

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

[HTTP://WWW.FAMILYPLANNING2020.ORG/IPPF](http://www.familyplanning2020.org/ippf)

*In August 2016, International Planned Parenthood Federation (IPPF) shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).*

## POLICY & POLITICAL UPDATES

IPPF is a global leader in family planning service delivery and advocacy, and has been at the vanguard of delivering comprehensive voluntary family planning services for over 60 years. IPPF is the global and regional convener and mobilizer of civil society organizations that advocate for public, political and financial commitments to voluntary family planning. In 2015, IPPF continued to unite a global movement to improve the health status of poor and young people, in particular women and girls, through an enabling family planning policy environment and access to a range of cost-effective, high-impact health services. Particularly, the Federation succeeded in securing:

- **National legislative change for access to contraception:** 528 successful policy initiatives and or positive legislative changes in support or defense of SRHR to which IPPF Member Associations' advocacy contributed. This included 31 increased national budget allocations for contraception, access to contraception, and SRHR of vulnerable people;
- **Global and regional norm setting for rights-based family planning:** 74 successful regional and global policy initiatives and/or positive legislative changes in support or defense of SRHR to which IPPF's advocacy contribute
- **Reproductive rights are human rights:** 60 percent of Member Associations monitor obligations made by governments in the international human rights treaties that they have ratified. IPPF Member Associations continue to use the United Nations Periodic Review process to raise concerns and make recommendations about sexual rights in their countries – including access to contraception.

## Overview of family planning advocacy in 2015:

- **Global Financing Facility:** IPPF actively mobilized civil society to advocate for the inclusion of family planning within the Global Financing Facility (GFF) from the World Bank and governments, and to call for stronger accountability mechanisms, transparency, specific funding for reproductive health commodities and more consultation with key stakeholders, including civil society. IPPF advocated at various meetings with World Bank officials and engaged with allies on the development of the GFF's business plan. IPPF also supported civil society advocates for the prioritization of family planning in the development of GFF Investment Cases at national level.
- **Kenya:** IPPF's MA highlights a specific concern in the ability for Kenya to achieve its FP2020 pledge and improve the procurement and supply of family planning commodities. Currently, Kenya can access family planning commodities for free, but only when they are ordered alone. The Kenyans Medical Supplies Authority (KEMSA) often orders family planning supplies with other essential supplies, and as a result the Government has to pay for them, wasting valuable resources. The Member Association is specifically advocating for family planning budgets, and supporting the development of the RH strategy.
- **Indonesia:** Civil society organizations – including the IPPF Member Association - are closely tracking Indonesia's commitments to include family planning services and supplies free of charge throughout the country as part of its universal health coverage (UHC) program, starting January 1st, 2014. The UHC has been launched in January 2014 and a lot of improvements are needed including the free access to family planning services. IPPA and civil society organizations are monitoring the implementation of UHC so that it can be used effectively and services and supplies are free of charge. In 2015, IPPA also supported the drafting of a Memorandum of Understanding with National Family Planning Coordinating Board requesting government to distribute services and supplies through IPPA's clinics.

- **Pakistan:** The Government of Pakistan pledged to achieve universal access to reproductive health by 2020 and raise contraceptive prevalence rate (CPR) to 55 % by 2020. The IPPF Member Association led a campaign, along with other CSOs, to advocate for the Government of Pakistan to secure ownership of F2020 commitments and it included a focus on CPR. Civil society specifically asked provinces to commit to the CPR targets. This included extensive advocacy campaign and media interventions. As a result, the Government announced specific CPR targets for each province.
- **Zambia:** The Government pledged to expand family planning method mix and increase access. The Member Association is currently working to develop a national training database for long acting and reversible contraceptive methods (LARCs) and a database of all trained providers. In 2014, the Member Association trained over 500 health workers to deliver LARCs, built capacity of over 300 community volunteers for family planning in underserved areas, and trained 271 health providers from 14 districts on commodity logistics, procurement and management in collaboration with DFID and UNFPA

