



London Summit on  
**FAMILY PLANNING**



## Summaries of Commitments

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## **Civil Society Organizations**

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### **ActionAid**

ActionAid commits to promoting a transformative understanding of the sexual and reproductive health of women as central to development and poverty reduction. ActionAid will promote a discourse that reflects the importance of women's sexual health, sexuality and control over their bodies, to eradicating violence against women and women's social, economic and political exclusion. With the goal of fulfilling its commitments by 2017, ActionAid pledges to organize women and girls in rural areas to challenge and reject gender-based violence that denies them control over their bodies; secure improvements in the quality, equity and gender responsiveness of public services, including reproductive health services; support women to build and advocate gender-responsive economic alternatives at all levels; convince governments and influential agencies that violence against women is a pivotal barrier to gender equality; and convince governments to enact policies, programs and legislative frameworks to guarantee women full enjoyment of their rights, including the right to sexual and reproductive health.

[www.actionaid.org](http://www.actionaid.org)

### **Advance Family Planning**

With its many partners, Advance Family Planning will persuade policy-makers to honor their London Summit on Family Planning commitments and, in general, seek increased political commitment and funding from public and private sources for family planning at the global, regional, country and local levels.

[www.advancefamilyplanning.org](http://www.advancefamilyplanning.org)

### **CARE International**

CARE International commits to putting reproductive rights, women's empowerment and gender equality at the center of its sexual, reproductive and maternal health programming and policy work, by developing approaches for addressing gender and social barriers to increased family planning use and validating tools to measure the impact of these approaches on health outcomes. CARE will strengthen local governance mechanisms and the capacity of women and communities, particularly the most marginalized groups, to meaningfully participate in their own health, engage in local decision-making processes and to hold governments accountable to their commitments. CARE also commits to reaching the most vulnerable and marginalized populations to reduce inequality, ensuring women and girls' family planning and reproductive health needs are addressed in both development, emergency and post-conflict response activities. Finally, CARE is committed to building political will and mobilizing action at all levels – local to national to global – to ensure continued funding and prioritization of SRMH, scale-up of successful approaches, accountability to commitments and implementation of policies and programs that are rights-based, effective, culturally appropriate and address the needs of communities.

[www.care-international.org/Media-Releases/care-commends-groundbreaking-london-summit-on-family-planning.html](http://www.care-international.org/Media-Releases/care-commends-groundbreaking-london-summit-on-family-planning.html)

**DSW (Deutsche Stiftung Weltbevölkerung):**

DSW commits to continue and expand its advocacy for both expanded availability and removal of barriers and to help build community support for contraceptive access. According to its Strategic Plan, 2011-2016 DSW particularly commits to increase the number of: 1) advocacy interventions to prioritize sexual and reproductive health and rights (SRHR), family planning (FP) and gender policies and programs; 2) parliamentarians and policy champions pushing forward the SRHR/FP agenda including gender-sensitive development issues; 3) collaborative efforts to ensure sufficient and transparent funding for FP; 4) interventions to increase the access to FP.

[www.dsw-online.org/topics/issues-we-are-concerned-with/sexual-and-reproductive-health/special-family-planning-summit](http://www.dsw-online.org/topics/issues-we-are-concerned-with/sexual-and-reproductive-health/special-family-planning-summit)

**FHI 360**

FHI 360 commits to allocating US \$1 million of their resources through 2020 in support of the development and introduction of new contraceptive technologies that will provide women in the developing world with additional high-quality, low-cost family planning options to fill gaps and expand choice for women and girls. FHI 360 will also expand the evidence base for safe and effective family planning and will translate high-quality evidence into policy and practice. FHI 360 plans continue efforts to widen the array of safe, effective, acceptable and affordable contraceptives worldwide.

[www.fhi360.org/en/AboutFHI/Media/Releases/res\\_newPledge082012](http://www.fhi360.org/en/AboutFHI/Media/Releases/res_newPledge082012)

**Guttmacher Institute**

The Guttmacher Institute commits to updating and publishing 2012 estimates of the number of women in all developing countries in need of family planning, the costs of providing services to current users and of providing high-quality services to all women in need and the benefits of meeting the contraceptive needs of current and potential future users (complete). Aligned with the London Summit on Family Planning's goals, Guttmacher will help develop and implement a monitoring framework as well as evidence-based messaging and data. Guttmacher commits to continuing to employ evidence-based advocacy at the U.S., global and country levels to increase access to the broad sexual and reproductive health services, including family planning, and to protect reproductive rights. Guttmacher will help to inform the work of donors, civil society groups and other stakeholders by providing evidence and evidence-based messaging in support of the Summit's goals.

[www.guttmacher.org](http://www.guttmacher.org)

### **International Center for Research on Women (ICRW)**

ICRW commits to expanding the evidence base on the importance of addressing socio-cultural barriers – including intimate partner violence, stigma and partner involvement – when striving to meet women’s demand for reproductive control and use of family planning services. ICRW will leverage new evidence to inform the framing of national reproductive health/family planning policy, development assistance programs and corporate social responsibility programs. ICRW will expand the evidence base linking women’s social and economic empowerment to family planning and sexual and reproductive health. ICRW will also produce new evidence related to adolescent sexual and reproductive health and rights and strengthen the connection between adolescent girls’ education and sexual and reproductive health outcomes, including delayed marriage and childbearing. This new evidence will help inform the design of family planning and sexual and reproductive health programs and services delivered through governments, the private sector and civil society. In addition, ICRW will develop and validate metrics to improve its understanding of the benefits that education brings to women’s access to and correct use of family planning.

