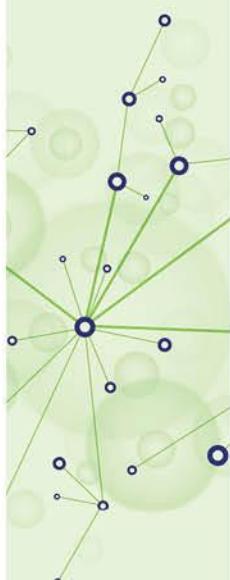




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Factsheet



New Country Commitments to FP2020

Benin, Democratic Republic of the Congo (DRC), Guinea, Mauritania, and Myanmar

As FP2020 carries forward the momentum of the 2012 London Summit on Family Planning, countries are taking steps to accelerate progress towards expanding access to family planning for 120 million women and girls in the world's poorest countries by the year 2020. New political, financial, and service delivery commitments are being made to support the rights of women and girls to decide whether, when, and how many children they want to have. These important investments will contribute to better child health, increased education for women, greater family savings, and stronger national economies.¹

Benin²

- By the year 2018, Benin aims to increase mCPR by 20%.
- Benin commits to progressively increasing the budget allocation for contraceptive purchase through 2018 to CFA 250 million.
- The government of Benin will revise policies, norms, and protocols to strengthen the delegation of tasks to improve reproductive health and will spread awareness of the law on reproductive health and regulations.
- Benin will disseminate the National Population Policy Declaration (DEPOLIPO).
- Benin will increase collaboration with the private sector within the family planning framework.
- By leveraging community networks, Benin will ensure the availability and accessibility of contraceptive products throughout the country.
- By 2015, Benin will ensure that modern methods of contraceptives are available without cost and that reproductive health training is provided for adolescents and youth.
- Benin aims to strengthen communication on family planning, particularly for women who have expressed an unmet need, adolescents, and youth.



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Democratic Republic of the Congo ³

- The DRC aims to increase the contraceptive prevalence rate from 5.4% in 2010 to 19% in 2020, and to increase the number of users of modern methods from 700,000 in 2010 to 2.1 million in 2020.
- The DRC plans to execute on their newly developed national strategic plan for family planning for 2014-2020.
- The government recently made family planning and reproductive health a budget line item, and in 2013, allocated \$1 million for the purchase of contraceptives. This financial contribution will gradually increase to align with the implementation of the national strategic plan for family planning, particularly for the purchase of contraceptives.
- The government will protect adolescent girls from early marriage through education, awareness raising, social reintegration, and women's empowerment programs.
- The DRC commits to reforming laws which pose barriers to responsible parenthood and planned births.

Guinea ⁴

- Guinea aims to increase the number of women ages 15-49 using modern contraception from 252,000 in 2013 to 772,000 in 2018, corresponding to an mCPR increase from 7 percent in 2012 to 22.1 percent in 2018. The country's goal is to decrease the unmet need for family planning from 44 to 20 percent.
- Guinea will finalize and disseminate the National Plan for Accelerating Progress on Family Planning by December 31, 2013.
- From 2014-2018, \$743,493 will be appropriated annually for the purchase of contraceptives, constituting 50 percent of the cost of contraceptive products.
- Guinea will integrate youth sexual and reproductive health (SRH) services into the basic services of health structures in two to eight administrative regions by 2018.
- Guinea pledges to recruit 2,000 health workers in 2014, at a cost of \$3.5 million USD. Each year until 2017, the government will recruit an additional workforce of 51 midwives, 111 government-registered nurses for rural areas, and will train 330 health technicians to serve as midwives.
- Guinea will continue the roll-out of long-acting methods in the 15 health districts currently lacking them.
- Institutionalize the National Campaign for Family Planning Services.
- The government will enforce the legal marriage age of 18 in accordance with the Children's Code by 2018.
- Results-driven coordination, monitoring and evaluation and accountability mechanisms will be strengthened.