## FINANCIAL UPDATES

At global, regional and national levels, IPPF persuades governments and decision makers to promote sexual and reproductive health and rights, to change policy and to fund programmes and service delivery. In 2015, IPPF made significant progress to improve an enabling environment towards strengthening the recognition of SRHR at the regional level:

- **Working in partnership with the African Union (AU) on the Maputo Plan of Action.** IPPF's Liaison Office in the African Union headquarters in Addis Ababa plays a critical role in influencing policy processes at the African Union and the United Nations Economic Commission for Africa. The African Union has requested that the IPPF Africa Regional Office works with civil society organizations across Africa to conduct a review of the Maputo Plan of Action. The plan is Africa's policy framework for universal access to comprehensive sexual and reproductive health services, including family planning. The review will assess progress and make recommendations for the next phase. IPPF convened the General Assembly of the African Parliamentary Forum on Population and Development in the Ivory Coast. The assembly produced a positive statement on Africa's position on sexual and reproductive health and rights for the new Sustainable Development Goals. This was taken forward to the 6th International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action in Sweden where African parliamentarians reaffirmed their commitment to gender equality, women's empowerment, elimination of violence against women, and universal access to sexual and reproductive health services.
- **Engaging BRICS:** More than 42 percent of the world's population live in the five BRICS countries of Brazil, Russia, India, China and South Africa, which means that the policies and views of governments in these countries are critical for the health and well-being of billions of people. IPPF works in BRICS countries in partnership with civil society organizations, including Member Associations, to raise awareness among the leaders and policy makers of the importance of sexual and reproductive health and rights. In February 2015, IPPF convened a civil society forum in Brasilia, ahead of the First BRICS Meeting of Ministers Responsible for Population Matters. IPPF worked with civil society organizations, including the Member Associations of China and India, to review the zero draft of the Agenda for BRICS Cooperation on Population Matters 2015–2020. Country official delegates were encouraged to support sexual and reproductive health and rights, and gender equality in negotiations on the content of the final document. Following this work, the agenda agreed by ministers at the First BRICS Meeting of Ministers Responsible for Population Matters reflects many of IPPF's key concerns such as sexual and reproductive health rights, and empowerment of women and girls.

IPPF continues to advocate for affordable pricing for contraception and raise awareness and change the attitude of community, political and public opinion leaders to support SRHR for all:

- IPPF plays an integral role in the Reproductive Health Supplies Coalition to achieve contraceptive security. We are particularly active in the Advocacy and Accountability Work Group, and have mobilized civil society to position family planning and end RH supplies stock outs;
- IPPF is advocating to UNFPA to list products by formulation, rather than brand name. This is likely to increase uptake of more affordable products and create more sustainable market;

- IPPF continues to work with other international partners to ensure that price reductions for implants achieved through the minimum volume guarantees actually reach women needing these products.
- IPPF participates in technical groups such as High Impact Practices in Family Planning Group and UN Commission on Life Saving Commodities particularly the Implant Technical Reference Team;
- IPPF also participates in the UNDP/ UNFPA/ WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproductive, and regularly attends policy committee meetings;
- IPPF is a member of the International Contraceptive Access Foundation – a partnership that has enabled several IPPF Member Associations to obtain access to LNG-US – the levonorgestrel-releasing intrauterine device. In 2014, the device was supplied to Member Associations in Dominican Republic, Mongolia, Paraguay, Sri Lanka and St Lucia.
- Piloting Sayana Press in Uganda: Reproductive Health Uganda – the IPPF Member Association – is working in partnership with PATH to pilot Sayana Press with clients receiving services at two urban family planning clinics in Gulu District, with a focus on provision to young people. The research is instrumental in understanding the appeal of the concept of home and self-injection among younger women, and determine whether women can self-inject Sayana Press competently in an unsupervised setting. As Sayana Press is set to be introduced as an affordable method nationwide, RHU will work closely with Government and National Medical Stores to make Sayana Press available to women through a task-shifting model.
- Expanding contraceptive access in Kenya: IPPF's Branch Performance Tool enabled the Member Association, Family Health Options Kenya, to identify a clinic in the western part of the country where contraceptive provision was consistently low. Investigating further, management found that the limited availability of commodities, along with myths and misconceptions about contraception and, for some people, the inability to pay for these services were the main reasons for low uptake. As a result, the Association embarked on an improvement plan. In partnership with the Ministry of Health and other stakeholders, the Member Association was able to improve commodity security and affordability, and service providers received training on contraceptive technology with a focus on long-acting and reversible methods. Young contraceptive champions were recruited to disseminate information and make referrals, and social media were used to address the myths and misconceptions about contraception. The performance of this clinic has improved dramatically, with couple years of protection accelerating from 5,000 in 2013 to nearly 18,000 in 2014, and with implants contributing over 70 per cent of this total. There has also been a reduction in the cost per couple year of protection from US\$50 to US\$15. The cost-recovery ratio has increased and financial savings are being used to subsidize clinics in poorer areas, and to provide contraception to those clients who cannot afford to pay.