[www.icrw.org/media/news/icrw-commits-build-evidence-womens-access-family-planning-services](http://www.icrw.org/media/news/icrw-commits-build-evidence-womens-access-family-planning-services)

### **Interact Worldwide**

Interact Worldwide commits to raising US \$1.5 million by the end of 2013. Interact Worldwide also commits to advocating for the removal of policy, financial and regulatory barriers which limit access to family planning, especially for the poor and marginalized, partly through global and national work on universal health coverage. Interact Worldwide will improve the quality and effectiveness of family planning programs for excluded adolescents, implementing an information, education and communication campaign targeting adolescents, their families, their communities, their local government officials and service providers. This will include training programs for service providers in youth friendly services, as well as the recruitment and training of peer educators for adolescents and for older men and women in communities. Finally, Interact Worldwide will work to integrate the views of marginalized women and girls through extensive consultation during the design and evaluation of programs.

[www.interactworldwide.org](http://www.interactworldwide.org)

### **International Planned Parenthood Federation (IPPF)**

IPPF supports the Civil Society (CS) Declaration to the London Summit on Family Planning (LSFP). By 2020, IPPF will increase family planning services, saving the lives of 54,000 women, averting 46.4 million unintended pregnancies and preventing 12.4 million unsafe abortions. IPPF will treble the number of comprehensive and integrated sexual and reproductive health (SRH) services provided annually, including 553 million services to adolescents. IPPF will establish technical knowledge centers to train providers of family planning services and will develop a compendium of family planning, maternal, child, SRH, and HIV linkages indicators. IPPF will improve the advocacy capacity of Member Associations in at least 40 of the 69 Summit priority countries. IPPF will mobilize CS and governments to improve the legislative, policy, regulatory and financial environment for family planning, and will mobilize the international movement created through IPPF's role as Co-Vice Chair of the Stakeholder Group to the LSFP to hold governments accountable. IPPF will generate support for SRHR from regional bodies, the Oil Rich States, the G20, BRICS and emerging economies, advocate to the pharmaceutical industry for affordable pricing for contraceptives and raise awareness and change the attitudes of community, political and public opinion leaders to support SRHR for all.

[www.ippf.org/news/press/familyplanningsummit](http://www.ippf.org/news/press/familyplanningsummit)

### **JHPIEGO**

JHPIEGO commits to providing new, incremental funds in the amount of US \$200,000 to support innovations in the provision of implant/injectable services at the community-level, using front-line health workers. JHPIEGO also commits to advocating for task-shifting to improve access to long-acting family planning methods in underserved settings and training matrons or auxiliary midwives to provide implants in underserved settings.

[www.jhpiego.org](http://www.jhpiego.org)

### **Marie Stopes International (MSI)**

MSI commits to enabling a total of 20 million women, in the world's poorest countries, to use contraceptives by 2020. To reach this commitment, MSI will use its range of service delivery channels to reach 6 million new family planning users; provide another 4 million existing family planning users with greater quality and choice than they currently have from their existing provider; and sustain the provision of family planning choices for the 10 million women who already used MSI services in 2011. In addition, MSI will work in partnership with governments to help identify, address and remove policy, financial and other barriers to access to contraceptives, information and services.

[www.mariestopes.org/londonsummit](http://www.mariestopes.org/londonsummit)

### **Merck for Mothers**

Merck for Mothers commits US \$25 million over eight years.

[www.merckformothers.com/newsroom/london\\_summit](http://www.merckformothers.com/newsroom/london_summit)

**Pathfinder International**

Pathfinder International commits to increasing financial support for family planning programs in Pathfinder's existing program countries and at least two new countries. Pathfinder will raise an additional US \$3 million by 2014 to augment its already robust family planning related programs. One third of this commitment will be used to reach young people in the underserved regions such as West Africa. Pathfinder will also advocate for the removal of policy and regulatory barriers which limit access to family planning. It will initiate new work with communities to prevent early marriage in two countries in Francophone West Africa and work with partners to deliver family planning as a package of comprehensive reproductive health care, livelihood and environmental conservation activities in remote areas of Western Tanzania.

[www.pathfinder.org/news/pathfinder-pledges-additional-3Million-for-family-planning](http://www.pathfinder.org/news/pathfinder-pledges-additional-3Million-for-family-planning)

**Planned Parenthood Federation of America and Planned Parenthood Global**

Planned Parenthood Federation of America commits to reaching 2 million more women in the United States with reproductive health care, including life-saving preventative screenings and family planning counseling and services. Planned Parenthood will work with its nearly 80 affiliates across the U.S. to expand reproductive health services to areas and communities currently lacking access. Additionally, through the organization's international arm, Planned Parenthood Global, it commits to supporting its in-country partners in Africa and Latin America to reach 2 million people by 2015 with sexual and reproductive health information, supplies and services, emphasizing family planning. Planned Parenthood Global will continue to invest in the long-term autonomy and sustainability of local organizations implementing a human rights-based approach to delivering the highest quality reproductive health care. It will support innovative pilot projects to improve quality of care overall and bridge barriers for those most in need of information and services, yet who have the least access to them. Planned Parenthood Global will also expand projects focusing on young people, especially using social media, to reach an additional half a million adolescents with information and access to services when they need them.

[www.plannedparenthood.org/global](http://www.plannedparenthood.org/global)

**Population Action International (PAI)**

PAI commits to advocating for expanded access to voluntary, high-quality family planning and reproductive health services and supplies. PAI will support policy engagement and capacity transfer among Southern civil society organizations; conduct policy-relevant research to support evidence-based advocacy; mobilize financial resources and create the policy environment necessary to expand access; and promote accountability at the global, regional and national levels to meet the demand for contraception.

