



## Summary of Commitments

### [UPDATE: 20 July 2017]

This document includes summaries of summaries of formal commitments made to Family Planning 2020 on 11 July 2017 at the Family Planning Summit. These commitments reflect pledges by new (or first-time) commitment makers to FP2020 and existing FP2020 commitment makers, who have revitalized previously made pledges, to accelerate progress on rights-based family planning programmes. Specifically, these commitment makers\* include:

- Three new and 32 revitalized FP2020 Focus Countries;
- Three new donor countries and eight revitalized FP2020 donor government commitment makers;
- Six new and three revitalized civil society organizations (CSOs);
- 13 new and three revitalized private sector partners; and
- Two revitalized FP2020 foundation commitment makers.

The government of Iceland also made a commitment to family planning and the sexual and reproductive health and rights sector at the Summit.

In addition, this document includes links to 11 Global Goods, a diverse set of group initiatives that are taking place in the reproductive health sector, involving various combinations of governments, donors, organizations, and multilateral agencies. Each Global Good is of signal importance to the family planning community and was highlighted at the Summit.

The Family Planning Summit was co-hosted by the UK Government, the United Nations Population Fund (UNFPA), and the Bill & Melinda Gates Foundation, in close partnership with the Family Planning 2020 Secretariat (FP2020). In parallel with the Summit in London, more than 3,000 people gathered at 34 satellite events across Afghanistan, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, India, Indonesia, Iran, Kenya, Liberia, Madagascar, Malawi, Myanmar, Nepal, Nigeria, Pakistan, Sierra Leone, Tanzania, Thailand, and Uganda, demonstrating growing country leadership and support for family planning (see photos from satellite events [here](#).)

Financial commitments announced at the Summit are expected to total at least \$2.5billion USD (£1.9billion GBP) by 2020. The majority of the funding – \$1.5billion USD (£1.16billion GBP) – has been committed by countries in Asia and Africa. Many of FP2020's 38 partner countries made renewed commitments to accelerate family planning progress, and four new countries are joining the FP2020 partnership.

\*Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

This document includes a list of summaries of commitments by commitment-type in alphabetical order. The full details of the commitments outlined in this summary can be found on FP2020's website here: <http://summit2017.familyplanning2020.org/commitment.html>

FP2020 contributes to the goals of the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health, and a commitment to FP2020 is in support of the Every Woman Every Child movement.

\*A subset of commitment makers listed on this site are currently in the process of ensuring their commitment is formally counted as an FP2020/EWEC commitment.

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\*As of July 20, 2017: This document will be updated as additional commitments are approved.

## New Commitments

### Countries

#### FP2020 Focus Countries

##### FIRST-TIME COMMITMENT-MAKER: Chad

Chad's objectives are to: increase mCPR from 5% to 8% by 2020; reach 115,000 additional users between 2017 and 2020, and additional users among adolescents and youth; and accelerate the operationalization of the National Health Development Plan 2017-2020 and the 5-yearly Development Plan 2016-2021. Chad is developing a new national framework for advocacy and resource mobilization for demographic dividend (which focuses on the right to FP access for adolescents and youth), and strategies to incorporate rights for RH needs for all, including adolescents and youth (early pregnancies and marriages). Chad will mobilize a budget line (procurement, storage and distribution) and efficient supply chain management. delivery policy/strategies will be introduced to remove socio-cultural barriers, increase demand and use of RH services. The country will establish FP approaches, based on rights: training health staff; wide method mix with free informed choice; mobilizing the community around FP, and including religious and traditional leaders in the promotion and demand creation for FP. This will increase access to info and services for RH/FP to youth and adolescents (community activities, IT and communications), and invest in comprehensive sexual education for youth. Other objectives include the availability and accessibility to quality RH/FP products at all levels and strengthening the data collection and analysis system.

[Chad Country Page](#)

##### FIRST-TIME COMMITMENT-MAKER: Haiti\*

The Government of Haiti commits to integrate a budget line in the Ministry of Public Health budget to increase resources allocated to FP/RH and contribute a progressive amount up to 5% toward purchasing contraceptives by 2020. In addition, the government pledges to create an inter-ministerial committee (quarterly meetings and validated ToR) working on reproductive health. This committee will include the: Ministry of Public Health (ensures the monitoring); Ministry of National Education and Professional Training; Ministry for the Status of Women and Women's Rights; Ministry of the Interior and Territorial Communities, Ministry of Youth, Sports and Civic Action, and Ministry of Social Affairs. Haiti will also establish a legal framework for sexual and reproductive health of adolescents and youth. The government also commits to increase the maternal health care continuum by consolidating PFP, post-abortion care, strengthening connections between FP and HIV/AIDS programs as well as vaccination. In addition, it commits to increase service delivery, including last-mile services; to offer a complete modern method mix, specifically LARC & PM, at community level; and reduce the unmet need by 10% and increase the mCPR by 10%.

[Haiti Country Page](#)

##### FIRST-TIME COMMITMENT-MAKER: South Sudan

The Government of South Sudan commits to remove institutional and social-cultural barriers to sexual and reproductive health for all, and sensitise its population to improve universal access to rights-based, comprehensive family planning services by 2020. In particular, the Government of South Sudan commits to the following: to improve availability and access to family planning information and services through provision of rights-based integrated sexual and reproductive health services; to increase modern contraceptive prevalence rate among married women from 5% (2016 FPET estimate) to 10% by 2020; and to reduce maternal mortality ratio by 10% by 2020.

[South Sudan Country Page](#)

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## Donor Countries

### FIRST-TIME COMMITMENT-MAKER: Belgium\*

Belgium's commitment today is multi-annual core funding for UNFPA. In the next four years we will contribute 36 million euros. We opt for core funding because we strongly support the organization's mandate and we believe their work in the field is extremely valuable. Belgium is an important contributor to the Central Emergency Response Fund (CERF). We recently added 5 million euros to the original pledge of 20 million euros for 2017. We consider this to be very softly earmarked money, as we committed to under the Grand Bargain. Belgium joins the call to action for the Global Roadmap for data, monitoring and accountability for Family Planning and Sexual and Reproductive Health in Humanitarian Crises. We are currently elaborating a project that will allow smarter investment in family planning. We will provide seed money to establish a data platform to continuously monitor access to family planning services in low income settings through the combination of routine health data, survey data, and big data sources such as high resolution satellite imagery, mobile phone and social media data.

### FIRST-TIME COMMITMENT-MAKER: Canada

As part of Canada's strong commitment to women's and girls' empowerment, gender equality and a feminist international agenda, Canada is taking a comprehensive approach to sexual and reproductive health and rights (SRHR) for all. Canada's CAD 241.5 million commitment will fund initiatives from 2017 to 2022 that include support for programs that provide comprehensive sexuality education, strengthen reproductive health services, and invest in family planning and contraceptives. Canada will also support initiatives that prevent and respond to sexual and gender-based violence and child early and forced marriage, support the right to choose safe and legal abortion, and increase access to post-abortion care. Canada will focus in particular on addressing the rights and unique needs of adolescents and women and girls in humanitarian and fragile contexts with 65% of this commitment being directed to sub-Saharan Africa. By investing in demand-side interventions, Canada will empower women and adolescents to know the rights, services and information that they are entitled to as well as improve their access. Of Canada's \$241.5 million commitment, \$166.5M will go towards initiatives focused on advancing adolescent SRHR. Canada is also committed to addressing the global data gap in adolescent SRHR, which is key for advancing gender equality and building a robust evidence-based for policies and programming. We are proud to be a signatory to the Global Adolescent Data Statement. We will join forces with others and pursue partnerships that engage the voice and participation of women and girls in our interventions, to leverage resources, fund an appropriate mix of contraceptive services, build momentum, ensure accountability, and set us on the path to achieving the ambition of the Sustainable Development Goals.

### FIRST-TIME COMMITMENT-MAKER: Finland

Finland's original pledge for She Decides given by Minister for Foreign Trade and Development, Mr. Kai Mykkänen in March this year was 20 Million Euros. Finland is now pledging new funds of 21,3 Million Euros for sexual and reproductive health and rights. This pledge consists of multilateral, bilateral and INGO support.

## Donor Countries: Family Planning and Sexual and Reproductive Health and Rights Sector

### Iceland

Gender equality and women's empowerment is a cornerstone of Iceland's development cooperation, where sexual and reproductive health and rights, including family planning, are a key aspect. The importance of universal access to sexual and reproductive health and rights is highlighted in targets 3.7 and 5.6 of the SDGs and will be essential for reaching the other goals by 2030. In prolonged and complex humanitarian settings, women and girls are particularly vulnerable and the need for family planning services is highly intensified. Iceland commits to increase funding towards SRHR and strengthen its cooperation with

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bilateral and multilateral partners in the area of family planning. In Malawi, family planning will become one of the focus areas within the health sector of our programme in Mangochi-district for the period 2017-2021. We will partner with UNFPA for expertise and synergies to strengthen family planning efforts of the district authorities. In our partner districts in Uganda, we will collaborate with CSOs to increase and improve health information and services in primary schools through school health clubs that promote learning and discussions around SRHR. Furthermore, we will provide UNFPA in Syria with one million US dollars, paid over the next five years (2018-2022), with the aim of helping UNFPA to reach this highly vulnerable and marginalized population and allow women to have access to high-quality family planning services.

## Civil Society Organizations

### FIRST-TIME COMMITMENT-MAKER: Americares

Americares commits to expansion of access to family planning (FP) commodities and enhancing family planning services integration where possible to its existing Maternal, Neonatal and Child Health (MNCH) and broader clinical health programs in Liberia, Tanzania, Nepal, India, Philippines and/or El Salvador. This can include, for example, commodities, their distribution, services and referrals, outreach and education, and/or training to build the capacity of health workers on the family planning/reproductive health (FP/RH) components. Americares has distributed donated family planning commodities to countries globally (pills, condoms and IUDs) and supports access to voluntary high quality family planning supplies and services.