IPPF continues to advocate to raise awareness and change the attitudes of community, political and public opinion leaders to support sexual and reproductive health and rights for all. IPPF remains committed to serving those most in need of sexual and reproductive health information and services. In 2015, we provided services to an estimated 50.6 million poor and vulnerable service users, which represents 82 per cent of all service users. Member Associations provide information, education and services to people living in hard-to-reach areas where there are few, if any, other service providers.

- IPPF has over 45,000 service delivery points, including static clinics, community-based distributors, and mobile and outreach teams. Member Associations also work in partnership with other facilities, for example, with private physicians and pharmacies, and through social marketing programmes. More than half of IPPF's service delivery points are located in peri-urban or rural areas (55 per cent). Member Associations provide services to under-served groups who are not reached by other public or private providers, due to a reluctance to work with them, the additional costs involved, or an absence of the specialized skills needed. These groups include young people, sex workers, men who have sex with men, people who inject drugs, sexually diverse populations and prisoners. IPPF uses a variety of strategies to serve these groups, including linking with other organizations that already work with them, and training counsellors and peer educators from within the various marginalized communities. Clinics also organize special sessions for those who prefer to attend at convenient times that are dedicated to meeting their specialized needs in a non-judgemental setting.
- Promoting contraceptive rights and choice in India: More than 20 per cent of married women in India have an unmet need for contraception. Injectable contraceptives have been available in India for more than two decades, but only from the private sector. Some groups staunchly resisted the introduction of injectables into the national health

programme, and perpetuated myths of their negative health effects. The Family Planning Association of India (FPA India) has spent years countering the opposing arguments. In partnership with the Advocating Reproductive Health Coalition, FPA India presented government officials with evidence to dispel myths and highlight the effectiveness of injectable contraceptives. The Association shared its own experience of providing injectables with government officials, raised awareness among the public of the benefits of injectables, and organized press conferences to promote the advantages of an expanded range of contraceptive methods. In 2015, as a result of FPA India's advocacy, and following a recommendation by the country's Drug Technical Advisory Body, the Ministry of Health added injectables to the list of contraceptive methods that are available free of charge under the national health programme. A lack of a rights-based approach and a focus on achieving annual targets mean that sterilization may be offered to women as the only contraceptive choice available.<sup>6</sup> Furthermore, unsafe sterilization camps are not uncommon in India, and more than a third of women who have undergone tubal ligation did not give their informed consent. In late 2014, the deaths of 13 women following unsafe procedures at an unregulated camp in Chhattisgarh highlighted the need for stricter regulations. FPA India worked with other organizations to prepare a report on this incident. The Association also organized public hearings on the importance of quality of care, and prepared a media statement emphasizing the need for the provision of contraception to be embedded in a framework of clients' rights. As a result of this pressure, the Ministry of Health issued a mandate to all Indian states requiring service providers to offer a range of contraceptive choices without coercion, and to be trained on the national standards and guidelines for sterilization procedures. The mandate stipulates that sterilization can now only be provided in health facilities with functioning and safe operating theatres, and state facilities are subject to periodic quality assurance checks by district officials.