[www.populationaction.org/press-releases/statement-london-summit-on-family-planning](http://www.populationaction.org/press-releases/statement-london-summit-on-family-planning)

### **Population Council**

The Population Council commits to increasing access to and availability of family planning and other reproductive health services in countries where people are unable to achieve their reproductive health goals. The Population Council will promote reproductive rights to reduce inequalities in access to and use of reproductive health services related to wealth, age and gender; strengthen health systems so that contraception can be provided through a range of health services; develop and test the effectiveness, safety and acceptability of new reproductive health technologies designed to benefit women and men in developing countries; and engage pharmaceutical companies to license, register and/or manufacture technologies developed by the Population Council to expand choice in developing country markets.

[www.popcouncil.org/mediacenter/newsreleases/2012\\_FPCCommitment](http://www.popcouncil.org/mediacenter/newsreleases/2012_FPCCommitment)

### **Population Reference Bureau**

Population Reference Bureau commits to increasing support for family planning through evidence-based advocacy initiatives and materials, as well as increasing the quality and quantity of media coverage on family planning.

[www.prb.org](http://www.prb.org)

### **Rotarian Action Group for Population and Development (RFPD)**

RFPD, as a resource to all Rotary clubs/districts worldwide for Rotary's area of focus 'Maternal and Child Health,' commits to promote and support all efforts by Rotarians to improve maternal and child health and provide family planning information and resources. RFPD commits to scaling up its model project in Northern Nigeria to expand to other Nigerian states beginning in 2012, opting for further introduction of the model also in other countries. RFPD will continue to expand its efforts in empowering women, promoting responsible parenthood and helping to improve the logistics and supply of family planning services in countries in need. *RFPD operates in accordance with Rotary International policy, but is not an agency of, or controlled by, Rotary International.*

[www.maternal-health.org](http://www.maternal-health.org)

### **Reproductive Health Supplies Coalition (RHSC)/Resource Mobilization and Awareness Working Group (RMAWG)**

As part of RHSC, RMAWG commits to helping to fulfill commitments made by convening country-level consultations in the world's poorest countries to identify the most pressing policy barriers that restrict service delivery and access in each country and jointly define effective actions to address these barriers. RMAWG will publish and circulate widely the results of these consultations. Focusing on civil society engagement and partnerships, RMAWG also commits to raising awareness, mobilizing resources, driving policy change and implementation and holding governments and donors accountable for their commitments at both the global and national level.

[www.rhsupplies.org/nc/news/newsview/article/new-policy-document-is-a-blueprint-for-change](http://www.rhsupplies.org/nc/news/newsview/article/new-policy-document-is-a-blueprint-for-change)

### **Save the Children**

Save the Children commits to strengthening the capacity of 143,600 frontline providers to deliver quality sexual and reproductive health and family planning services that are friendly to adolescents. Save the Children will focus on providing these services to those that are particularly vulnerable and hard-to-reach and will reach more than a quarter of a million adolescent girls. Working to raise awareness of the health and rights of young people, Save the Children will create safe spaces for young mothers and address the needs of girls vulnerable to sexual and gender-based violence. Recognizing the role of education in empowerment, Save the Children will scale up its work to increase girls' enrollment, retention and graduation from basic education in four conflict-affected and fragile states, with a view to replication elsewhere. Save the Children will increase access to education for 250,000 girls, bring 10,000 women into teaching and provided professional development to 40,000 women teachers. On a global level, Save the Children will advocate for policies that will remove financial barriers to contraception, increase girls' education and provide for the sexual education and economic empowerment of women. Save the Children will form partnerships that will raise awareness of rights, empower women and girls and stimulate demand for family planning.

[www.savethechildren.org.uk/get-involved/campaigns/family-planning-girl-power-saves-lives](http://www.savethechildren.org.uk/get-involved/campaigns/family-planning-girl-power-saves-lives)

### **WomanCare Global and PSI**

WomanCare Global (WCG) and PSI will expand access to and stimulate demand for family planning by merging WCG's supply chain management and quality assurance expertise with PSI's health communications and social marketing of products and services. With the focused deployment of resources for family planning programs from existing funding sources, this partnership will expand access to an array of reproductive health products and manage the large-scale distribution, increase usage of long-acting, reversible contraceptives, monitor quality of products and evaluate programs and will provide training and other forms of support. Specific tactics include the registration of a broad range of reproductive health products and the utilization of the existing wholesale and retail distribution infrastructure to make products widely available, supplemented by outreach events and the engagement of community-based health workers. The partnership will focus on an integrated pilot effort in four markets in Africa.

[www.womancareglobal.org](http://www.womancareglobal.org) and [www.PSI.org](http://www.PSI.org)



## Developing Countries

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### **Bangladesh**

Bangladesh will increase access and use for poor people in urban and rural areas, improving choice and availability of Long Acting and Permanent Methods (LaPMs), including for men, and post-partum and post-abortion services. The government will work with the private sector and non-governmental organizations (NGOs) to: address the needs of young people, especially young couples; reduce regional disparities, working with leaders and communities to delay early marriage and child birth; and increase male involvement. One-third of Maternal Newborn and Child Health (MNCH) centers will provide adolescent Sexual and Reproductive Health and Rights (SRHR) services. Monitoring to ensure quality of care will be strengthened, including informed consent and choice, and to support women to continue use of family planning.

[Bangladesh's Announcement at the London Summit on Family Planning](#)

### **Burkina Faso**

Burkina Faso, through the leadership and advocacy of the First Lady, pledges to take action in terms of policy, funding and programming. The aim will be to maintain family planning as a central priority of development policies, effectively enforcing existing legal instruments on reproductive health and reducing the cost of contraceptive commodities. Burkina Faso will work toward increasing the resources allocated to family planning in state budgets. It will also seek to boost partnerships with the private sector and civil society organizations for service provision, to define and develop strategies for engaging men, and to establish regular and active monitoring of the availability of contraceptive commodities at all levels.