### FIRST-TIME COMMITMENT-MAKER: Blue Ventures

Blue Ventures commits to increasing access to family planning services for 600,000 people living in remote areas of high biodiversity, in a total of seven FP2020 target countries, by 2020. This will be achieved through supporting replication of our award-winning, holistic approach to community health and environmental conservation (often known as the Population-Health-Environment or PHE approach), implemented through cross-sector partnerships between health and environmental organisations. In Madagascar, a total of 250,000 people will have increased access to family planning services by 2020. This will be achieved through a combination of scaling up Blue Ventures' own PHE efforts, and through PHE partnerships developed with technical support from Blue Ventures. In addition, by 2020, four new PHE partnerships will be supported in Mozambique, four in Kenya, four in Tanzania, four in Indonesia, one in Timor-Leste and one in the Comoros, reaching an estimated 350,000 people.

### FIRST-TIME COMMITMENT-MAKER: Comic Relief

Comic Relief, the UK charity which aims to create a just world, free from poverty, will make a \$6m grant, in partnership with the Bill and Melinda Gates Foundation, to The Challenge Initiative (TCI). This funding will support TCI's urban reproductive health work in sub-Saharan Africa. Voluntary family planning saves lives, empowers women to take charge of their bodies and plan their futures, and is one of the most cost effective ways to break the cycle of poverty – for families, communities, and for entire nations. Supporting and investing in TCI represents a pivotal opportunity to make a systemic and transformative impact on reproductive health for underserved urban poor communities, whilst also putting communities at the heart of leading positive change.

### FIRST-TIME COMMITMENT-MAKER: International Rescue Committee

The International Rescue Committee commits to implementing programmes that enable women and girls to take control of their lives, from the earliest stages of humanitarian crisis through recovery. The IRC will employ strategies that build knowledge around reproductive options and service availability and increase

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access to high quality contraceptive services and decision-making power through creation of enabling environments that address cultural, social and economic barriers that prevent women and girls from making informed decisions about their fertility and reproductive health. From October 2015 to September of 2016, the IRC provided a total of 270,181 Couple Years of Protection (CYP) in 21 countries, with 82% contraception attributed to long-acting and permanent methods. The IRC commits to 25% increase on CYPs annually each year until 2020. The IRC will invest in strengthening local and national health systems to ensure sustainability of contraceptive services and provider skills. The IRC commits to increasing global, national, and local advocacy for better preparedness to respond to humanitarian emergencies with critical sexual and reproductive health services, including family planning. Finally, the IRC is also committed to elevating the profile of family planning within broader global sexual and reproductive health and rights policy frameworks and initiatives, such as the Sustainable Development Goals and the World Humanitarian Summit.

### **FIRST-TIME COMMITMENT-MAKER: Medecins du Monde**

"Doctors of the World/Médecins du Monde (MdM), an international humanitarian NGO and part of the global MdM network, provides emergency and long-term medical care to vulnerable populations, including in crisis settings, while advocating for equal access to healthcare worldwide. MdM recognizes that sexual and reproductive health and rights are an essential leverage tool for the emancipation of women and the improvement of their health. For many years MdM has been committed to improving universal access to SRH services and advocating for the right of all women and girls to make their own choices. Through its FP2020 commitment in support of Every Woman Every Child, MdM will contribute to the realization of the Sustainable Development Goals by providing access to Family Planning to 1,000,000 people including 150,000 young people between the ages of 10 and 24. Working with local and national partners, we plan to invest approximately €39.6 million from January 2017 through December 2020 in sexual and reproductive health programs that will improve the prevention and management of unwanted pregnancies by strengthening health systems, empowering rights holders, and promoting healthy public policies adapted to the specific needs of youth.

### **FIRST-TIME COMMITMENT-MAKER: Nutrition International**

Adolescent girls and women are among the most underserved populations globally, and lack of access to family planning and nutrition services. Using existing platforms in new ways to reach this vulnerable group is one key opportunity to address this gap. Nutrition International and UNFPA will increase the impact of nutrition and family planning interventions for women and adolescent girls by: improving service access; achieving program efficiencies; and harnessing the mutually reinforcing nature of sexual and reproductive health and nutrition programming. Nutrition International's investment of up to \$2 million (CAD) in UNFPA, made through the Government of Canada funded Nutrition Leverage and Influence for Transformation (N-LIFT) program, will: Reach 500,000 women and girls over two years in Nigeria and Senegal with iron and folic acid, and nutrition education and counseling services that have been integrated with family planning interventions; Leverage UNFPA family planning and maternal health services delivered through government-run clinics and civil society organizations; Generate evidence for future scale up through UNFPA programs, which reach 15 million women annually; and Support global efforts to reduce iron deficiency anemia, low birth weight, and neural tube defects (SDG 2), and increase access to reproductive health services (SDG 5).

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## Private Sector Organizations

### FIRST-TIME COMMITMENT-MAKER: CARD-MRI

CARD-MRI, the largest micro-finance institute in the Philippines commits to use its extensive micro-finance network to reach at least 4 million women with reproductive health and family planning information and services by 2020, a commitment valued at \$2.1 million USD. Under this campaign, CARD MRI women-members will receive weekly 15-minute learning sessions on modern family planning methods, during an eight-week module. In addition to the provision of reproductive health information, CARD-MRI is also committed to providing general medical services, wellness check-ups, dental services and family planning counselling and services, leveraging its own chain of pharmacies to supply medicines and contraceptives including pills and condoms to its clients at discounted prices. CARD – MRI, together with UNFPA, will train all its doctors and nurses on modern family planning services, and deploy 17 nurses around the country to provide family planning services, including contraceptive implants. Finally, CARD-MRI will partner with 18 other micro-finance institutions in the Philippines to provide Community Health Days, where free health and dental check-ups are provided to millions of women and their families throughout the Philippines.

### FIRST-TIME COMMITMENT-MAKER: The Chaudhary Foundation

The Chaudhary Foundation commits to help the Government of Nepal to strengthen Family Planning uptake in Nepal through generating demand for services through support to the use of mass communication tools, building on the work of Government of Nepal/USAID's HC3 programme. The Chaudhary Foundation commits to support the Government of Nepal and work with health sector development partners to strengthen supply chain management of FP and other health commodities, with a focus on the sub national level. Areas of engagement are yet determined but will focus on the Foundation's comparative advantage and where gaps lie. Initial focus will be on one province. The Chaudhary Foundation commits to supporting approaches to expand the use of an adolescent sexual and reproductive health mobile phone app (Khulduli), in particular among youth and in remote areas, developed by the Government of Nepal in collaboration with development partners.

### FIRST-TIME COMMITMENT-MAKER: Cycle Technologies

Cycle Technologies is a social impact company committed to helping address women's unmet contraceptive needs and reducing unplanned pregnancies. Through our Solutions for Unmet Need in Family Planning (SUN-FP) program, we will provide +10 million women globally with innovative, fertility awareness-based solutions at no cost to them by 2020. Cycle Technologies uses the latest advancements in science and technology, to make modern, fertility awareness-based family planning solutions widely accessible to women worldwide. Innovations include CycleBeads®, Dot™ and 2Day Method™. To date, these technologies have helped meet the contraceptive needs of 6 million women around the world, including millions of women in the areas with the most unmet need for contraception. Through technology design, outreach, education, and ongoing user support, Cycle Technologies pledges to provide women with free, proven contraceptive options. Our goal is to reach 10 million women by 2020 and specifically to reach women who have unmet need for contraception and would otherwise be at risk for an unplanned pregnancy.

### FIRST-TIME COMMITMENT-MAKER: Lindex

Lindex, a Swedish fashion chain, with approximately 480 stores in 17 markets, commits to partner with GIZ, a German development agency, and Business for Social Responsibility (BSR), to launch WE WOMEN, a 3-year program worth EUR 430 000 to provide technical, financial, and health training (including family planning information) to 83,500 workers, including the more than 50,000 women, in their supply chain in

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Bangladesh. WE WOMEN will also incorporate gender equality into management systems and provide support and training to encourage career advancement for female employees. Lindex began investing in the health of the workers in its supply chain in 2012, working with BSR to run workplace women's health programs in factories in Bangladesh, Pakistan, and India, reaching 12,000 women. This expansion and broadening of investment in women workers to the entire workforce in Bangladesh – a country which produces 45 percent of Lindex's total production – marks a significant increase in the company's commitment to women's health and empowerment. After the expansion in Bangladesh, Lindex plans to scale this program to the rest of their supply chain in India, Pakistan, Turkey, China, Myanmar, and Cambodia, representing an even greater impact in the lives of women and their families around the world.

#### **FIRST-TIME COMMITMENT-MAKER: MTV/Viacom**

The MTV Staying Alive Foundation (SAF), in partnership with Viacom International Media Networks (VIMN), commits to launching ground-breaking media campaigns addressing youth sexual health based on the hugely popular television show – Shuga – in Nigeria, Egypt, and India, reaching 224 million young people ages 15 to 30 by 2020. SAF and VIMN lead the way as a global expert in reaching young people and have over two decades of experience in HIV prevention sexual health awareness and mass-media behavior change campaigns. Together, VIMN and SAF commit to launching two new campaigns in Nigeria in 2018 and 2019 with a primary focus on family planning with the aim to drive demand for contraception among adolescents. With additional funding partnerships, VIMN and SAF are also committed to implementing a campaign based on MTV Shuga in Egypt in 2018 which will focus on family planning issues, including demand for contraception, gender-based violence, child marriage and female genital mutilation. VIMN, Viacom 18 in India, SAF, and additional funding partners will also implement a similar campaign focusing on family planning, child sexploitation and HIV in India by 2020. They expect to reach at least 224 million young people aged 15 to 30. Financially, Viacom will contribute at least \$1m per campaign through in-kind support of staff time, office space, legal advice, human resources support, creative support, continuous airtime across its TV and digital networks and by allowing SAF to use the MTV brand.