- Providing SRH services in Syria: War affects men and women differently. It is estimated that tens of thousands of women and girls around the world are subjected to sexual assault in conflict situations each year. Sexual and gender-based violence can occur at any time: as a weapon of war, during flight, during displacement, in the country of asylum, even during repatriation. And Syria's conflict is no different. When Syria's state of emergency began in 2011, one of the first organizations to respond was the IPPF Member Association, the Syrian Family Planning Association. Against all odds, the Association is helping to fill the gaps in a health service ravaged by war, through mobile clinics in the most affected areas, including in Damascus, Aleppo and Homs. Fear of violence is, of course, not the only fear that women and girls have to face in conflict and humanitarian disasters. Problems related to sexual and reproductive health are the leading cause of death and ill health globally for women of childbearing age. In wartime, this vulnerability increases exponentially, as access to services decreases. Family planning provided through mobile clinics remains a cheap and effective way of reducing pregnancy-related deaths, for people who have already suffered too many other tragedies. The Member Association continues to respond as the crisis evolves, training humanitarian workers to deal with pregnancy, childbirth and reproductive health.

## **PROGRAM & SERVICE DELIVERY UPDATES**

In 2015, IPPF committed to significantly increase the number of family planning services – as part of our trebling of services by 2020. IPPF pledges to reach over 60 million new users of contraception by 2020 in 59 of the 69 FP2020 priority countries. Since 2012, we have increased access for 21 million new users of contraception, and are on track to achieving our ambitious goal. In 2015, IPPF provided the following focus on family planning and contraceptive services in FP2020 focus countries:

- 6 million new users of contraception;
- 23.2 million contraceptive services to young people under 25 years old;
- 8.9 million couple years of protection;
- 2.5 million unintended pregnancies averted;
- The highest standard of data accuracy among comparable sexual and reproductive health providers.

IPPF's definition of new users is: 'first time users of modern contraception'. IPPF has gathered precise data in recording actual first time user data in 59 of the 69 FP2020 countries for the last three years. These data are not models of estimates, but are actual data collected from individuals we provided family planning services to in 2013, 2014, 2015. We asked these clients if they had ever used contraception before and recorded the results.

Nigeria: Serving more clients through innovative partnership model: In 2009, IPPF in Nigeria – Planned Parenthood Federation of Nigeria (PPFN) – devised a collaborative model to make quality services more readily available in urban slums and underserved areas. The 'cluster' model brings together five centres within a 20km radius, including pharmacies, government clinics, community based distributors and faith based organizations. By 2014, 47 clusters –

with a total of 232 centres – were serving clients. In 2015, PPFN expanded the model. By working with government community health workers on outreach, they extended the range of services at each centre. This new enhanced cluster has proved popular: IPPF doubled its number of new users between 2012 and 2015.

- IPPF remains committed to providing a range of contraceptive choices to service users. IPPF's Integrated Package of Essential Services requires Member Associations to provide short- and long-acting reversible methods, as well as emergency contraception. In 2015, IPPF Member Associations in FP2020 focus countries provided 8.9 million couple years of protection (CYP) thereby an estimated 2,537,367 pregnancies, and 791,803 unsafe abortions were averted.
- IPPF's unique service delivery model focuses on significantly scaling up life-saving and life-changing sexual health interventions centered on modern contraception. Our Member Associations reach new users through these interventions and deliver a rights-based, high impact Integrated Package of Essential Services. This constellation of services provides additional entry points for contraception. For example, a client may visit a clinic for an HIV test or an antenatal check; using our 'no missed opportunity approach', their service provider will always offer contraceptive counselling. Where appropriate, other services within the constellation are offered too, thereby maximizing the impact.

IPPF reaches new users with rights-based, high impact contraceptives:

- We place the client at the very centre of everything we do. We provide a broad method mix of contraceptives, and are open about benefits, risks and side-effects to enable informed choice.
- We deliver youth-friendly information and services that young people need and want, not a pre-determined formula of what others may think they should have.
- We reach the poorest and most vulnerable, however remote or hard to reach, who would otherwise be denied vital health services.
- We mobilize civil society and governments to improve the legislative, policy, regulatory and financial environment for family planning.
- We use our data to monitor and strengthen quality and drive results. We collect data on new users directly from our service delivery points, and we don't estimate, sample or use proxy questions.