[Burkina Faso's Announcement at the London Summit on Family Planning](#)

### **Ethiopia**

Contraceptive use has doubled in Ethiopia since 2005. The government will further increase its funding to uphold the rights of all people to access and choose voluntary family planning through the strong network of primary health care providers. In particular, the needs of married and unmarried adolescent girls will be met through partnerships with non-government and private providers, as well as expanding youth-friendly services. The government will also improve access for isolated pastoralist communities.

[www.moh.gov.et/english/newsandupdates/Pages/LondonFamilyPlanningSummitEthiopiasParticipation](http://www.moh.gov.et/english/newsandupdates/Pages/LondonFamilyPlanningSummitEthiopiasParticipation)  
[Ethiopia's Announcement at the London Summit on Family Planning](#)

## **Ghana**

Ghana is committed to making family planning free in the public sector and supporting the private sector to provide services. Services will be available for sexually active young people through youth promoters and adolescent friendly services. Improved counseling and customer care will be prioritized. Contraceptive choices are being expanded to include a wider range of long acting and permanent methods along with including task shifting options and improvement of post-partum and post-abortion family planning services. The government has put in place a comprehensive multi-sectorial program to increase demand for family planning as a priority intervention in the MDG 5 Acceleration Framework, including advocacy and communications to improve male involvement, such as the “Real Man” campaign.

[Ghana's Announcement at the London Summit on Family Planning](#)

## **India**

India will include family planning as a central element of its efforts to achieve Universal Health Coverage. Through the largest public health programme in the world, the National Rural Health Mission and the upcoming National Urban Health Mission, addressing equity, ensuring quality, including adolescents and integration into the continuum of care are slated to be the cornerstones of the new strategy. The centre-piece of its strategy on family planning will be a shift from limiting to spacing methods, and an expansion of choice of methods, especially IUDs (Intrauterine devices). To enable women to delay and space their births, India will distribute contraceptives at the community level through 860,000 community health workers, train 200,000 health workers to provide IUDs, and shall substantially augment counselling services for women after childbirth. Expenditure on Family Planning alone out of the total Reproductive, Maternal, Newborn and Child Health and Adolescent Health (RMNCH+A) bouquet is expected to cross 2 billion dollars from 2012 to 2020. This will ensure free services and commodities through public health facilities for 200 million couples of reproductive age group and adolescents seeking contraceptive services.

[India's Announcement at the London Summit on Family Planning](#)

## **Kenya**

Kenya has enshrined the individual's rights to quality reproductive health care, including family planning information, services and supplies, in the Constitution. The government's budgetary allocation to family planning has grown from US \$2.5 million in 2005/2006 to US \$6.6 million in 2012/2013. The government is working closely with development partners to secure increased finance for family planning commodities and services. As part of the efforts to address family planning needs for the poor and hard-to-reach segments of the population, the government will scale up its Voucher System which provides reproductive health services, including family planning, in five rural and urban districts in Kenya. The government has already established over 70 Youth Empowerment Centres. The target is to have one in each constituency to provide a one-stop-shop for youth friendly information, including family planning. The target is to increase the contraceptive prevalence rate from 46% to 56% by 2015.

## **Malawi**

With the goal of “no parenthood before adulthood,” Malawi commits to raising the country’s contraceptive prevalence rate to 60% by 2020 with a focused increase in those aged 15 to 24. Malawi will create a family planning budget line in the main drug budget by 2013/2014 and will raise the age of marriage to 18 by 2014. In addition, Malawi will develop a comprehensive sexual and reproductive health program to meet the needs of its young people and will work to strengthen effective policy leadership for family planning. It will also demonstrate accountability in the utilization of available resources and improve financial allocation for health systems supporting family planning. Malawi will increase coverage of services through the expansion of public/private partnerships, increase community access to family planning methods and strengthen forecasting and data management for effective supply chain operation.

[Malawi's Announcement at the London Summit on Family Planning](#)

## **Mozambique**

Mozambique is committed to continuing to provide free integrated sexual reproductive health services and commodities in all health facilities, and to cover 5% (2012), 10% (2015) and 15% (2020) of contraceptives needs. Family planning information and services for the youth will be revitalized. Access to long acting and permanent methods will be increased from about 1% to 5% of women by 2015. Post-partum and post-abortion counseling on family planning and contraception will be expanded by training at least 500 health providers throughout the country by 2015. A public-private partnership to strengthen the distribution of contraceptives will increase the number of health facilities with at least three contraceptive methods from one-third to 50% by 2015.

[Mozambique's Announcement at the London Summit on Family Planning](#)

## **Niger**

Niger has a high level of political engagement. It will quadruple its family planning budget for 2013, as well as increasing its overall health and reproductive health budgets. There will be policy change to include injectable contraceptives in the method mix provided by community health workers; a focus on new strategies for reaching disadvantaged groups, including through ‘Friends of Youth’ centers; and new mobile clinic services for isolated communities. Niger will scale up its effective network of Ecole Des Maris (Schools for Husbands), to involve and increase acceptance among men, work with faith based networks, and integrate family planning in the school health curriculum.

## **Nigeria**

Nigeria commits to achieving the goal of a contraceptive prevalence rate of 36% by 2018. This will enhance maternal and child survival, thereby contributing to the government of Nigeria's initiative to save one million lives by 2015. In addition to Nigeria's current annual commitment of US \$3 million for the procurement of reproductive health commodities, Nigeria commits to provide an additional US \$8.35 million annually over the next four years. This increases Nigeria's total commitment for the next four years from US \$12 million to US \$45.4 million, an increase of almost 300%. The federal government will work with the state and local governments to secure complementary budgets for family planning and reproductive health service delivery. Nigeria's commitments include training frontline health workers to deliver a range of contraceptives and action to improve equity and access to family planning for the poorest. The government of Nigeria will partner with the private sector, civil society, traditional and religious institutions and development partners.