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- Create legislation and strengthen institutional instruments to put in place policies and structures which will effectively accelerate progress on reproductive health and family planning.
- The government and CSOs will develop partnerships with the private sector to finance family planning.
- Guinea will increase service coverage by taking into account private and civil society structures in supplying family planning services.
- Guinea will improve access of local populations to all family planning methods by using community-based service provision.
- Forecasts and data management to optimize the supply chain will be strengthened.
- Guinea will elevate the institutional standing of family planning by creating a Family Planning Division within the National Directorate for Family Health and Nutrition.

Mauritania ⁵

- Mauritania commits to accelerating progress on MDGs 4, 5, and 6. This commitment falls within the framework of the government's priorities as defined by the Strategic Framework for the Fight against poverty, the National Health Sector Development Program, and the Presidential Initiative for the Fight against Maternal Mortality.
- The government of Mauritania aims to increase the mCPR from 11% to 18.5% by 2018 and to reduce the total fertility rate (TFR) from 4.7 to 4.2 by 2015.
- Mauritania's national action plan on family planning was developed in 2013 through a participatory and inclusive process. The plan will be implemented for the period 2014-2018 and outlines Mauritania's priorities for family planning and creates a framework for partnership and resource mobilization.

- Beginning in 2014, the government commits to allocating health commodity security funds for family planning. It also commits, along with partners, to mobilizing additional resources for the implementation of the national action plan.
- Building upon its existing commitment to the Ouagadougou partnership, Mauritania commits to the principles and objectives of FP2020 and will work to mobilize the resources necessary to meet these objectives.



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Myanmar⁶

- Myanmar's commitment calls for collaborative efforts to reduce unmet need for voluntary family planning to less than 10% and increase demand satisfaction from 67% to 80% by 2015.
- Myanmar aims to increase mCPR from 41% to 50% by 2015 and over 60% by 2020.
- In fiscal year 2011-2012, Myanmar committed USD \$1.29 million for the purchase of contraceptives during the 2012-2013 financial period and pledges to increase the health budget to cover nearly 30 million couples by 2020.
- Myanmar seeks to boost partnership with the private sector, civil society organizations, and other development partners for expanded service delivery. They will continue to strengthen logistics management information system to ensure reproductive health commodity security through improved projection, forecasting, procurement, supply, storage, systematic distribution, and inventory control.
- Myanmar commits to improving the method mix with an increased use of long acting permanent methods of birth control.
- Myanmar will implement a monitoring system to strengthen quality of care and ensure women have a full range of contraceptive options.
- Myanmar's family planning plan will address regional disparities and inequalities.
- Myanmar will review and develop a five year strategic plan for reproductive health through a consultative process.
- Myanmar will strengthen the policies on clinical contraceptive methods through increased collaboration with stakeholders within the context of the Nay Pyi Taw Accord.
- The government of Myanmar will expand the forum of family planning under the umbrella of the Health Sector Coordinating Committee and create an Executive Working Group on Family Planning as a branch of the Maternal Newborn and Child Health Technical Strategic Group.
- Myanmar is committed to the UN Secretary General's Global Strategy on Women's Children's Health and to achieving universal access to sexual and reproductive health and promote reproductive rights, and to reduce maternal mortality.

Sources

¹ Adding it Up: Costs and Benefits of Contraceptive Services, Estimates for 2012. Guttmacher Institute, 2012 <http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>

² Commitments made by Benin during the International Conference on Family Planning in Addis Ababa, November 11-15, 2013.

³ Announcement by His Excellency Mr. Joseph Kabila Kabange, President of the Democratic Republic of the Congo, for the International Conference on Family Planning, Addis Ababa, 2013.

⁴ Commitments Made by the Republic of Guinea during the International Conference on Family Planning in Addis Ababa, November 11-15, 2013, Ministry of Public Health and Hygiene.

⁵ Commitments made by Mauritania during the International Conference on Family Planning in Addis Ababa, November 11-15, 2013.

⁶ Commitments made by Myanmar during the International Conference on Family Planning in Addis Ababa, November 11-15, 2013.