IPPF is at the vanguard of defining and providing youth friendly services that are non-judgemental, confidential and innovative in engaging young people. IPPF is often seen as responsible for bridging the gap where the public sector does not or cannot provide adolescent reproductive health services appropriately or sensitively, and Member Associations are often the first entry point for young clients. IPPF provided over 23 million contraceptive services to young people in FP2020 focus countries in 2015.

- Almost one in two of IPPF's services are now directed at young people. In 2015, 43 per cent of our services were provided to young people under the age of 25. At IPPF we recognize the importance not only of ensuring that those young people have access to sexual and reproductive health services, but we also need to make sure that they are empowered when it comes to sexual health. IPPF works hard to engage young people as equal partners. Almost 70 per cent of our Member Associations now have at least one staff member who is under 25 years old. Almost 85 per cent of IPPF Member Associations have at least one young person on their governing board.
- Experience and research have shown the opportunity to link educational activities with service provision, and peer educators are now increasingly providing contraceptives, including injectables and counselling. Laws can act as barriers to the uptake of sexual and reproductive health services, but they can also facilitate access when they empower young people to make informed decisions about their own sexual health, and create a framework where young people's rights are protected and promoted without discrimination. To promote sexual and reproductive health and rights, and to foster the ability of young people to make informed and free decisions about their health and sexuality, all young people should know where, when and how to access sexual and reproductive health services, including family planning.
- Over the past five years, IPPF has expanded its role in promoting and delivering comprehensive sexuality education. An impressive 86 per cent of Member Associations have developed their own curricula based on IPPF's Framework for Comprehensive Sexuality Education, and 44 per cent have used IPPF's assessment tool Inside and Out to ensure the comprehensiveness and quality of their programmes. To reach the most vulnerable groups of young people, IPPF invests in delivering comprehensive sexuality education in non-formal settings. In 2015, IPPF trained nearly half a million young peer educators who can design and lead sessions that are adapted

to the needs and wants of the young people they reach. Their approaches to delivering the sessions are often more creative and engaging than those in formal settings.

- Meeting the sexual and reproductive health needs of young people in the Philippines. In the Philippines, 10 per cent of 15- to 19-year-old girls are already mothers or pregnant with their first child, and 78 per cent of first sexual encounters among this age group are unprotected.<sup>16</sup> Nearly 18 per cent of married women and girls have an unmet need for contraception; for unmarried women and girls, this unmet need jumps to almost 70 per cent. Sexual and reproductive health information and services are not provided by government health facilities according to youth friendly standards, leaving young people vulnerable to unplanned pregnancies and exposure to sexually transmitted infections. From 2011 to 2015, the IPPF Member Association, Family Planning Organization of the Philippines (FPOP), addressed the high unmet need for sexual and reproductive healthcare among young people in six provinces through the Choices and Opportunities project. FPOP expanded service provision to previously under-served and vulnerable youth, including young lesbian, gay, bisexual and transgender people, commercial sex workers, out of school youth, unmarried young women, young people living with HIV and young mothers. During the five year period, FPOP provided nearly 438,000 sexual and reproductive health services to young people in these provinces, and more than 5,000 young people completed a comprehensive sexuality education programme provided by the Association.

There were two main determinants of the Member Association's success. The first was the involvement and leadership of young people. FPOP hired young people to manage and implement the youth programme and trained more than 4,000 young people, including marginalized youth, as service providers, peer motivators and educators, and advocates for comprehensive sexuality education. FPOP peer educators and service providers coordinated with community leaders and church groups to provide comprehensive sexuality education and sexual and reproductive health services to young people. Secondly, in collaboration with other organizations and youth networks, FPOP worked with the Department of Education to develop a framework on comprehensive sexuality education and accompanying teaching modules. The Government integrated this framework into the national curriculum, a huge achievement in a country where young people's access to sexual and reproductive health information and services has been fiercely opposed by the politically influential Catholic Church for years. FPOP trained 1,875 teachers, parents and other community members on the framework to orient them on its key components, ensure that they were fully knowledgeable about the sexual and reproductive health and rights of young people, and build their capacity to provide comprehensive sexuality education in schools and in the community

