-discrimination, and assurance that women and girls are fully informed, and not coerced by any means.
- Integration of family planning within the continuum of care for women and children (including HIV-related services); and development of mechanisms that address barriers to access to affordable and high-quality information, supplies and services for family planning, yet are adaptable and can be expanded to meet a broader set of unmet health and development needs of women and children.
- Universal access to voluntary contraceptive information, services and supplies, within the context of integrated programmes to achieve sexual and reproductive health and rights and the health-related MDGs.
- Equity in policies and program design and implementation, such as the removal of policy and financial barriers and the development of public and private delivery mechanisms, so that the poorest and most vulnerable women and girls have ready access to affordable, high-quality family planning information, supplies and services.
- Empowering women to decide whether and when they wish to become pregnant as well as how many children they wish to have.
- Participatory development of country plans based on consultations with, and the views of, all stakeholders, especially poor and marginalised girls and women.
- Strong partnerships among and between a broad base of stakeholders—community, governments, political leaders, civil society organisations (including faith-based organisations), the private sector, donors and multilaterals—to help ensure high-quality service delivery, outreach to more disadvantaged groups, building community support and programme accountability to the people served.
- Commitment to results, transparency and accountability to ensure countries and the global community track progress towards results, as well as monitoring and assessing protection of human rights and the extent to which the poor and marginalised women and adolescent girls are reached.

## Overcoming barriers to contraceptive access

The Summit will seek a range of policy, coordination, financing, delivery, and demand-generation commitments from developing countries, donors, the private sector and civil society. Together, these commitments will enable meaningful changes at the international, country and local levels to overcome the barriers that currently prevent women and girls from accessing contraceptives; which include:

- Insufficient political commitment at the national level and ideological opposition in countries and globally.
- Insufficient, inconsistent and unpredictable funding from both national and global sources, often due to a lack of understanding of the value of contraceptive information and services.
- Social, cultural, policy, and financial barriers to effective demand, including lack of support from partners and communities, policies that limit access, and inequities that prevent women and girls from exercising their rights.
- Lack of quality services that meet poor women's and girls' reproductive health needs without discrimination, supplying a range of safe, effective and affordable contraceptive methods, through skilled service providers who treat women and girls with respect.
- Insufficient integration of family planning as a basic component of an essential package of primary health services.
- Weak procurement and supply chains that result in contraceptive stock-outs.
- High prices of mid- to long-acting, reversible contraceptive methods.
- Insufficient investment in research and development of contraceptive methods to better meet the diverse needs of girls and women throughout their lives.

## Proposed ways to accelerate progress

The Summit will build on the remarkable commitment of partners from across the spectrum of family planning stakeholders. Partner countries, donors, civil society organizations, experts, academics, and many others all contribute greatly and will continue to do so. The Summit will avoid creating new structures that duplicate others, and will work with existing processes, organisations and frameworks—at both global and country levels—wherever the necessary capabilities already exist or can be strengthened. New partners with innovative ideas in line with the principles of the Summit, both in countries and internationally, will be mobilised to help accelerate progress. Many of the details outlined in the following sections continue to be under discussion with stakeholders and will continue to be refined before and after July 11, including the potential to ensure links to the broader continuum of care across MDGs 4 & 5.

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). The level of resources committed by partner countries to co-fund additional support for new and scaled up programmes will vary.

It is anticipated that much of the funding committed by development partners to deliver the Summit goals will flow through existing channels—not least through donor agencies' bilateral programmes. Pooled funding for commodities and commodity security will be channeled through the existing

UNFPA Global Programme to Enhance Reproductive Health Commodity Security. The summit co-hosts are in discussion with various partners, including the PMNCH, regarding the potential for providing funding for family planning demand and service delivery scale-up as part of broader support to integrated national health or RMNCH plans.

Funding for market dynamics, stewardship, accountability and advocacy, and contraceptive research and development work will also be supported by partners through appropriate channels.

Funds raised for the London Summit on Family Planning will support countries and stakeholders in the following areas:

- **Increase the demand and support for family planning:** Funds will be provided as a share of the cost of country programs to promote “best practices” in family planning programmes and ensure that contraceptives reach the women and girls who need them. This includes approaches to removing barriers to access and use, including through programmes to empower girls such as ‘safe spaces’, comprehensive sexuality education, working with men and boys, building community support, behaviour change communication, media initiatives, and approaches to removing financial barriers. As well as supporting the scaling up of best practices, this will include support for new, innovative approaches, including in fragile and conflict-affected situations.
- **Improve supply chains, systems and service delivery models:** This includes funds for “best practices” in improving service quality; scaling up services and ensuring they are available, affordable and acceptable to women and girls; special efforts to reach the most disadvantaged and vulnerable women and girls; training and supervision of health workers to ensure quality of care, and effective monitoring and evaluation mechanisms and processes.
- **Procure the additional commodities countries need to reach their goals:** To ensure that women and adolescents can access a range of quality, affordable, safe, and acceptable methods of contraception, funding will be available to countries to share the cost of procuring the additional commodities needed. In practice, countries will continue to procure contraceptives using their existing systems; however, better coordination at all levels—local, national and global—will be required to develop more accurate and complete demand forecasts and to reduce delays in access to a range of contraceptives that meet women’s needs. There will be no need for countries currently procuring through an existing state body, or through UNFPA or USAID to change their procurers..
- **Innovative approaches to any of the above through “family planning challenges”:** This funding seeks to encourage innovative approaches that will be rigorously evaluated and scaled up if successful. Funding at the country level will be provided either to the partner government or directly to others (e.g., social marketing organisations or other non-state actors) working in the country.