#### **FIRST-TIME COMMITMENT-MAKER: Mylan**

Mylan is a leading global generic and specialty pharmaceutical company dedicated to setting new standards in health care and ensuring affordable access to high quality, life-saving medicines. As a supplier of oral contraceptive pills, injectables, and a growing number of other methods, Mylan will strive to offer contraceptives to 25 million women and girls by 2020. Mylan will further aim to registering its contraceptive portfolio to 80 percent of the 69 FP2020 countries, to ensure equitable access to women and girls across the globe. Since Mylan currently reaches 12 million women, this is a significant increase. Further, the commitment to register in additional countries is also very important.

#### **FIRST-TIME COMMITMENT-MAKER: NST**

NST, a Philippines-based apparel supplier for global brands such as Ann Taylor, Ralph Lauren, and J. Crew, together with its subsidiaries, Hamlin and Reliance Producers Cooperative, commits to reach 6,000 employees, 4,500 of whom are women, with family planning information and services in order to increase the use of modern family planning methods from 54 percent to 70 percent among male and female employees by 2018. NST will also seek to reach 90 percent of pregnant and lactating mothers with post-partum family planning counseling sessions. And finally, NTS will train nurses, human resources staff, and

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peer health educators on family planning methods and counseling in order to connect employees directly with services.

#### **FIRST-TIME COMMITMENT-MAKER: Reckitt Benckiser**

Reckitt Benckiser, maker of Durex, is committed to disseminating the findings and data from their Global Sex Survey – the largest and most comprehensive global attitudinal survey on social and cultural sex mores run in 41 countries (including FP2020 focus countries India, Nigeria, Kenya, South Africa, and Indonesia) across all ages, and valued at £1 million – in order to assist governments, NGOs, and health providers as they design interventions to provide contraception to all those in need. This pre-eminent global survey collects data on attitudes towards sex, sexuality and relationships, first sexual experiences, sex education, sexual activity, contraception, protection and STIs; and can provide key insights into local trends and serve as a critical tool for policymakers and health providers implementing programs to reduce sexual violence, unintended pregnancies, and sexually transmitted infections. RB and Durex will partner with key government officials, civil society, and academia to host a forum in Brazil, India, China, Kenya, and Nigeria to disseminate the Global Sex Survey and identify programmes where together they can collaborate to improve sexual health, education, and rights for the more than 3 billion people.

#### **FIRST-TIME COMMITMENT-MAKER: Shanghai Dahua**

Shanghai Dahua is honoured to join the global family planning community in support of the FP2020 goals of reaching 120 million more women and enabling their access to family planning methods by 2020. An old Chinese proverb proclaims that "women raise half the sky!". Thus, Shanghai Dahua has always been and continues to be fully committed to expanding access of high quality, effective and affordable contraceptives that meet the needs of women, including in hard-to-reach and vulnerable populations. Shanghai Dahua is proud to announce that its implant product, Levoplant, received World Health Organization (WHO) prequalification on June 20, 2017. We stand by our commitments to FP2020 countries: 1) We will offer our WHO prequalified implant product, Levoplant, at lower prices of US\$7.50 per unit for any orders of above 300,000 units and US\$8.00 per unit for orders below 300,000 units; 2) We will make WHO prequalified Levoplant widely available, by registering it in as many countries as possible; 3) We will consider reducing Levoplant's price even further, if significant volumes of Levoplant are procured (beyond 2M units per year). We are grateful to the global family planning community for putting its trust in Shanghai Dahua.

#### **FIRST-TIME COMMITMENT-MAKER: Spark Minda**

Spark Minda, a major Indian automobile component manufacturer, has allocated 402,500 Indian rupees (US \$6,198) for family planning and 700,000 rupees (\$10,780) for menstrual hygiene per year till 2020 from CSR Budget for conducting sensitization workshops on family planning and reproductive health and menstrual hygiene services. The workshops will engage 1,000 people (500 women and 500 men) per year until 2020, reaching 3000 people from the communities surrounding the corporation's manufacturing units and vocational training centers in the states of Maharashtra, Tamil Nadu, Uttarakhand, and Uttar Pradesh. Sensitization workshops inform participants about family planning method choices, their effectiveness, and the myths and misconceptions related to each method. Participants will also learn about the nearest public health facilities offering family planning services.

#### **FIRST-TIME COMMITMENT-MAKER: Tata Trusts**

The Tata Trusts commit to investing approximately \$10 million by 2019 for providing access to Reproductive, Maternal, Newborn, Child, and Adolescent health services which includes the full spectrum of family planning, as we consider it to be an integral component of women's health and empowerment and their inalienable right. We believe that partnerships are crucial to the promotion of a transformative

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understanding of reproductive health and family planning, and thus the Trusts are glad to support efforts towards this shared goal, in India as well as globally.

#### **FIRST-TIME COMMITMENT-MAKER: Twinings**

Twinings is committed to continuing to support programmes to raise women's health awareness and improve access to health services, particularly concerning reproductive health and family planning, to smallholders and tea workers in Kenya. Twinings is currently implementing programs that reach 6,000 workers. They commit to significantly increase this program to reach 40,000 women—representing 60 percent of women in their supply chain in Kenya—in order to create healthier, empowered and more sustainable tea communities. Twinings will expand their work on HERhealth by working with producers, other companies, civil society and industry body, to achieve this goal and bring change for women in the tea industry in Kenya.

#### **FIRST-TIME COMMITMENT-MAKER: Vodafone Foundation**

Vodafone Foundation is partnering with Population Services International (PSI) in collaboration with the Bill and Melinda Gates Foundation (BMGF) and the Children's Investment Fund Foundation (CIFF) to support the Adolescents360 programme in Tanzania. Our efforts aim to utilize mobile connectivity as a platform to provide adolescents with access to youth-friendly family planning information and services. Vodafone Foundation is bringing resources and technology to improve outreach to adolescents who face significant barriers to quality information and contraceptive services. The goal is to prevent teenage pregnancy and empower young women to take control of their future. Vodafone Foundation is proud to announce \$1M US dollars to support the Adolescents360 partnership in Tanzania. Through its mobile platform, the Vodafone Foundation will help identify where services are needed and reach over 15,000 adolescents to connect with 150 youth-identified friendly providers.

## Global Goods

The Global Goods are a diverse set of group initiatives that are taking place in the reproductive health sector, involving various combinations of governments, donors, organizations, and multilateral agencies. Each Global Good is of signal importance to the family planning community and will be highlighted at the Summit.

*All Global Goods (by theme)*

*Adolescents and Youth:*

### **PARTNERSHIP TO STRENGTHEN COUNTRY CAPACITY**

Since 2012, an ever-increasing number of FP2020 countries have demonstrated strong political will to prioritize the needs of adolescents in their family planning and sexual and reproductive health (SRH) programs. These bold commitments represent a critical step forward. It's necessary to invest now in the technical capacity needed to successfully fulfill those bold commitments and ensure that they are translated into data-driven, actionable plans and evidence-based, scalable programs. That's why multiple donors—private foundations as well as bilateral and multilateral donors—are coming together to form a new partnership that will amplify the strength of their investments in technical capacity across the adolescent and youth SRH programming continuum.

The partnership represents a new level of strategic investment across a diverse set of donors, as well as a sharper focus on direct support to in-country leadership on adolescent SRH and family planning. The partnership's emphasis will be on collaboration, alignment, and a more efficient allocation of collective resources. The goal will be to help build country-level capacity to plan, implement, and track evidence-based programs that operate at scale and that include the institutional and financial infrastructure for long-term sustainability and enduring impact.

### **YOUTH ACCOUNTABILITY FRAMEWORK**

Young people are key partners and stakeholders in family planning programs, and they have a critical role to play in holding governments and donors to account for their commitments. The Summit's Youth Advisory Group is comprised of fifteen young people (age 30 and under) who represent global, regional, and country youth-led networks or organizations from fourteen FP2020 countries. The Youth Advisory Group has developed an accountability framework to mobilize young people and youth networks at the country level to advocate for the full implementation of the commitments made by their governments. The framework calls for ensuring that country commitments and policies are responsive to adolescent health needs, mobilizing political and public support for implementation, and strengthening the capacity of youth-led organizations and networks to engage in advocacy and accountability.

### **GLOBAL ADOLESCENT DATA COMMITMENT**

As governments and the global community prepare to respond to adolescent needs, we'll need accurate data to inform policies and programs, measure progress, and ensure accountability at the country and global levels. Yet there are critical gaps in how data is gathered and reported that all too often leave adolescents invisible. The FP2020 community is taking a giant step in the right direction with a global pledge to collect, use, and disseminate age- and sex-disaggregated data. The statement will be presented at the Summit and all donors, countries, and organizations will be invited to sign on.

*Humanitarian Settings:*

### **MINIMUM INITIAL SERVICE PACKAGE (MISP)**

The Minimum Initial Service Package (MISP) is the international standard for reproductive health care in crisis settings, developed and vetted over the past two decades by the global humanitarian community. The MISP defines a set of life-saving priority activities that are to be implemented at the onset of every humanitarian crisis, with the goal of preventing and managing the consequences of sexual violence, reducing HIV transmission, preventing excess maternal and newborn morbidity and mortality, and planning for comprehensive sexual and reproductive health care as the situation permits. An updated version of the MISP, with a new specific objective on 'the prevention of unintended pregnancies', will be announced at the Summit. The revised MISP will be launched at the 17th Inter-Agency Working Group for Reproductive Health in Crises (IAWG) annual meeting in Athens, Greece, in November 2017.

