

## Summary of UK Commitments

We have made significant progress since the UK hosted the first London summit on family planning. Five years later, we are still leading global action as a long standing supporter of rights-based, voluntary family planning as a pillar of comprehensive sexual and reproductive health and rights.

### Headline Commitment

In 2012 the UK committed to spend an average of £180m a year on family planning (FP) to 2020. As a result we have so far supported 8.5 million more women to use voluntary modern contraception. The UK will again rise to the challenge and spend an average of £225m every year for the next five years. This predictability will allow the long term planning that our partners need to reach those still left behind.

To illustrate what this means for women, we estimate that – every year – our investment will support nearly 20m total users of contraception, prevent 6m unintended pregnancies, and so prevent more than 3m abortions, many of which would be unsafe. It will save the lives of over 6,000 women every year. In other words the total investment will save at least 16 women's lives every day for the next five years. It will prevent the trauma of 75,000 stillbirths and 44,000 newborn deaths. It will transform the lives of millions more – giving them the choices and control over their futures that women in the UK enjoy today.

Our support will include comprehensive programmes to expand access to family planning around the world:

- In **Ethiopia**, we will deliver 'Family Planning by Choice', a £90m programme over 4 years that will reach 670,000 additional users of family planning. The programme will work on direct service provision in 3000 government health facilities as well as on capacity building of government systems.
- In **Nigeria**, we will deliver 'Access to Family Planning Commodities', a £6m programme extension to June 2019 to reach 120,000 additional users of family planning.

- In **Uganda**, we will provide £38m over 5 years to support the implementation of Uganda's costed implementation plan on family planning to accelerate the uptake of modern contraception. Through a portfolio of interventions including policy formulation and advocacy, health systems strengthening, social behaviour change communication, and service delivery, the 'RISE' programme will avert 863,821 unintended pregnancies, 1,832 maternal deaths and 19,886 deaths of children under five years.
- In **Pakistan**, we will deliver 'Delivering Accelerated Family Planning in Pakistan', a £90m programme over 4.5 years. It will increase demand for family planning, encourage greater domestic resources and political support for family planning and increase the access and utilisation of services.
- In **Tanzania**, we will deliver 'Scaling up Family Planning in Tanzania', a £55m programme over 6 years. This is a comprehensive family planning programme that will incorporate procurement of commodities and delivery of services to women including youth, those with disabilities and people affected by humanitarian crises.
- In **Kenya**, we will provide £4.8m to extend the Delivering increased family planning across rural Kenya (DIFPARK) programme by one year from 2018 to 2019. This funds private and public sector family planning interventions to increased use of and choice of modern family planning services for the poorest Kenyans and adolescent girls, aged 15 to 19. DFID Kenya is also designing a follow-on programme for £25m –from 2019-2022 to deliver sustainable and equitable increases in family planning in Kenya.
- We will contribute £12 million for cutting edge **research** over 2017-2021 through the 'International Partnership for Microbicides'. This will include an early trial of a vaginal ring that combines HIV prevention with a contraceptive.

**We will also focus additional support to tackle the six greatest barriers to progress identified by the Summit:**

**Problem 1:** Women do not use family planning because they cannot afford to, and free services are not available.

**How the UK will help:**

- The UK will invest £30m in the World Bank's Global Financing Facility to pilot new ways of using donor money to incentivise domestic investment. For example, money provided to three Nigerian states will unlock four times this amount from Nigeria's own loans. This money will support the inclusion of FP in the country's basic health package. Public providers will be able to offer FP services, and state health insurance schemes for the poor will include family

planning for the first time. For the first time many poor women in Nigeria will have access to family planning free of charge.

**Problem 2:** Women do not use FP because what they need is not available: the shelves are empty when they go to the pharmacy or the clinic, or the method they need has run out. In particular, the last mile of the supply chain often breaks down – poor communication leaves too many commodities sitting in a warehouse at the docks, while shelves in the village clinic are empty. Some delays happen because of the rules under which UNFPA Supplies (the agency through which DFID delivers contraception) operates: specifically they have to delay making orders on behalf of countries until they have cash in the bank.

**How the UK will help:**

- The UK and its partners will fund a “Global Visibility & Analytics Network”. Data from all providers will be gathered together to provide supply chain visibility from the manufacturer through to the arrival in country. This will help countries to track procurements against their plans and predict gaps well in advance. Just as delivery companies can track a package from warehouse to final customer, we will build capability do this with contraceptives.
- Together with the Gates Foundation we will work to develop a Bridge Funding Mechanism that will enable UNFPA Supplies to procure commodities when needed, rather than waiting until donor funds are received. We estimate £10m in UK support to this innovation. The mechanism will speed up the procurement process, lower the cost of commodities, and ultimately reduce up to half of UNFPA-related commodity stock-outs.

**Problem 3:** Women do not use modern contraception because what is on offer (such as pills, condoms, implants or injections) is not right for them – for example, they are concerned about side-effects and may have received false information or inadequate counselling, or what is on offer may offer protection for the wrong time period. In the UK a woman typically tries several methods before settling on what works for her. But in too many places, the range of available methods is limited. Often myths and rumours spread and FP may soon be discredited in a whole community.