Additional funds at the global level will be used to strengthen accountability and improve contraceptive markets, including:

- **Market dynamics:** Country level family planning efforts will be supported by global-level interventions to create healthier market dynamics for contraceptive 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 improving country commodity forecasting capabilities, aggregating demand by contraceptive product type at the global level, reducing commodity prices, encouraging participation of southern-based manufacturers, and increasing the availability and quality of a range of family planning methods, including those that are in high demand.

- **Promoting accountability through improved monitoring and evaluation:** Additional financing will be devoted to improving monitoring, learning, evaluation and accountability at both country and global levels. This will cover both financial resource flows to family planning, as well as the performance of programs aiming to increase access to and voluntary use of contraceptives. Monitoring and accountability arrangements will be fully integrated with the existing processes established under 'Every Woman Every Child' by the UN Secretary General, including the Independent Expert Review Group (IERG), and linked to broader monitoring of progress towards the Millennium Development Goals. The approach to monitoring and accountability is being developed with the full participation of a broad stakeholder group including donors, partner countries, civil society, academia and others. The Summit monitoring and accountability framework will:
  - rigorously track family planning inputs, processes, outputs, outcomes and impact, as well as funding flows, including indicators with short time lags to track innovation, coverage, quality and scale;
  - monitor progress against priorities including the need to reach the poor and disadvantaged and vulnerable groups, such as girls, and to ensure the protection of human rights in relation to contraceptive information and services;
  - ensure country ownership and alignment with country-specific policies and reporting processes;
  - encourage stewardship and accountability at the global and country levels with an emphasis on voluntary family planning, rights, equity and contraceptive access;
  - ensure broad-based participation of non-state actors and civil society including capacity building; and
  - ensure that governments and civil society vigorously promote quality and voluntary family planning and ensure that any coercive practices are reported and action is taken to ensure human rights are protected.
- **Advocacy:** Support for advocacy to ensure sustained donor and government funding for contraceptive information and services that meet the Summit principles; protect and promote global agreements that recognise the central role of family planning and other sexual and reproductive health service and rights; and to promote appropriate action by international agencies including the UN.

### **Support for country-led and transformational plans**

Many countries will need additional resources so they can invest in initiatives that build support for the right of women and girls to decide to use family planning and to improve the availability of information, services and supplies. We are engaging in ongoing consultation with countries on how to best design the financing mechanisms to simplify their access to funding in a timely manner.



This global effort will support transformational plans for expanded contraceptive access, ideally developed as part of national health and RMNCH strategies. Countries with clearly identified outcomes and sustainable multi-year plans to expand contraceptive access, particularly for the more disadvantaged women and girls, and to simultaneously improve the quality of services and protection of human rights should be given priority for funding. Every programme that is supported will have specific, built-in accountability mechanisms to ensure the delivery of high-quality services that respect and protect human rights, and will include regular review processes and external evaluations.

Proposals for Summit funding will be reviewed by family planning committees in existence or established at the country-level, with representation from country, civil society, and donor stakeholders. Where they exist already, countries can utilise the family planning components of their national health plans for consideration. Details regarding proposal review and funding approval are currently under discussion and will continue to be developed in the lead-up to the Summit and beyond.

The Summit partners are committed to increasing the ability of the poorest women and girls to use contraception by increasing access and reducing financial barriers. They are also committed to ensuring support for effective and sensitive approaches to delivering services in conflict-affected, fragile and humanitarian situations. To ensure that momentum is maintained toward reaching the Summit goal, increased and focused capacity will need to be provided at the global level, including strengthening existing organisations where appropriate. Key responsibilities of partners at the global level will be to:

- maintain the visibility of the importance of family planning;
- advocate with partner country and donor governments to increase their commitment to family planning;
- support in-country committees as they develop transformational plans;
- support efforts to improve health systems to secure sustainable family planning services and contraceptive supplies and supply chains that reach women in their communities;
- oversee decisions on funding arrangements (although the technical review of country plans will be conducted through in-country committees);
- set a market dynamics strategy and objectives; and
- define and oversee accountability and monitoring processes, as well as track progress towards objectives.

### **The Summit seeks a set of commitments from the global community**

All members of the global community have roles to play in meeting the Summit's ambitious goals:

- **Partner countries** need to make bold political commitments to increase access to family planning information, services and supplies, by making additional domestic resources available, and tackling policy, demand and service delivery barriers.
- **Donors** need to commit to sustaining current investments and providing additional funds for contraceptive information, services and supplies; improving their coordination so that funds are used most effectively; and supporting advocacy for expanded contraceptive availability and for removing barriers to women's and girls' access.
- **Civil Society** needs to continue and expand their advocacy for both expanded availability and removal of barriers, with funding from donors and, where appropriate, governments. Civil society groups can also help build community support for contraceptive access, monitor

services for quality, voluntarism, and informed choice, and help hold providers, policy makers and funders accountable for their commitments. They can also conduct behavior change interventions and implement innovations in delivering services.

- **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 women and girls in the poorest countries.
- **Others** in and outside the health sector need to engage in new and expanded partnerships that leverage their expertise in such areas as behaviour change, demand generation, logistics, information technology, education and communication. The broader global health community needs to ensure that family planning is integrated within a broader range of services across the continuum of women's and children's health.

## **Conclusion**

The revitalised global family planning movement resulting from the Summit, and the commitments that will be made by so many, have the potential to save and to transform the lives of millions of women and girls in the world's poorest countries. By working together as a global community, we can save lives and improve the health, social and economic development of families, communities and nations today and for generations to come.