[Nigeria's Announcement at the London Summit on Family Planning](#)

## **Pakistan**

Pakistan commits to working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55% by 2020. Pakistan will take forward its 2011 commitment with the Provinces for all public and private health facilities to offer birth spacing services. The amount spent on family planning, estimated at US \$151 million in 2012/13 will be increased to nearly US \$200 million in 2012/13, and further in future years. The federal government assesses the contraceptive requirement as US \$186 million over the period 2013 to 2020, which will need to be provided for. Contraceptive services will be included in the essential service package of two provinces in 2012, with the others following in 2013. Supply chain management, training and communication campaigns will be strengthened. Family planning will be a priority for over 100,000 lady health workers, who cover 70% of rural areas. Public-private partnerships and contracting out mechanisms will help scale up access, and work with religious leaders and men to promote the benefit of birth spacing will continue.

## **Philippines**

The Philippines has long believed that access to family planning information, services and supplies is a fundamental and essential right that is key to inclusive growth and sustainable development. The government is working to establish a national policy on reproductive health and population development, and to allocate funds to implement this vital policy. The Philippines will commit \$15 million in 2012 for the purchase of family planning commodities for poor women with an unmet need. Family planning services will be provided to poor families with zero co-payment. In addition, the government will be upgrading public health facilities and increasing the number of health service providers who can provide reproductive health information. We are also intensifying efforts with partners who can help give women the information and counseling they need.

## **Rwanda**

Rwanda commits to ensuring the availability of family planning services in each of the 14,841 Rwanda administrative villages (Imidugudu) through delivery by the 45,000 community health workers already in service. Rwanda will expand existing information and dissemination programs about family planning to the general public and will increase awareness of the various choices available. Focusing on convenience and reducing the frequency of visits to health providers, the government of Rwanda will introduce long-lasting contraceptive methods, including permanent ones, and high quality integrated family planning services in every hospital and health center.

[www.presidency.gov.rw/component/content/article/president-kagame-gives-keynote-speech-at-london-family-planning-summit](http://www.presidency.gov.rw/component/content/article/president-kagame-gives-keynote-speech-at-london-family-planning-summit)

## **Senegal**

Senegal commits to making family planning a national top priority, increasing the commodity budget from the government by 200% and doubling the overall budget for the management of the family planning program. Senegal's vision is for women to have equal access to high quality and affordable maternal, newborn and child health services, including family planning. Senegal's action plan builds on six fundamental pillars: 1) generate demand especially through mass media communication and community mobilization with targeted messages for women and to increase involvement of men and young people; 2) leverage networks of religious leaders and national and local champions to advocate for family planning ; 3) improve the supply chain and reduce stock outs to zero especially through the Informed Push Model; 4) improve the quality of care and services; 5) expand mobile outreach, social marketing and franchising to ensure access in peri-urban and rural areas; and 6) generalize community-based distribution to bring family planning to the most vulnerable and remote areas. Senegal will continue its commitment to introducing innovative approaches to family planning, such as the acceptability study of Depo Provera subQ, a new self-injectable contraceptive that should highly facilitate access for women.

[Senegal's Announcement at the London Summit on Family Planning](#)

## **Solomon Islands**

Solomon Islands recognizes family planning as a very important component of reproductive and child health, and as an important consideration for development plans. Solomon Islands is recommitting to supporting programs that will help stop preventable deaths of women and babies, including making family planning a priority under the reproductive health program part of the government's National Health Strategic Plans for 2006-2015. Solomon Islands is also committing to making men partners in all reproductive health issues, including voluntary family planning.

## **South Africa**

South Africa is prioritizing the need to strengthen family planning services while emphasizing dual protection. The government has recently revised its contraception and fertility policy which will be launched publically with a campaign around family planning during August 2012. This policy addresses the full range of issues relating to contraception within a human rights context and also requires that the full range of family planning methods is available at public health facilities. In order to strengthen implementation, South Africa is developing standard operating procedures for community health workers who are part of outreach teams, for nurses in clinics, as well as for midwives in maternity units. It wants community health workers to be able to promote family planning during their visits to homes, and health professionals to use every encounter with a user of its services to also promote family planning. South Africa recognizes the need to target teenagers in particular given its relatively high rates of teenage pregnancies.

[South Africa at the London Summit on Family Planning](#)

## **Uganda**

Uganda commits to universal access to family planning and to reduce unmet need for family planning from 40% to 10% in 2022. It will increase the annual government allocation for family planning supplies from US \$3.3 million to US \$5 million for the next five years and improve accountability for procurement and distribution. It will develop and implement a campaign for integration of family planning into other services, including partnerships with the private sector, by supporting the alternative distribution channel for the private sector and scaling up of innovative approaches, such as the community-based distribution, outreaches, social marketing, social franchising and youth friendly service provision. Uganda will strengthen institutional capacity of the public and community-based service delivery points to increase choice and quality of care at all levels (through staff recruitment, training, motivation and equipment).

[www.statehouse.go.ug/media/news/2012/07/12/president-museveni-challenges-leaders-women-empowerment-birth-control-efforts-](http://www.statehouse.go.ug/media/news/2012/07/12/president-museveni-challenges-leaders-women-empowerment-birth-control-efforts-)

## **Zambia**

Zambia will double its budgetary allocation to family planning commodities, striving to eliminate the unmet need for family planning and improve universal coverage through an expanded method mix and increased access, particularly to the underserved population. It will address policy barriers to allow task shifting to community health assistants and trained community based distributors to increase access to the underserved communities. Led by the Ministry of Community Development Mother and Child Health, the government will initiate new dialogue with religious and traditional leaders at local level to generate demand, dispel the myths and 'open up the dialogue' on family planning.