### **GLOBAL ROADMAP FOR IMPROVING DATA, MONITORING, AND ACCOUNTABILITY FOR FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH IN CRISES**

The global community needs to know how to deliver better for women and girls in crises, and it needs to be held accountable. The Global Roadmap for Improving Data, Monitoring, and Accountability for Family Planning and Sexual and Reproductive Health in Crises will address the lack of information that lies behind the failure to reach these most vulnerable women. This game-changing initiative means that by 2019, we will have more evidence on what methods work in these contexts, and we will be able to gather vital data to enable better outcomes for women and girls.

The roadmap outlines an inclusive process to develop a global data, monitoring, and accountability framework by 2019, and to support the implementation of that framework once developed. The process will include consultation across the humanitarian and development sectors, review of existing data and mechanisms, development of tools and methodologies to use in humanitarian settings, selection of a set of core indicators, and agreement on reporting mechanisms.

*Contraceptive Method Choice:*

### **SAYANA® PRESS COLLABORATION**

Pfizer Inc. and a consortium of donors—including the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation, the UK Department for International Development (DFID), the United States Agency for International Development (USAID), and UNFPA—are launching a public-private collaboration to broaden access to Sayana Press, Pfizer's innovative injectable contraceptive.

Sayana Press is a three-month contraceptive in the all-in-one, single-use Uniject™ injection system developed by PATH and manufactured by Becton, Dickinson & Company. Sayana Press contains a reformulation of depo medroxyprogesterone acetate that allows it to be administered subcutaneously (subQ). The product's design means that community health workers, pharmacists, and even women themselves can be trained to administer it (where approved by national health authorities). Sayana Press is available to qualified purchasers at a guaranteed price of US \$0.85 per dose, a reduction from the previous price of US \$1.00 per dose.

Sayana Press is currently being introduced, scaled-up, or piloted in more than 15 FP2020 countries, with Pfizer continuing to support additional country registrations. The donor consortium is supporting the collaboration with over US \$270 million in investments between now and 2022.

*Supply Chain Strengthening:*

### **GLOBAL VISIBILITY ANALYTICS NETWORK (VAN)**

A supply chain Visibility Analytics Network (VAN) is a shared platform to capture and use supply chain data from multiple sources to provide enhanced visibility for short- and long-term decision making. The Bill & Melinda Gates Foundation is contributing seed money to design and pilot a global VAN for

\*Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

reproductive health commodities, which will enable the community of countries and partners to collaborate virtually on forecasted inventory needs and track progress against those forecasts. The global VAN will streamline access to in-country data and reduce parallel data flows while also capturing data from manufacturers, procurers, and freight forwarders. The Reproductive Health Supplies Coalition (RHSC) has agreed to host the global VAN and manage its implementation, while USAID and UNFPA are providing essential human resource to design, test, and use the platform.

### **IN-COUNTRY VANS**

While the global VAN will support improved upstream management of contraceptive supply to country programs, in-country VANS will support better supply chain decisions at the country level. The two function as pylons supporting a bridge of end-to-end visibility and decision-making, from product source to use. A number of FP2020 countries are planning to roll out or increase investment in logistics management information systems (LMIS), which, along with training of country staff and clear accountability and ownership, form the foundation of sustainable in-country VANS. This will result in real-time supply chain visibility and enable data-driven decisions to keep stock on the shelves in sustainable, efficient ways.

### **ADOPTION OF GLOBAL DATA STANDARDS (GS1)**

The adoption of global standards for product identification and for the capture and exchange of supply chain data is a key enabler of the global and in-country VANS. More widely, standards-driven interoperability between different information systems is critical to facilitate coordination between the various supply chain systems that provide family planning commodities. Data standards also help to ensure patient safety (through product traceability from manufacture to use) and lower supply chain costs (through driving efficiencies). USAID and UNFPA have worked over the past year with contraceptive manufacturers to develop a roadmap and timeline for the adoption of GS1 standards (the leading standards in the healthcare industry) in labeling contraceptive products.

### *Financing Solutions:*

#### **BRIDGE FUNDING MECHANISM FOR UNFPA SUPPLIES**

As the world's largest provider of contraceptives, UNFPA Supplies is committed to providing countries with the family planning commodities they need as efficiently as possible. One of the major challenges UNFPA Supplies faces in achieving that is the mismatch between the timing of donor funding and country requests for commodities. This misalignment means that it often has to hold off from making contraceptive orders until donor funding arrives, resulting in delayed orders and ultimately shortages and stock-outs at the community level.

That's why UNFPA Supplies is working with the Bill & Melinda Gates Foundation and DFID to develop a Bridge Funding Mechanism. The proposed Bridge Funding Mechanism would provide a revolving pool of financing of up to \$80 million that UNFPA Supplies can use to place commodity orders to meet country needs. The pool would be replenished when committed donor funding is disbursed later in the year.

The Bridge Funding Mechanism is expected to speed up the procurement process, lower the cost of commodities, and ultimately reduce up to 50 per cent of UNFPA-related commodity stock-outs—delivering better results for countries, donors, and the women and families they serve.

#### **PATHWAYS TO SUSTAINABLE DOMESTIC FINANCING FOR FAMILY PLANNING/SRHR**

DFID, Global Affairs Canada and the Bill & Melinda Gates Foundation will collectively invest \$90 million in mechanisms that enable sustainable domestic financing for family planning. DFID and Global Affairs Canada will invest through the Global Financing Facility (GFF) – a country-driven financing partnership that provides smart, scaled and sustainable financing – to accelerate efforts to achieve sexual and

<sup>1</sup>Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

reproductive health outcomes including family planning. The Bill & Melinda Gates Foundation, also an investor in the GFF, will contribute additional, complementary financing to support technical assistance in countries to expand the impact of DFID's and Global Affairs Canada investments.

## Revitalized Commitments

### Country Commitments

#### FP2020 Focus Countries

*Many of these commitments build upon and strengthen existing Family Planning 2020 commitments made by countries during the 2012 London Summit on Family Planning and through the FP2020 Partnership.*

#### **Bangladesh\***

Bangladesh is committed to achieving the Sustainable Development Goals. The recently approved 4th Health Sector Programme, 2017-2021, of the health ministry, will put the country on track to attaining the targets by 2030. Family planning remains one of the top priorities of the programme. Bangladesh commits to achieving its family planning objectives by implementing the post-partum action plan, regional family planning package for the lagging Sylhet and Chittagong divisions, and the national adolescent health strategy in a time-bound, efficient and effective manner. For this, the Government of Bangladesh will mobilize USD 615 million for the family planning programme over 2017-2021, which is a 67% increase in allocation from that of the previous programme. It will help improve the quality of family planning services through a health systems approach. Access to trained service providers will be increased, including through deployment of midwives to all sub-district hospitals. Supervision of family planning services will be strengthened by placing clinical teams in all districts. Further work with the private sector will help address gaps in service provision and will ensure a steady supply of commodities.

[Bangladesh Country Page](#)

#### **Benin**

Overall, Benin is committed to implement all the commitments made in 2013 and even go beyond. Thus, the commitment on free FP services will extend to the entire population including adolescents and youth.

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#### **Burkina Faso**

Burkina Faso is committed to reposition family planning as one of the major strategies of economic and social development. Indeed, it is demonstrated that population growth can have a negative impact on the environment and the supply of basic social services to the population (i.e. health, education, housing). Thus the Ministry of Health is working with the support of technical and financial partners to boost the supply of quality services and the public demand for family planning. To do this, one of the expected effects of the new National Economic and Social Development Plan (2016-2020 PNDES), is the development of human capital to accelerate the demographic transition and trigger the demographic dividend. Also, the government is planning to provide free family planning to women in need. The increase in contraceptive prevalence in Burkina Faso (15% in 2010 to 22.5% in 2015) will help reduce high maternal and neonatal mortality.

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\*Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

## Burundi

In 2014, Burundi joined FP2020. We pledged to include: (i) Improve the quality of family planning services by training health workers in all centers of the public health sector and increasing access to services through the establishment of health centers for family planning in geographically inaccessible areas, and nearby clinics run by religious organizations that do not offer modern contraceptive methods;(ii) Increase community services by mobilizing the community and providing family planning methods, including the transfer of tasks by forming health promotion technicians and community health workers(CSA) to provide injections; (iii) Achieve a contraceptive prevalence rate (CPR) of 40% by 2015, an increase of 18 percentage points since 2010, reaching a CPR of 50% by 2020; (iv) Increase the number of people accepting a modern contraceptive to reach 644,628 in 2015, against 322,312 in 2012; (v) Increase the annual government allocation for contraceptives 10% annually between 2015 and 2020; and (vi) Strengthen performance-based funding and expand at the community level with the support of partners.

[Burundi Country Page](#)

## Cote d'Ivoire

Following the mid-term review of the London Summit on July 11th 2017, Côte D'Ivoire pledges to: (i) Increase the availability of family planning services in public and private health facilities from 90.8% in 2017 to 100% by 2020; (ii) Increase the financial resources allocated to the purchase of contraceptive products by 10% each year until 2020, currently 400,000,000 CFA Francs in 2017; (iii) integrate the distribution of contraceptive products into the minimum package of activities of 4,000 community health workers by 2020; (iv) strengthen the supply of family planning services in 100 health facilities, including the national program of school health, adolescent health, and youth, to adapt to the needs of adolescents and young people by 2020; and (v) strengthen the full spectrum of the national supply chain for medicines in order to increase the availability of family planning products at all levels of the health pyramid, with 100% coverage at the central level, 100% coverage at the district level, and 75% coverage at the point of delivery.