Throughout 2015, IPPF continued to invest in and strengthen organizational systems and business processes to support a strong culture of performance, effectiveness, learning and accountability. Being part of a large Federation means that many Member Associations have the opportunity to learn from and share their expertise with others. While IPPF Regional Offices provide technical support to Member Associations in their regions, there is a growing trend to promote capacity building directly between Associations. In addition, as experts in the field of implementing sexual and reproductive health and rights programmes, Member Associations are also asked by external private and public health organizations to share their knowledge and experience.

- **Learning Centres in the Africa Region.** Promoting excellence through Learning Centres in the Africa region The Africa Regional Office has supported nine Member Associations to become designated Learning Centres. These Centres offer training and other forms of technical assistance to organizations, both within and outside the Federation. Based at the Member Associations of Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Mozambique, Swaziland, Togo and Uganda, the Learning Centres promote peer-to-peer learning by transferring expertise in how to design innovative programmes. These Member Associations consistently demonstrate their capacity to provide quality SRH information and services, and have the expertise, skills and systems to provide technical support to other Member Associations. Each Centre reflects the acknowledged strengths of that particular Member Association.
- **Member Association exchange.** The Member Association in the Democratic Republic of Congo, Association de Bien-Etre Familial – Naissances Désirables, is exploring ways to increase access to modern methods of contraception. The Member Association has received technical support from its counterpart in Togo, Association Togolaise pour le Bien-Etre Familial, on the provision of injectable contraceptives by community workers. Following the visit, the Association initiated a pilot programme, training 20 nurses on how to provide injectables in the community setting and equipping them with the necessary supplies and reporting tools. The Democratic Republic of Congo does not have a task-shifting policy like the one in Togo. The Association will therefore use the results from its pilot programme to advocate for national policy change. It will argue that nurses should provide injectable contraceptives as part of community-based distribution to reach more under-served people, and that non-medical



personnel should also be trained, equipped and supported to provide injectables in the community, as is the case in Togo.

IPPF is currently building on the work previously undertaken across the Federation to support client centred, integrated, rights based quality family planning services within a comprehensive approach to SRH. IPPF is building a strong civil society response to strengthen national health systems. Member Associations are part of the grassroots movement in their respective countries. They play a critical role not only as service providers within the health system, but also as a significant contributor to strengthening the health system by disseminating new guidelines and technologies, building the capacity of other peers working within the health system, and advocating for supportive policies. Below are highlights from our work in 2014:

- IPPF is reinvigorating our **International Medical Advisory Panel** to respond with best practice and clinic based guidelines and to share our experience amongst communities of best practice, and provides timely guidance to IPPF on critical issues related to SRH and family planning. IPPF Medical Bulletins are produced to address gaps in bio-medical evidence or critical issues relating SRHR programming.
- *IPPF's commitment to quality of care is demonstrated through our **Quality Assurance Package which also guides Member Associations** on establishing the Integrated Package of Essential Services (IPES). In 2014, quality of care was included as a key principle for Member Associations accreditation, underpinning our continual quest for quality. Evidence from our safe abortion and family planning programmes shows that satisfied clients are one of the top three sources of referral for new clients. IPPF's Quality of Care Technical Working Group provides global technical leadership in quality of care, along with information and policy updates, sharing guidelines and best practice, training and resources.*

IPPF remains committed to building the advocacy capacity of Member Associations in 40 countries to advance rights-based family planning, within a comprehensive approach to SRH. IPPF defines capacity building as development of IPPF's core skills in order to enable the organization and individuals to address weaknesses, to bring about change and increase effectiveness. IPPF Regional Offices are the hub of capacity building activity in the Federation and provide technical assistance to Member Associations in every aspect of organizational life, depending on their needs – including advocacy capacity building. Our Regional Offices provide on the spot assistance, regional training workshops, publishing toolkits and arranging south to south technical assistance. Specific examples in 2014 include:

- IPPF worked to increase Member Association capacity to advocate on sexual rights – including access to contraception—through the **Universal Periodic Review Mechanism**. IPPF supported Member Associations to press their governments for change, including training for Member Associations from Austria, Albania, Bosnia-Herzegovina, Bulgaria, Estonia, Kazakhstan, Spain and Tajikistan to use the UPR process. Most recently, two Member Associations who participated in the workshop have submitted shadow reports that will be reviewed by the Human Rights Council over the next year. The Macedonian and Bulgarian Member Associations also attended the adoption of their respective country UPR reports in Geneva and made oral statements on the recommendations that were adopted or rejected.
- **Advocacy with the UN.** Every year, IPPF successfully advocates for progressive language to be included in UN documents, including the conclusions of the Commission on the Status of Women (CSW) and the outcome document for the Commission on Population and Development (CPD). IPPF supports Member Associations to participate in these UN processes, and hold their governments in capital to account on key issues related to SRH and rights-based family planning.
- **Advance Family Planning.** IPPF works in partnership with Advance Family Planning to increase the financial investment and political commitment needed to ensure access to quality, voluntary family planning through evidence-based advocacy. Advance Family Planning is an advocacy initiative in which 20 partner organizations, including IPPF, work with civil society leaders, government officials, service providers and individual family planning champions to achieve the goal of the Family Planning 2020 partnership. IPPF advises and collaborates in Advance Family Planning through national and global advocacy for family planning.
- **Joining Voices.** IPPF's Joining Voices project plays an important role in supporting civil society advocacy on family planning to make sure commitments are delivered. As part of Joining Voices, Countdown 2015 Europe is a

consortium of 15 leading European non-governmental organizations, of which over half are IPPF Member Associations, working to ensure funding for sexual and reproductive health and rights in developing countries. Coordinated by IPPF's European Network and working with European Union institutions, Countdown 2015 Europe holds donors to account for their policy and funding commitments to achieve universal access to reproductive health and to address the unmet need for family planning.



# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



*The following text is the commitment made by International Planned Parenthood Federation (IPPF) at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/ippf>.*

Between 2015 and 2020, IPPF pledges to reach a further 45 million new users in the FP2020 focus countries. This means IPPF will serve a total of 60 million new users to voluntary, modern family planning between 2012 and 2020, a major contribution towards the FP2020 goal.

IPPF will deliver high impact, quality, rights-based, integrated sexual and reproductive health services, including packages that address family planning, safe abortion, prenatal care, STIs/HIV, sexual and gender-based violence and cervical cancer. IPPF will optimize the number of people we can serve by increasing our operational effectiveness, expanding our provision in humanitarian emergencies and increasing national and global income. The organization will also enable the provision of services by other public and private health providers.

## **POLICY & POLITICAL COMMITMENTS**

IPPF will mobilize civil society and governments to improve the legislative, policy, regulatory and financial environment for family planning and will mobilize the international movement created through IPPF's role as Co-Vice Chair of the Stakeholder Group to the London Summit on Family Planning to hold governments accountable.

## **FINANCIAL COMMITMENTS**

IPPF commits to generating support for sexual and reproductive health and rights from regional bodies, the Oil Rich States, the G20, BRICS and emerging economies, advocate to the pharmaceutical industry for affordable pricing for contraceptives and raise awareness and change the attitudes of community, political and public opinion leaders to support sexual and reproductive health and rights for all.

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

By 2020, IPPF will increase family planning services, saving the lives of 54,000 women, averting 46.4 million unintended pregnancies and preventing 12.4 million unsafe abortions. IPPF will treble the number of comprehensive and integrated sexual and reproductive health (SRH) services provided annually, including 553 million services to adolescents. IPPF will also establish technical knowledge centers to train providers of family planning services and will develop a compendium of family planning, maternal, child, SRH, and HIV linkages indicators.

IPPF will also work to improve the advocacy capacity of Member Associations in at least 40 of the 69 Summit priority countries.