[Zambia's Announcement at the London Summit on Family Planning](#)

**Zimbabwe**

Zimbabwe commits to ensuring that women and girls have greater access to quality sexual and reproductive health services and will reduce the unmet need for family planning from 13% to 6.5% by 2020. The family planning budget, including the procurement of contraceptive commodities, will be doubled from the current 1.7% to 3% of the health budget. This includes support for improved access for women and girls from the poorest wealth quintiles, including the removal of user fees for family planning services by 2013. Zimbabwe will improve method mix and strengthen the integration of family planning with reproductive health, HIV and maternal health services; develop innovative service delivery models to meet the needs and rights of adolescent girls; and reduce their unmet need from 16.9% to 8.5% by 2020. Zimbabwe will strengthen public-private partnerships, including civil society organizations in the provision of community-based and outreach services and implement a national campaign to increase national awareness of family planning, and health worker training and sensitization.

[Zimbabwe's Announcement at the London Summit on Family Planning](#)

## **Donor Countries**

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### **Australia**

Australia commits to spending an additional AUD 58 million over five years on family planning, doubling annual contributions to AUD 53 million by 2016. This commitment will form a part of Australia's broader investments in maternal, reproductive and child health (at least AUD 1.6 billion over five years to 2015). This commitment is subject to annual budget processes.

[www.ausaid.gov.au/MediaReleases](http://www.ausaid.gov.au/MediaReleases)

### **Denmark**

Denmark commits an additional US \$13 million over eight years.

[Denmark's Announcement at the London Summit on Family Planning](#)

### **European Commission**

The European Commission commits to an additional US \$28.3 million to family planning services in 2013.

### **France**

In 2011, France pledged to spend an additional €100m on family planning within the context of reproductive health through to 2015, in nine countries in francophone Africa.

### **Germany**

Germany commits €400 million (US \$491.6 million) to reproductive health and family planning over four years, of which 25% (€100 million or US \$122.29 million) is likely to be dedicated directly to family planning, depending on partner countries' priorities.

[Donor Commitments: London Summit on Family Planning Panel](#)

### **Korea**

Korea commits to more than double its support for maternal and child health, including family planning, from US \$5.4 million in 2010 to at least US \$10.8 million a year beginning in 2013. Maternal and child health, including family planning, will continue as a priority area in Korea's official development assistance (ODA) policy. Korea will expand its overall ODA program from .12% of its GNI in 2010 to .25% by 2015.

[Donor Commitments: London Summit on Family Planning Panel](#)

### **Netherlands**

The Netherlands commits €370 million in 2012 for sexual and reproductive health and rights, including HIV and health, and intends to extend this amount from €381 million in 2013 to €413 million in 2015.

Within this, the Netherlands intends to increase its focus on sexual reproductive health and rights, including family planning. This commitment is dependent on continued political support from a new government that will be elected next September.

[www.government.nl/news/2012/07/11/knapen-champions-reproductive-rights](http://www.government.nl/news/2012/07/11/knapen-champions-reproductive-rights)



## **Norway**

Norway commits to doubling its investment from US \$25 million to US \$50 million over eight years.

[www.regjeringen.no/en/dep/ud/press/news/2012/support\\_familyplanning](http://www.regjeringen.no/en/dep/ud/press/news/2012/support_familyplanning)

## **Sweden**

Sweden's priority is to work in the most effective way for the rights and improved health of women and girls in the most vulnerable countries in Africa. The Swedish government will continue to be a major player, both financially and politically, in the issue of family planning. Sweden will increase spending on contraceptives from its 2010 level of US \$32 million per year to US \$40 million per year, totaling an additional US \$40 million between 2011 and 2015. Sweden also commits to ensuring that support of family planning utilizes existing structures for financing and support, and is contributing to the broader agenda of Millennium Development Goal's (MDG) 4 and 5. The government plans to increase its contribution to MDG 4 and 5 from its current amount of US \$450 million per year.

[Integrating Family Planning with Health Services Panel: London Summit on Family Planning](#)

## **United Kingdom**

The UK is committing £516 million (US \$800 million) over eight years towards the Summit goal of enabling an additional 120 million women and girls in the world's poorest countries to be using modern methods of family planning by 2020. This commitment is part of the UK's broader commitment to double efforts on family planning, increasing investments from £90 million per year (average spend over 2010/11 and 2011/12) to £180 million per year over the eight years from 2012/13 to 2019/20. The UK has put girls and women front and center of its aid program and being able to plan the size of her family is a fundamental right that the UK believes all women and girls should have. Between now and 2020, UK support to the Family Planning Summit Goal will enable an additional 24 million girls and women in the world's poorest countries, who wish to avoid an unintended pregnancy, to use voluntary family planning information, services and supplies, so that they are able to decide, freely and for themselves, whether, when and how many children to have. Meeting this need will prevent over 20 million unintended pregnancies and in doing so avert the deaths of 42,000 girls and women for whom an unintended pregnancy carries the risk of fatal consequences. British support will contribute to ensuring that governments and partners are enabling access to a wide range of affordable, high quality contraceptive methods. It will also support partners including governments, civil society and faith-based organizations to tackle the social and cultural barriers to using contraception through education, counseling, information campaigns, and working with partners and communities, and to ensure safeguards against coercion and discrimination.