**How the UK will help:**

- The Summit will launch a public-private partnership that will broaden access to Sayana Press, an innovative new injectable contraceptive particularly suited to low-income settings. This is the first time in more than a decade that a new contraceptive method is being introduced and scaled up globally. Working with other partners, the UK will contribute £30m to help establish Sayana Press as a sustainable contraceptive method reaching over 10 million women and girls in developing countries. This follows our previous efforts to expand the availability of implants, and complements our ongoing work to ensure that a comprehensive mix of contraceptive methods is available and that the methods are affordable.

**Problem 4:** Women do not use contraception because they do not know about it, because laws restrict them (for example because they are unmarried) or their families or communities prevent them from using it, or because it is seen as shameful to do so.

**How the Summit helps:**

- The UK is launching a call for proposals for a new £36m “SRHR Connect” programme to help civil society solve challenging problems in sexual and reproductive health and rights – including driving social and policy change over the long term and reaching the hardest to reach. This flagship programme recognises that many problems facing the poorest and most excluded people are complex and need to be treated as such, with no one actor able to offer a complete solution.

**Problem 5:** Millions of adolescents and unmarried women who do not want to get pregnant are not using contraception, because they do not know about it, are not allowed to, or because health workers or their communities think they should not; because of concerns around discrimination and confidentiality or because services are just not designed with them in mind. Data gaps mean we do not even know the extent of the challenge. Taboos around pre-marital sex and pressures to bear children soon after marriage prevent the discussion from even starting.

**How the Summit will help:**

- In sharp contrast to 2012, the majority of countries making new commitments at the 2017 Summit will include specific actions for adolescents; many of these are game-changing. The UK will support these commitments, which include for example:
- **Mozambique** will commit to reaching over 300,000 more adolescent girls with voluntary contraception by 2020 through the provision of family planning services in all their secondary schools. The UK’s partnership with the World Bank has helped unlock this investment And DFID’s health programme will contribute to this, reaching over 90,000 adolescents with information, services and/or contraceptives by 2020.

- **Malawi** too will put adolescents firmly at the centre of its overall commitment package with a view to ensuring “no parenthood before adulthood”; this includes ending child marriage, increasing contraceptive knowledge through the integration of comprehensive sexuality education into school curriculums and the provision of adolescent-friendly services in 70% of health facilities to increase access to and uptake of contraceptives. Again, DFID will support this through the current family planning programme that is on track to reach over 600,000 adolescents and youth under 25 years by 2018 and future programmes
- The UK, in partnership with UNFPA and BMGF, has launched a **Global Adolescent Data Commitment**. Over thirty donors and implementing agencies have already signed up to ahead of the Summit, committing to ensure their future family planning and sexual and reproductive health programmes gather and use data broken down by sex and age group, including for adolescents. This will transform our ability to understand and programme for adolescents, who up until now have been hidden, ensuring they count.
- Overall the Summit will break the silence surrounding adolescent sexual and reproductive health, moving beyond sensitivities and taboos, driving the implementation of adolescent programming at scale. DFID will ensure that all our own future family planning and sexual and reproductive health programmes include a specific focus on adolescents.

**Problem 6:** Millions of girls and women in humanitarian settings - war zones, disasters or refugee camps - are not using contraception, because these services are just not prioritised or offered. Countries at risk of crises also need to be resilient and prepared. Again, data gaps mean we do not even know the full extent of the challenge.

#### **How the UK will help:**

- The Summit presents a strong case for why family planning is a life-saving activity, that women and girls in crises need and want it, and that it is possible to deliver services in emergencies and in protracted crises. DFID communications will drive the broader narrative around the need for the prioritisation of family planning in crises.
- The UK will commit to the revised Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in emergencies – which sets out what services women in emergencies must receive – and will now include a new, specific Family Planning objective. This means the UK’s humanitarian funding will contribute to delivering more family planning services on the ground in humanitarian responses.

- The UK will commit to the Global Data and Accountability Roadmap on Sexual 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 roadmap will turn the tide on a hugely neglected area – by 2020 we will have more evidence of what does and does not work in these contexts, and we will be able to gather more data to contribute to better monitoring and accountability. New DFID funding to WHO will support the development of an accountability mechanism for SRHR in humanitarian crises in response to this Global Roadmap
- We are providing an extra £8m to train more female health workers who are delivering in areas affected by humanitarian crisis in North East Nigeria.
- We are extending our funding to UNFPA in Syria by £1.5m, where programmes deliver essential reproductive health and family planning services, including support to survivors of violence.
- Next month DFID will launch an innovation challenge focused on access to sexual and reproductive health and rights for girls and women affected by conflict or disaster.
- Not only is UK core humanitarian funding going to monitor how it is delivering on sexual and reproductive health and rights, the UK will sign a joint donor statement, committing donors to working together to drive better results for women and girls through our humanitarian funding.