[Cote d'Ivoire](#)

## Democratic Republic of Congo

The DRC maintains the commitments previously made in Addis Ababa (Nov. 2013) and renewed in Bali (Jan. 2016) and adds two new commitments to accelerate the achievement of 19% mCPR and the access to FP services to at least 2.1 million additional Women of Reproductive Age (15-49) by 2020. The DRC will continue to: 1. support the implementation of the National Strategic Family Planning, 2014-2020; 2. from 2017, allocate at least on an annual basis a budget line called "Purchase of contraceptives" for 2.5 million dollars from domestic resources; 3. secure the voting of the law on the reproductive health and family planning, for all women of Reproductive Age, by December 2020 at the latest; 5. reform laws that protect adolescent girls from early marriage through education, awareness raising, social reintegration, and women's empowerment programs. Additionally, starting 2017, the DRC commits to: 1. foster the support of the private sector to invest in family planning and 2. scale up community-based distribution of both Sayana Press in all its forms (self-injection and distribution through community health workers) based on results from the ongoing pilot studies, scheduled to end in February 2018.

[Democratic Republic of Congo Country Page](#)



## Ethiopia

The government of Ethiopia is committed to improve the health status of its youthful population. The country has prepared a national adolescent and youth health strategy 2016-2020 in line with global strategy for Women's, Children's and Adolescents' Health (2016-2030). In the next four years there will be a coordinated effort to improve access to contraceptives through strengthening adolescent and youth friendly clinic services and introducing the school health program initiative. Ethiopia will continue working to improve the health status of adolescents and youth by increasing mCPR among married youth aged 15-24 years.

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## Ghana\*

The Government of Ghana commits to including Family Planning (FP) services and supplies in the national health insurance benefits package during the next scheme review period, which will make them free of charge at all public sector facilities, and private sector facilities subscribed to the scheme. Ghana is also committed to increasing the government's contribution to buying FP commodities. The government currently procures directly about one quarter of all FP commodities and commits to increase this percentage to one third by 2020. With regards to programming and service delivery, the government is committed to increasing the number of women using modern contraception from 1.46 million (2015) to 1.93 million in 2020 through increasing access and availability of services at all levels, capacity building, improving contraceptive method mix, and increased demand for services. Lastly, the government is committed to supporting Sexual and Reproductive Health (SRH) interventions to increase percentage of sexually active unmarried adolescent using contraceptives from current levels of 31.5% to 35.0% by 2020.

[Ghana Country Page](#)

## Guinea\*

The Republic of Guinea is committed to improving its overall health system after the Ebola virus disease and family planning in particular. This commitment will result in access to contraceptives for 188,000 additional women between 2017 and 2020 to comply with the recommendations of the 2016-2020 acceleration phase of the action plan and the ambitious FP2020 goal. To achieve this goal, Guinea will: deploy 5000 community workers by the delegation of tasks to reach 80% of the population especially in rural areas under the new Community Health Policy by end of 2018; strengthen by early 2018 the logistics system of health products, including contraceptives, through the strengthening of 8 regional depots in the country and the training of 10 specialists in forecasting and quantification of reproductive health products. This will improve product supply to health facilities serving the most remote populations. The Government will finance the purchase of 50% of contraceptives by creating and allocating funds to a budget line for the Ministry of Health by the end of 2018. In addition, the government will involve mining, oil and phone companies in the purchase of contraceptives; and integrate the supply of FP services in all school and university infirmaries, youth spaces (blue areas), listening centers and youth policy and in non-traditional environments which includes 140 hair salons and 70 workshops by the end of 2018. Through these actions, Guinea is planning to increase contraceptive prevalence from 9 to 22% by 2020.

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## India

India will overarch FP2020 goals to drive access, choice and quality of FP services so as to increase the modern contraceptive usage from 53.1% to 54.3% and ensure that 74% of the demand for modern

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contraceptives is satisfied by 2020. The country will be expanding range and reach of contraceptive options by 2020 through rolling out new contraceptives and exploring the introduction of new LARCs, along with delivering quality-assured and a full range of FP services at all levels. India will strengthen supply chain through roll out of Family Planning Logistic Management Information System (FP-LMIS). The country will increase FP awareness and generate demand through the 360-degree media campaign in all states and continue to provide FP services and supplies free of cost to all eligible couples and adolescents through the public health system, Non-Government organizations, and accredited private sector. The social marketing scheme will be revitalized, and social franchising schemes would be initiated to rope in the private sector. Allocation for family planning alone in the RMNCH+A budget is expected to exceed USD 3 billion by 2020. The country will continue implementation of costed plans for RMNCHA, including FP at national and sub-national levels.

[India Country Page](#)

## **Indonesia**

With less than four years to 2020, the Government of Indonesia (GoI) remains committed to the goal of enabling 120 million more women to use contraceptives. Between 2015 and 2019, GoI will maintain quality family planning (FP) services to more than 30 million current users and ensure accessibility to at least 2.8 million additional users. In order to do so, GoI will allocate USD 1.6 billion for FP programs between 2015 and 2019; this includes an almost two-fold increase in budget allocation from 255 million in 2015 to 458 million in 2019. Additional funding assistance for health programs including family planning will also be provided to local governments in the amount of USD 1.7 billion per year. Indonesia plans to fulfill its commitment to the FP2020 goal by ensuring the: (1) Provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019; (2) Improvement of Contraceptive Method Mix; (3) Availability, quality, and supply chain management of contraceptive commodities; (4) Empowerment of young people; and (5) Implementation of the integrated approach to rights-based family planning programming at the sub-national level.

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## **Kenya**

Voluntary, high-quality family planning (FP) can help curb rapid population growth and drive development. In recognition of these links, the Kenyan government commits to improve access to family planning services with specific commitments to (i) finalise and disseminate the family planning national Costed Implementation Plan (CIP) (2017-2020); (ii) Strengthen national family planning programme by making a commitment to increase domestic financing for family planning at both levels of government and (iii) Strengthen partnership with the private sector through a total market approach to enable an increase in private sector FP delivery contributions. The government will work with partners to expand uptake of long-acting reversible methods (LARMs), improve commodities security, expand youth friendly services with a focus on adolescent girls and scale up delivery of services for the hardest to reach groups.

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## **Liberia**

Given that approximately 63% of its population is below the age of 25 years, the Government of Liberia commits to: taking youth-friendly health services and family planning services to scale—at all levels of its health care delivery system. The key interventions to achieve this commitment will be implemented in a phased approach through 2021; partnering optimally with the private sector, which currently provides services and methods to over 30% of contraceptive users, to increase universal access to safe and

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affordable contraceptive services; reducing stock-outs by 2020 by reforming the supply chain system to ensure that essential life-saving drugs including reproductive health commodities are at all service delivery points at all times; and allocating 5% of its health budget for provision of free family planning commodities and services nationwide.

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## **Madagascar**

The commitment of Madagascar FP2020 is to achieve a contraceptive prevalence rate of 50% and reduce the unmet need for FP to 9%. It includes 9 strategies, which involve revising the framework documents, universal access to contraception including youth, the institutionalization of the annual FP campaign, strengthening community-based distribution, securing the contraceptive supply chain, strengthening medical training in methods of Long Term Postpartum FP. The government will increase 5% per year for FP from the state budget.

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## **Malawi**

Malawi commits to ensuring universal access to, and coverage of, sexual reproductive health and rights information and services, with specific focus on all adolescent and young people through promoting wider method mix choice including LARCS with the goal of "no parenthood before adulthood," and in the spirit of the SDGs' "leaving no-one behind." Malawi is further committed to reducing teenage pregnancies by 5% per annum through 2030, in line with HSSP II set targets (2017 -2021) per annum through 2030. This will be done through ending child and early forced marriages and ensuring that girls complete their secondary education to safeguard young people in anticipating better youth participation necessary for harnessing the Demographic Dividend. Likewise, Malawi is committed to increasing the budgetary allocation for family planning commodities, and FP and youth programming. In all these commitments, Malawi is expected to involve all key government sectors, CSOs, NGOs, parliamentarians, traditional leaders, parents and most importantly the youth themselves through a robust multi-sectoral approach and achieving declined fertility paramount for the development of Malawi.

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## **Mali**

The ultimate goal of the Malian authorities is to respond adequately and innovatively to the enormous needs in family planning to reach a contraceptive prevalence of 20% by 2020. The National Action Plan and FP budget plans for Mali to reach a contraceptive prevalence rate of 15% by 2018. This implies that the country recruits, during the five years of the plan, about 208,988 additional users. This commitment requires more effort. Indeed, some axes of this commitment could be more increased funding including that of the state in favor of FP design and scaling innovative policies especially with regard to delegation of tasks, more attention to the access of adolescents / young, rural and vulnerable populations, and strengthening the institutional framework for the FP programs. Mali has pledged to increase by 10% annually from the national budget, all purchases of contraceptives.

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## **Mauritania**

By 2020, in an effort to sustain the gains and accelerate efforts towards universal access of women and young people to reproductive health services, including family planning, in the context of law and human

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security, Mauritania is committed to strengthening the supply of family planning services by introducing new methods and family planning for postpartum women, adolescents and young marrieds in 100% of health facilities, and strengthening an integrated supply chain. Other commitments include: Having an integrated circuit SRMNIN distribution of products, including contraceptives to make them available to the last kilometer. "Do not leave anyone behind" and, strengthening the institutional framework for a favorable environment to family planning.

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## **Mozambique**

Mozambique commits to: 1) increase the use of modern contraceptive methods for married/in union adolescents (15-19 years old) from 14.1% (2015) to 19.3% in 2020, and for unmarried sexually active adolescents from 26.7 (2011) to 50% in 2020; 2) provide FP services (information and contraceptives) in all secondary schools by 2020; and ensure that 30% of all health public facilities use electronic stock management information system including contraceptives by 2020.