[www.dfid.gov.uk/News/Latest-news/2012/family-planning-london-summit-2012](http://www.dfid.gov.uk/News/Latest-news/2012/family-planning-london-summit-2012)

## Foundations

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### **Aman Foundation**

The Aman Foundation commits US \$5 million over the next five years on a matching basis with the Bill & Melinda Gates Foundation, in additional funds for family planning programs and initiatives in Karachi, Pakistan. These funds are for the purpose of facilitating research in integrated family health service delivery and family planning programs that are strategic to increase the number of new family planning users through improved quality of services, introduction to new contraceptive methods, innovative service delivery interventions and demand generation. The Aman Foundation also commits to enhancing partnerships with local community-based organizations, the private sector and the public sector through an integrated community-based approach. The Aman Foundation will improve quality and effectiveness of family planning programs and services in the targeted project areas, and will help to increase women's and girls' ability to make informed decisions and have access to the most appropriate family planning services and supplies.

[www.amanfoundation.org](http://www.amanfoundation.org)

### **Bill & Melinda Gates Foundation**

The Bill & Melinda Gates Foundation commits to investing more than US \$1 billion to help reach the goal of providing 120 million additional women with contraceptives, information and services by 2020. That means doubling its investment in family planning from US \$70 million a year to US \$140 million a year for eight years – totaling an additional US \$560 million. The Foundation believes that supporting family planning is one of the most cost-effective investments a country can make in its future. The Gates Foundation recognizes the right of women to have the power to create a better life for themselves and their families, and is committed to supporting the leadership of developing countries in addressing barriers that prevent women from accessing lifesaving contraceptives. The Foundation will also support research and development to create new contraceptives that can better serve the needs and circumstances of more women in the poorest countries around the world.

[www.gatesfoundation.org/speeches-commentary/pages/melinda-french-gates-london-summit-120711](http://www.gatesfoundation.org/speeches-commentary/pages/melinda-french-gates-london-summit-120711)

### **Bloomberg Philanthropies**

Bloomberg Philanthropies commits to becoming a partner in this groundbreaking initiative for family planning with a contribution of US \$50 million over the next eight years. Bloomberg Philanthropies will continue their work to improve maternal and child health in some of the world's poorest regions. For example, in Tanzania, Bloomberg Philanthropies has improved access to emergency obstetric care and raised the standard of care for mothers and their children in some of the most isolated parts of the country. Bloomberg Philanthropies is committed to the importance of integrating family planning services with obstetric care.

[Donor Commitments: London Summit on Family Planning Panel](#)

### **The Children's Investment Fund Foundation (CIFF)**

CIFF enthusiastically supports the goals set by the London Summit on Family Planning, as integral to the broader program of support to the UN Secretary General's Every Woman Every Child initiative. In conjunction with the global family planning initiative, CIFF will pursue landscaping and develop an action plan in the area of reproductive health with the intention of contributing strategically, tangibly and at scale to further the aims of this initiative. CIFF recently provided both funding and human resources to ensure greater accessibility of long-acting and reversible methods of contraception, and will continue their work to enable women and governments to acquire these products at affordable prices. CIFF is compelled by evidence on the need to address reproductive health concerns of adolescents, as these girls and young women and their offspring are most severely impacted by failures to access the knowledge and tools for family planning. CIFF urges those leading this initiative to join in ensuring that this population is reached. CIFF will apply its expertise in program monitoring and impact measurement to help in the development of a robust monitoring and accountability process, to help track progress towards stated Summit goals.

[www.ciff.org](http://www.ciff.org)

### **The David and Lucile Packard Foundation**

The David and Lucile Packard Foundation confirmed its existing funding of US \$24 million per year between now and 2020 for family planning. As part of this commitment, the Packard Foundation will establish grantmaking strategies that are aligned with goals of the London Summit on Family Planning. The Foundation will work to strengthen donor and recipient country government's partnership, political will and funding commitments for family planning. The Packard Foundation commits to continuing to improve the quality and effectiveness of family planning programs and services in the targeted regions where Packard is present, and to increasing women's and girls' ability to make informed decisions, utilizing the most appropriate family planning programs and services in their context. Packard Foundation funding is subject to decisions by its Board of Trustees and the performance of the Foundation's endowment.

[www.packard.org](http://www.packard.org)

### **William and Flora Hewlett Foundation**

The William and Flora Hewlett Foundation commits to continue providing financial support to international family planning and reproductive health indefinitely. For the next eight years, the Hewlett Foundation expects to maintain at least the current level of committing US \$22 million annually to international family planning and reproductive health, including extending approximately US \$13 million in grants for a combination of direct service provision and advocacy specifically related to family planning. In the near term, the Hewlett Foundation will support an effort to develop and cost out options for an external accountability mechanism around the financial and political commitments made at the London Summit on Family Planning. The Hewlett Foundation also expects to receive funding for a project to visualize data that can better understand the concept of "unmet need" for family planning, and will intensify engagement in the Ouagadougou Partnership and its focus on accelerating access to family planning services in Francophone West Africa with the Gates Foundation, USAID and the French Government.

[www.hewlett.org/programs/global-development-and-population-program/quality-family-planning](http://www.hewlett.org/programs/global-development-and-population-program/quality-family-planning)

## Private Sector

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### **Female Health Company**

Female Health Company commits US \$1.65 million in savings per year for eight years based on a bonus of 5% of 60 million current public sector volume units worldwide (US \$1.13 million in savings per year for eight years, 5% of estimated 41 million units annually in Sub-Saharan Africa and South Asia) in “no cost” product. The distribution of the bonus product will be at the public sector’s discretion and savings will increase as the public sector volume increases. Additionally, Female Health Company will also invest US \$14 million in training and education over six years.