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## **Myanmar\***

Myanmar's commitments are: 1) exploring innovative financing models especially for commodities, such as Global Financing Facility (GFF) to ensure that donor and national resources of USD 3-5 million increase annually, incrementally for commodities and ensure sufficient and timely availability of quality contraceptives for all the reproductive-aged women of Myanmar. We will work with our development partners and UNFPA to procure high-quality contraceptives regularly and consistently and to expand the range of affordable modern contraceptive methods available to our women and girls. (2) Strengthening supply chains and expanding the range of contraceptives available to women: Ministry of Health and Sports will bring on board and work with development partners to strengthen integrated national supply chain and ensure that no woman is left empty-handed. They will have informed choice of contraceptives at the last mile. (3) Empowering young people to thrive: Myanmar will ensure adolescent and youth friendly health services including access to information on sexual and reproductive health for in-school and out-of- school youth as well as contraceptive services. (4) Reaching the hardest to reach: We will work with civil society organizations, ethnic health organizations, and private sector to make sure that women experiencing humanitarian crises or facing other socio-cultural barriers can access the contraceptive services and supplies that they need to protect their health.

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## **Nepal\***

Nepal is committed to sustaining the efforts already initiated including through the implementation of the FP2020 commitments made in March 2015 and to focusing further on reaching the unreached and leaving no one behind. Nepal aims to increase the number of additional users of family planning by an estimated 1 million by 2020, provided the proportion of demand satisfied increases to 71% by then. Nepal will also focus on adolescents and youth; on increasing the method mix; identifying and removing barriers to FP access; improving the regulatory framework to promote public-private partnership and expanding health service delivery points to increase access to quality FP information and services; and increasing the number of health facilities with no stock-outs of FP commodities from 70 to 95% by 2020.

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\*Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

## **Niger\***

Family planning is an important issue in Niger, not only because it is recognized as a key strategy for reducing maternal and child morbidity and mortality, but also because it is essential to meet the challenges linked to rapid population growth that contrasts with weak economic development. Niger has therefore set an objective to raise its contraceptive use from 12% in 2012 to 25% in 2015 and to 50% in 2020, in line with commitments made at the London Summit in July 2012.

To make progress towards these objectives, Niger reiterated its commitments for the London 2017 Family Planning Summit, in particular: improving health coverage to provide family planning services to the population and need by implementing policies for task shifting to deliver the family planning package of services; the recruitment of qualified health workers in order to improve the quality of services provided, with a particular emphasis on interventions targeted at youths and adolescent sexual and reproductive health; resource mobilization for private sector providers, the social sector, and local authorities; and financial support by the State across the national budget.

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## **Nigeria\***

The Government of Nigeria in collaboration with its partners and private sector pledges to achieve a modern contraceptive rate of 27% among all women by 2020. It commits to: 1. increasing its annual allocation for contraceptives to \$4M; 2. ensuring total disbursement of \$56M to the states through its Global Financing Facility and IDA loans; 3. expanding implementation of its task-shifting policy to include patent medicine vendors and community resource individuals to improve access to FP services in difficult-to-reach areas and among disadvantaged populations; 4. using its Minimal Initial Service Package for SRH, especially for its national preparedness and response where humanitarian crises occur; 5. removing regulatory barriers and taking to scale access to new contraceptive methods such as sub-cutaneous DMPA injections; 6. transforming its last-mile distribution of health/FP commodities, using a push-model system, and collaborating with the private sector for optimal transportation, haulage and tracking of commodities using its electronic logistics management solution; 7. investing in a robust accountability system that tracks and reports annually real-time, domestic resource FP expenditures at national and state levels; 8. increasing the number of health facilities providing FP services in each of its states and federal territory to 20,000; 9. leveraging 10,000-functional primary health care facilities to foster positive attitudes about planning families; 10. partnering with all stakeholders and gatekeepers to reduce socio-cultural barriers to use of family planning services; 11. collaborating with line ministries to ensure the provision of age-appropriate SRH information to youth through the Family Life Health Education Curriculum and youth-friendly services in health facilities and other outlets; and 12. collaborating with states, donors, and other stakeholders on a health insurance scheme to make household FP expenditures reimbursable.

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## **Pakistan**

Following the 18th Constitutional amendment and devolution of responsibility for FP financing, policy-making and programme implementation, this commitment package represents the revitalized focus and ownership of the federation and the provinces and regions of Pakistan, to the pledges made in the 2012 Summit, and to additional commitments made jointly by the provinces for adding direction and transparency to achieving FP2020 goals. The Government of Pakistan acknowledges that all citizens are entitled to high quality FP information and services. Therefore all Provincial Chief Ministers pledge to personally monitor and oversee their respective provincial FP2020 goals through regular stock takes. This

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will ensure that services are optimally provided by all public and private health sector facilities to meet the reproductive health needs of both men and women and also reach out to the marginalized, so that no one is left behind.

[Pakistan Country Page](#)

## **Philippines**

The Philippines will establish a national policy on RH and population development, and allocate funds to implement the policy. The Responsible Parenthood and Reproductive Health Act of 2012 was signed into law in December 2012, and was fully implemented in April 2014 following a Supreme Court decision on its constitutionality. A Temporary Restraining Order (TRO) on the registration and/or certification of contraceptives, and the procuring, selling, distributing, dispensing or administering, advertising, and promoting of contraceptive implants issued by the Supreme Court has significantly affected the implementation of activities targeting Zero Unmet Needs. An Executive Order issued by President Rodrigo Roa Duterte early in 2017 aims to mitigate the effects of the TRO. Department of Health issued an Administrative Order on guidelines for achieving desired family size in 2017. As of 2017, the Philippines commits to \$78 million for commodities, demand generation activities, contraceptive security, policy development, advocacy and mitigation of TRO and partnerships with CSOs and private groups. The Philippines commits to provide family planning services to poor families with zero co-payment, and to upgrading public health facilities and increase the number of health services providers who can provide reproductive health information. The Philippines will work with partners to provide information and training.

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## **Rwanda**

The Government of Rwanda in collaboration with its partners and private sector commits to: Disseminating and implementing its first-ever Integrated RMNCAH Policy and FP/ASRH Strategic Plan at all administrative levels; Programming at scale post-partum family planning in health facilities by 2020; Improving awareness and creating demand for family planning among its population, including young people, so that, by 2024, total demand for FP will have increased from 72% to 82%; Improving its rights-based FP programming by adding to its available method mix long-acting and reversible methods; and, Using the evidence base of high impact practices to focus its FP programming resources for greatest impact by 2020.

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## **Senegal**

Senegal will increase the Contraceptive Prevalence Rate (CPR) in Senegal to 45% and reduce unmet need (SNB) to 10% according to an inclusive, holistic approach within a functional multi-sectoral coordination body of the demographic dividend. Commitments include: the participation of all without leaving anyone stranded especially adolescents / young unmarried women, including young women will be considered with due respect to social norms; and making contributions in state funding in particular by increasing the budget allocation for the purchase of contraceptives to 500 million francs in 2020, but also the private sector.

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## **Sierra Leone**

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The 2017 Sierra Leone's FP2020 commitments are aimed at addressing strategic gaps in Family Planning (FP) programming that have hindered the accelerated increase in access to quality FP to the majority of its population. Through these commitments, the country hopes to increase the number of women reached with FP services annually to over 755,939 by 2022, and increasing its modern Contraceptive Prevalence Rate (mCPR) to 33.7% in the same year. Achieving these will require drastic reductions in the stock out rates which currently stand at over 85% and the targeting of adolescents and young people who constitute about 33% of the population. Sierra Leone is therefore committed to reposition Family Planning and improve access to quality family planning services through a comprehensive approach addressed in the 3 outlined commitments. The three commitments address themes of financing, the supply chain, and adolescent health, and together they ensure that access to family planning is increased for women and girls in Sierra Leone. The first commitment focuses on the diversification of the family planning resource base, the second emphasizes improving access to family planning commodities through supply chain reforms and improved data visibility, while the third prioritizes improving adolescent health and reducing teenage pregnancy. The government of Sierra Leone, with the support of its family planning partners, is committed to ensuring that the actions proposed to meet these goals are sustainable and have a long-term positive impact on the people of Sierra Leone.

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### **Somalia\***

Six commitments have been identified: (1) To ensure that legal policy and strategic frameworks for Family Planning in Somalia are in place by 2020. (2) Increase understanding of barriers to access, demand and uptake of FP services in Somalia by 2020 (3) To ensure access to quality reproductive health services including Family Planning in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020. (4) To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline. (5) To explore and leverage Public and Private Partnership in FP service delivery by 2018. (6) To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS).

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### **Tanzania**

By 2020, the Government of Tanzania in collaboration with its partners and the private sector will increase the availability of modern contraceptive methods at all levels of its health system: Ensure availability of at least three modern contraceptive methods at primary level from 94% to 100% in 2020; Ensure availability of at least at least five modern contraceptive methods at secondary and tertiary levels, from 86% in secondary and 88% in tertiary in 2017 to 98% by 2020 for both; Scale-up the number of health facilities providing youth-friendly reproductive health services from 30% in 2017 to 80% in 2020; and, Increase the government's allocation for FP services from Tsh.14 billion to Tsh.17 billion in 2020.

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### **Togo**

In order to accelerate the achievement of the objectives of 35.5% contraceptive prevalence in 2022, Togo has undertaken to improve the supply of services and methods of family planning at all levels of the health system through: developing a new plan for accelerated family planning with particular emphasis on youth and adolescents, the gradual increase in the budget allocated to the purchase of contraceptives, greater involvement of social partners in promoting the application of FP services, strengthening the

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supply chain and management of product data PF. This commitment will be supported by mobilizing other stakeholders to support the implementation of the new plan FP 2017-2022.