[www.femalehealth.com](http://www.femalehealth.com)

## **UN, Multilaterals and Partnerships**

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### **Norway, Bill & Melinda Gates Foundation and United Kingdom**

Norway, the Bill & Melinda Gates Foundation and the UK will work together to increase the availability, access and use of quality, life-saving family planning commodities, each committing US \$200 million of their total Summit commitment until 2020, amounting to a combined commitment of US \$600 million. We welcome others to join in the development of a broader partnership. This work will be guided by the recommendations of the UN Commission on Life-Saving Commodities for Women and Children (Chaired by President Jonathan and Prime Minister Stoltenberg). To ensure availability of high quality commodities in greatest demand we will deploy a range of market-shaping strategies in partnership with key players, such as multilateral agencies, manufacturers, partner governments and the largest procurers to reduce prices, improve quality, minimize market risks and improve value for money. We will also work to strengthen the quality of forecasting, streamline regulatory pathways to reduce barriers to entry and create demand for improved new products. Innovative approaches such as mobile phone technology will also be explored to ensure better access to meet demand from women, improve availability at the community level and increase knowledge of family planning opportunities among women, families and front line health workers.

### **UNFPA**

UNFPA will double the proportion of its resources focused on family planning from 25% to 40 % based on current funding levels, bringing new funding of at least US \$174 million per year from core and non-core funds. This will include a minimum of US \$54 million per year, from 2013-2019, in increased funding for family planning from UNFPA's core resources.

[www.unfpa.org/public/home/news](http://www.unfpa.org/public/home/news)

### **The World Bank**

The World Bank continues to strongly support family planning and reproductive health through its five-year Reproductive Health Action Plan, which focuses on the 57 poor countries with the highest maternal mortality and fertility rates. In the first two years under this plan, the Bank has already increased its multisector financing, capacity, analytical and advisory work, and monitoring of reproductive health in the priority countries. In support of the goals of the Summit and in partnership with the UK and Norwegian governments, the Bank commits to scaling up support for results-based financing for health – helping countries match financing to specific, measurable targets toward improving maternal and child health, including expanding access to family planning. The Bank will work closely with global partners in the Partnership for Maternal, Neonatal, and Child Health to see how support for these programs can be expanded even further. The Bank will continue to do its part, working with Ministries of Finance and others in its partner countries, to help ensure that support for family planning and reproductive health is, and remains, a key element of country development strategies.

[World Bank: Statement for the London Family Planning Summit](#)

[END]

## APPENDIX: New Financial Commitments by Donors and Private Sector at the London Summit on Family Planning (USD Millions) – (also included in the commitment summary narratives)

Donor	Increased contribution to reach 120m more women by 2020	Increase in Annual Contribution by 2015	Notes
Aman Foundation	5	1	\$5m over 5 years
Australia	59.5	26.6	Australia plans to spend an additional AUD58 million over 5 years on family planning, doubling annual contributions to AUD53 million by 2016. This commitment will form a part of Australia's broader investments in maternal, reproductive and child health (at least AUD1.6 billion over five years to 2015). This commitment is subject to annual budget processes.
Bill & Melinda Gates Foundation	560	70	Double from \$70m a year to \$140m a year for 8 years
Bloomberg Philanthropies	50	6.25	\$50m over 8 years
Denmark	13	1.625	Additional \$13m over 8 years
European Commission	28.3	n/a	Additional \$28.3m contribution in 2013
Family Health International	1	n/a	\$1 million of own resources until 2020 in support of the development & introduction of new contraceptive technologies.
Female Health Company	23	2.9	\$1.65m savings/yr for 8 years, based on bonus of 5% of 60 m current public sector volume units worldwide (\$1.13m in savings/yr for 8 years, 5% of estimated 41m units annually in Sub-Saharan Africa and South Asia) in "no cost" product. Distribution of bonus product will be at public sector's discretion. Savings increase as public sector volume increases. Additionally, FHC will invest \$14m in training/education over 6 yrs.
France	125	25	In 2011, France pledged to spend an additional €100m on Family Planning within the context of reproductive health through to 2015, in nine countries in francophone Africa.
Germany	122.3	30.575	€400m (\$491.6m) to Reproductive Health and Family Planning over 4 years, of which 25% (€100m, or \$122.29) are likely to be dedicated directly to Family Planning, depending on partner countries priorities.
Korea	43.2	5.4	Doubling support for maternal and child health, including family planning, from \$5.4m a year to \$10.8m a year, from 2013.
Merck for Mothers	25	3.125	\$25m over 8 years
Netherlands	160	55	Commit €370m in 2012 for Sexual and Reproductive Health and Rights, including HIV and health, and have the intention to extend this amount from €381m in 2013 to €413m in 2015. Within this, the Netherlands intends to increase its focus on SRHR, including Family Planning. This commitment is dependent on continued political support from a new government that will be elected next September.
Norway	200	25	Double from \$25m to \$50m per year for 8 years
Sweden	32	8	Additional \$40m 2011-2015 for Family Planning.
UNFPA	378	54	UNFPA will double the proportion of its resources focused on Family Planning from 20-25% to 40% based on current funding levels, bringing new funding of at least \$174m per year from core and non-core funds. This will include a minimum of \$54m per year, from 2013-2019, increased funding for Family Planning from UNFPA's Core Resources.
United Kingdom	800	100	Contributing £516m (\$800m) over 8 years as part of a commitment to double efforts on family planning.
<b>TOTAL</b>	<b>2,625.3</b>	<b>414.5</b>	

**Notes for Editors about New Financial Commitments Made by Donors and Private Sector**

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

Many donors have already announced increased commitments to family planning between 2012 and 2015 as part of the 2010 G8 Muskoka Summit and the UN Secretary General's 'Every Woman Every Child' initiative. These additional contributions, disbursed from 1 January 2012 onwards, are above and beyond the level of funding provided for family planning in 2010 and therefore contribute to the additional funding sought for the Summit to reaching an additional 120 million women and girls. The Summit has agreed a methodology with donors for estimating the proportion of wider health commitments that contribute to family planning.

[END]