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#### **Uganda**

Whilst there has been significant progress in increasing access to family planning in Uganda, many women who want to avoid pregnancy are not using effective family planning methods. To ensure that every Ugandan woman can choose when and how many children to have, the Government of Uganda re-commits to allocating \$5million annually from domestic funding to expand the choice of methods and work closely with our partners to raise \$20million annually for family planning. We will support a robust communication strategy to increase demand and linkage to family planning services ensuring a cross-sectoral approach that addresses broader issues such as child marriage and girl's education. In addition, the government commits to reduce the unmet need amongst adolescents from 30.4% in 2016 to 25% in 2021 through operationalizing the National Adolescent Health Policy and the National Sexuality Education Framework. By increasing the deployment of critical health cadres in hard-to-reach areas and by task-shifting where appropriate, we will expand the provision of services to include long-acting and reversible and permanent methods. These commitments will contribute to Uganda's ambitious goal to reduce unmet need for family planning to 10% and increase the modern contraceptive prevalence rate to 50% by 2020.

### [Uganda Country Page](#)

#### **Zambia**

Zambia commits to improving sustainable access to family planning and achieving its 2012 FP2020 goals, specifically to increase the modern contraceptive prevalence rate among married women to 58% by 2020. To accelerate progress toward these targets, Zambia commits to addressing policy barriers adversely impacting the delivery of sexual and reproductive health services for adolescents and young people. This will provide deeper focus on adolescents through cross sectoral working, including collaboration between the Ministries of Health and Education to ensure age appropriate information and services are provided, strengthening data to track results and creating referral systems for appropriate service delivery. The government and partners will also scale up access to family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of subcutaneous Depo Medroxyprogesterone Acetate (Sayana Press) to reach all parts of the country by 2020. These commitments will be made more sustainable through increasing domestic financing, ensuring that by 2020 the government contribution to family planning commodities has increased by at least 50% of the average annual contribution of US\$1,090,000 between 2013 and 2016, i.e. to a minimum of \$1,500,000 per year.

### [Zambia Country Page](#)



## Donor Countries

### Australia

Australia continues to work with our partners to contribute to the Family Planning 2020 goal to enable 120 million more women and girls in the world's poorest countries to use modern contraception by 2020. Australia is pleased to highlight new programs with UNFPA in the Pacific including: A new \$30 million partnership over the next four years to expand access to sexual and reproductive health services. This funding will support UNFPA's transformative agenda in the Pacific to advance women's empowerment and gender equality and will specifically aim to bring the unmet need for family planning towards zero in the region and a new \$3 million program to develop innovative approaches to accelerate access to, and demand for contraceptives in the Pacific. This is complemented by continued support for: UNFPA Supplies, as Australia provided \$3.5 million in 2017 for this vital mechanism that provides essential drugs that save the lives of thousands of women and babies in developing countries each year and UNFPA's work providing life-saving access to sexual and reproductive health services and gender-based violence programming for crisis-affected people in Myanmar for which Australia provided \$2.5 million in 2017.

### Denmark\*

Humanitarian crisis today are increasingly protracted and a growing number of people are displaced from their homes. Denmark will therefore continue to promote better coherence between humanitarian and development responses, also in addressing sexual reproductive health and rights. Denmark will continue to provide access to contraception of their choices to the estimated 225 million women who, today, do not have access these services and commodities, bearing in mind the aggravated situation of girls, adolescents and women - also in humanitarian settings. Denmark will continue to promote women and girls' right to decide over their own body and own sexuality since these are fundamental rights. A holistic approach is essential to address the need for prevention, services and access to information. Denmark will continue our dialogue and cooperation in international settings with all relevant parties with a view to addressing the challenges and realizing the potential of the largest youth generation in the history of the world growing up right now. Cognizant of the fact that girls, adolescents and women are more exposed and vulnerable in humanitarian situations Denmark will continue to be an active advocate for girls' and women's possibility to influence their own lives. There is an overwhelming gap in emergency response due to the lack of prioritization and funding. Family planning in humanitarian crisis must be a priority. Advocacy and change of mind sets is important. It is at least as important that deeds follow words. I am therefore pleased to draw your attention to the fact that in addition to 345 million DKK already allocated for SRHR interventions for the fiscal year 2017 an additional 91 million DKK has been allocated earlier this year. Out of these 56 DKK will go to UNFPA Supplies and 35 DKK will go to IPPF. Furthermore, we expect to be able to allocate supplementary funds for SRHR in the remaining part of 2017.

### European Commission

The Commission provides 20m EUR to UNFPA Supplies in 2017-2018, building up on its previous commitments (32.6 million EUR committed at the first Family Planning Summit).

There is more to come. Sexual and reproductive health and rights are an integral part of commitments to Gender equality as also reflected in our Gender Action Plan that is now being rolled out, with concrete and successful actions and adequate funding, including of course better access to family planning and sexual and reproductive health and rights in general. We will be making an announcement on this initiative soon.

\*Process initiated to ensure Commitment to FP/SRHR is formally counted as FP2020/EWEC commitment.

## France\*

The French strategy on population, sexual and reproductive health and rights sets out an ambitious agenda for transformative action. We are committed to: Improving normative frameworks through global advocacy; Increasing access to modern methods of contraception, and facilitating young people's access to sexual and reproductive health services and reducing harmful practices. In order to achieve these goals, we will continue our multilateral funding and : maintain our French Muskoka Fund for reproductive, maternal, neonatal and child health in 2018 (10 M EUR). It is a great example of inter-UN agency cooperation and its positive effects in the region have contributed to the improvement of maternal, child and adolescent health in the 8 beneficiary countries; strengthen existing partnerships between the French Development Agency and other donors in West and Central Africa (DEMSAN project, 10M EUR/4 years), and continue donor coordination through the Ouagadougou Partnership; finance the 3<sup>rd</sup> season of C'est la Vie (3 M EUR); explore further funding opportunities in order to assist partner countries with their demographic transitions, for example Niger, where the AFD is considering developing a country programme.

## Netherlands

Although the total budget for development cooperation has been under pressure, the overall portfolio for sexual and reproductive health and rights of the Netherlands Ministry for Foreign Trade and Development Cooperation has remained stable or even slightly increased over the last few years. In 2017 around EUR 140 million (1/3 of our total SRHR and global health budget) was spent on family planning programs. The Netherlands announces the following pledges: EUR 5 million earmarked for SRHR in humanitarian settings; EUR 11.5 million for Central Emergency Respond Fund. Non-earmarked but with a special emphasis on family planning and sexual health; EUR 15 million for She Decides. Minister Ploumen already announced this at Global Citizen Festival Hamburg, 6 July. To emphasize the importance of family planning and sexual health services within humanitarian settings, the Netherlands makes EUR 5 million available for this purpose. The EUR 11.5 million contribution to Central Emergency Response Fund (CERF) under the new mechanism of results based financing for humanitarian aid, further underlines the need that access to family planning and sexual health services are fully part of life saving activities in humanitarian settings. With the second pledge for She Decides announced at Global Citizen Festival in Hamburg – earlier this year the Netherlands announced EUR 10 million for She Decides – the Netherlands continues to support those organizations affected by the Mexico City Policy. Through ongoing strategic partnerships (2016-2020) with several civil society coalitions, the Netherlands continues to engage with youth and adolescents in several countries in the South in order to strengthen access to sexual and reproductive health services and advocate for sexual and reproductive rights.

## Norway

To safeguard UNFPA's global normative function and operations, Norway will increase its core contribution to UNFPA by 25 percent, up to 500 mill NOK (today approx. 60 million USD) per year. To expand access to quality reproductive commodities for women in the poorest countries, we will provide an additional 50 mill NOK (today approx. 19 mill USD) in direct support to UNFPA Supplies including the new bridging mechanism. Building on our "She Decides" pledge in February, we will in total support civil society organizations engaged in SRHR and safe abortion with approximately 409 mill NOK (today approx. 50 million USD) up to 2020. Young people are key to our common future. Together with UNFPA and other partners, Norway will take an international initiative to expand comprehensive sexuality education to protect the health and well-being of adolescents, and enable them to make good life choices. On top of our large investments in girls' education and global health, we will increase our investments for SRHR by

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approximately 700 mill NOK (today approx. 85 million USD) in 2017-2020. Only this way can girls thrive, complete secondary school, get a job, and on equal terms become a full part of society.

## Sweden

All individual's full enjoyment of sexual and reproductive health and rights is a cornerstone in Sweden's feminist foreign policy, including comprehensive sexuality education and access to safe and legal abortion. This is why, Sweden, together with Belgium, Denmark and the Netherlands, organized the She-Decides conference - the beginning of a global movement for girl's and women's access to education and information about her body, modern contraception and safe abortion, complementing the aim of FP2020. A total of 60 % of Sweden's bilateral health development assistance through Sida and 7 % of Sweden's total development assistance is SRHR-related. The Government of Sweden decided to increase its global SRHR support by an additional 200 million SEK, approx. 24 million USD, in 2017. Swedish International Development Cooperation Agency (Sida) recently decided to allocate an extra 12 million SEK, approx. 1, 4 million USD, to SRHR, within the already delegated budget. Sweden strongly believes in the UN Development System's capacity to tackle development challenges and have therefore in 2017 i.e. increased its core contribution to UNFPA to 545 million SEK, approx. 62 million USD, in 2017, allocated more funds to WHO (40 million SEK, approx. 5 million USD) for their important work within the Human Reproduction Programme and added support to Unesco's work on comprehensive sexuality education (10 million SEK, approx. 1,2 million USD). Sida has also increased funding to civil society organisations that make SRHR a reality in the field, including to the International Planned Parenthood Federation (IPPF) (additional 50 million SEK/approx. 6 million USD in 2017, in total 490 million SEK/approx. 58 million USD between 2016-2019), International HIV/AIDS Alliance (additional 19 million SEK/approx. 2 million USD in 2017, and 479 million SEK/approx. 56 million USD in total between 2017-2019) and IPAS (additional 13 million SEK/approx. 1,5 million USD in 2017, and 213 million SEK/approx. 25 million USD in total between 2014-2017).

## United Kingdom

The UK commits to spend at least an average of £225 million on family planning every year for the next five years (a 25% increase and 2-year extension on our 2012 commitment). We want to see this money work in new ways to build a sustainable response to reproductive health needs. So supporting this investment is a package including: £30m for the World Bank's Global Financing Facility to pilot new ways of using donor money to incentivise domestic investment; and with partners, to make a new bridging mechanism available for UNFPA Supplies so country orders can be met when they are needed; Funding, with partners, the global Visibility and Analytics Framework to improve commodity supply chains, and Supporting a new price reduction deal for Sayana Press to broaden method choice; and A new £36m programme to help civil society solve challenging problems in sexual and reproductive health and rights. We will continue to deliver evidence-based programmes to expand uptake of voluntary FP in partner countries, including but not limited to Nigeria, Malawi, Mozambique, Uganda, Pakistan, Tanzania, Kenya and Ethiopia. We will continue to set our family planning work in the context of wider support for comprehensive sexual and reproductive health and rights. We commit to include provisions for the specific needs of adolescents in all our future reproductive health service delivery programming and to fast-track our pre-existing commitment to age-based data disaggregation, with an initial focus on health sector programming. The UK reiterates its commitment to consider sexual and reproductive health in all its humanitarian programming, and commits to rolling out the revised MISP and to support the humanitarian data, monitoring and accountability roadmap.

## Civil Society Commitments

### EngenderHealth

EngenderHealth seeks to build upon its prior commitment with a renewed focus on service delivery, youth, policy and advocacy, training, and contraceptive security to empower women and girls as rights holders and to hold governments and providers accountable as duty bearers.

We commit to reaching 13 million women and girls with comprehensive, rights-based contraceptive counselling in 13 FP2020 countries over the next three years, and of those counselled, to reaching 11.7 million women and girls with contraceptive methods of their choice. We will undertake this work with a goal that by 2020 at least 15% of women and girls reached at EngenderHealth-supported sites will be under the age of 20.

We will work with governments to effect policy changes that increase access to a full range of contraceptive methods, especially for unmarried youth. We will collaborate with partners and health ministries to strengthen the availability, use, and reporting of quality performance monitoring data, with an emphasis on improving data disaggregated by age, sex, and marital status.

We will expand our training efforts by 25%, to train approximately 5,000 providers to deliver quality contraceptive services. We will work to improve contraceptive security by reducing reported stock-outs. We will also work to strengthen the use of data for decision making to improve contraceptive security and to expand access to post-abortion contraception.

### JHPIEGO

At the 2012 London Summit on Family Planning, Jhpiego committed US \$200,000 to support family planning innovations in Burkina Faso. That investment has resulted in more than \$7 million to expand method choice, and specifically, increasing access to quality postpartum family planning (PPFP). What began as a pilot to introduce services in 5 public facilities was expanded to 25—with plans to scale up to remaining regions. With additional funding from UNFPA and an anonymous donor, the program developed the capacity of local partners to accelerate PPFP adoption, thereby aiding the Government of Burkina Faso's progress toward their FP2020 goal. Today, women in Burkina Faso are better able to plan their families. Over the next three years, Jhpiego will provide US \$500,000 to implement and advocate for programs and policies that increase access to family planning for adolescents and first-time parents, expand uptake of PPFP, and prepare frontline health workers to deliver quality family planning services. In Uganda and Ghana, we will introduce interventions to empower first-time parents to ensure healthy timing and spacing of future births and provide lifesaving information on breastfeeding and newborn care. Furthermore, Jhpiego commits to supporting West African governments in achieving their FP2020 commitments.

### PATH

PATH seeks to improve the agency of women and girls to exercise their rights and make informed choices about their sexual and reproductive health. One way we further this goal is by developing, introducing, and scaling up high-quality, woman-centered, innovative contraceptive methods, especially in places with high unmet need. In support of FP2020, PATH commits \$10 million over three years to expand the contraceptive method mix in up to 12 countries by 2020. We will collaborate with country governments and implementing partners to accelerate introduction and scale-up of new contraceptives as part of a broad method mix; to strengthen health systems and improve contraceptive access and choice through a range of service delivery channels that are convenient for women and girls—including community-based distribution, private retail outlets, and self-initiated options; and to help build enabling environments and

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sustainable markets for family planning products. PATH also commits to improve information-sharing, exchange of experience and lessons learned, and identification of best practices on contraceptive introduction and scale-up by 2020. Specifically, we will establish a dedicated global platform to convene partners with expertise and interest in country-level introduction and scale-up of new reproductive health technologies, and facilitate the documentation and dissemination of relevant data, resources, and learning.

## Private Sector Commitments

### **Pfizer:**

Please refer to the Global Goods section on the Sayana® Press Collaboration for additional details for Pfizer's commitment.

### **Bayer Healthcare:**

In support of the Global Strategy for Women's, Children's and Adolescents' Health Bayer commits to expand its successful youth-centric health programs under the umbrella of the World Contraception Day (WCD) and the associated "It's Your Life – It's Your Future" campaign. This is why Bayer supports the initiative "120 Under 40: The New Generation of Family Planning Leaders" of the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The Gates Institute and partner organizations will engage the entire family planning community in nominating young people for 120 Under 40. The call for nominations will be shared worldwide, targeted toward family planning advocates, faith leaders, academia; staff of various foundations and local, national and international organizations, journalists, as well as political, religious and civil society leaders. The initiative focusses on the "positive disruptions" made by young leaders in family planning—in-country and internationally—to enable others to build on their success. With the goal to increase media coverage of young leaders' achievements in policy agenda setting, resource mobilization and program work, we intend to enhance the visibility of family planning as a core contributor to the global development agenda.

### **Female Health Company**

During the London Summit in 2012 FHC pledged to invest up to \$14 million over the next six years into reproductive health and HIV/AIDS prevention education and training initiatives and award major public sector purchasers with FC2 Female Condoms equal to 5% of their total annual units purchased, at no cost to such purchasers. We have fulfilled the above pledge and wish to commit to a new pledge. Based on the procurement quantity of the purchasing country/or donor, the Female Health Company pledges to provide accompanying technical support free of charge, in the form of master training; educational materials; and demonstration models to ensure sustainable FC2 female condom programs in that particular country. The introduction of the FC2 female condom in a country needs significant additional support in demand creation, in the form of education, training, and (marketing) materials, in order to create sustainable programs in country and ensure uptake and use of the commodity. Female Health Company recognizes this need and as a social enterprise, hereby pledges to enter into a public private partnership with those purchasing/receiving countries of the FC2 female condom and take the responsibility for accompanying technical support based on the procurement number.

## Foundation Commitments

### Bill & Melinda Gates Foundation

The Bill & Melinda Gates Foundation commits an additional \$375 million over four years, marking a 60% increase in our family planning funding. These new resources will build upon existing programming and will respond to the needs and aspirations of adolescents and youth, with \$250 million of this new funding focusing on adolescents and youth specifically. We will work with partners to enhance adolescent girls' agency, empowerment and decision-making, tackle the bias that young people face from service providers when they seek family planning services, and maximize new technology to improve the quality of information that women – especially adolescents – receive. We will invest to scale post-pregnancy family planning, including for young first-time mothers. And we commit to funding and promoting gender and age-disaggregated data to track progress in reaching adolescents and youth with information and services. Additionally, we will commit funding to a financing mechanism that will enable UNFPA to procure contraceptives more efficiently and at better value. We will co-finance the establishment of a "Visibility and Analytics Network" to provide better insight into contraceptive commodity availability; and support strengthening of global and country contraceptive supply chains. We will incentivize domestic financing for family planning programs, invest to reduce the price of innovative contraceptives and commit to making a broader range of contraceptives available to women and girls.

Read full commitment details [here](#).

### Children's Investment Fund Foundation

CIFF's strategic plan from 2017 to 2021 commits us to working with others to shape an AIDS-free generation where every adolescent can realise their sexual and reproductive rights with access to the information and services they need. Since January 2017 we have more than doubled our funding for sexual and reproductive health with new investments totalling \$72 million. Our work is focused on putting adolescents at the centre of the design of SRH programmes; increasing choice with different types of contraception that respond to teenagers' preferences, especially user-controlled choices; digital innovations to better connect young people with more accountable services; and amplifying youth voices within debates on the issues that affect them most.

Looking to the future, CIFF investments will be more targeted, bolstering what works best, reducing unit costs and tackling taboos head on. Specifically: (1) We will build a community of practice on human-centred design to inject urgency into changing the way adolescent SRH programmes and sex education is delivered; (2) We will strengthen country leadership and capacity to deliver on their commitments to adolescents, through country-driven technical assistance and results-based financing, within our broader investments; (3) We will be an exemplar for integration, maximising ways to layer user-controlled contraception, HIV prevention and safe abortion or post-abortion care; (4) We will continue to invest in measurement, capturing age and sex-disaggregated data across our SRH programmes; (5) Above all, we will be a better ally to young people, maximising youth leadership, youth-led accountability and participation in decision-making processes including within our own organisation.

## For More Information

To learn more about commitments and the 2017 Family Planning Summit, please visit [www.familyplanning2020.org/summit2017](http://www.familyplanning2020.org/summit2017).