



The Arc of Progress

Report Launch
January 27, 2021



PROGRESS UPDATE

2019-2020

Beth Schlachter
Executive Director
Family Planning 2020



AGENDA

Welcome and Introductions

The Arc of Progress, 2019 - 2020

Measuring Progress

Financing for Family Planning

Assessing the Impact of COVID-19

Moderated Q&A

Next Steps and Closing

THE ARC OF PROGRESS

AS OF JULY 2020

320

MILLION women and girls are using modern contraception in 69 FP2020 focus countries

+60 

MILLION additional women and girls are using modern contraception compared to 2012

AS A RESULT OF MODERN CONTRACEPTIVE USE

from July 2019 to July 2020

121

MILLION unintended pregnancies were prevented

21

MILLION unsafe abortions were averted

125

THOUSAND maternal deaths were averted

IN 2019, DONOR GOVERNMENTS PROVIDED

\$1.5

BILLION USD in bilateral funding for family planning

FP2020 Partnership 2012 - 2020

Interactive
timeline
available
online



AS OF JUL 2014

273
MILLION

Total users of modern
contraception in the
69 FP2020 countries



DEC 2014

FP2020 RIGHTS AND EMPOWERMENT PRINCIPLES PUBLISHED

FP2020's Rights and Empowerment Principles for Family Planning articulate the key principles that inform the rights-based approach to family planning.

[READ MORE](#)



DEC 2014

NEW FP2020 COMMITMENTS ANNOUNCED

Burundi, Cameroon, and Togo become FP2020 commitment-making countries. The Brush Foundation and EngenderHealth join as institutional partners.

OCHA/Ivo Brandau

FP2020 in the Time of COVID

The COVID-19 pandemic caused critical disruptions to family planning services for women seeking contraception.

But the response of the global family planning community, both in countries and with global partners, was swift, effective, and comprehensive.



Photo credit: EU Civil Protection and Humanitarian Aid/Flickr



The Partnership Beyond 2020

The time has now come to take stock of what we have learned and redefine the best way to accelerate progress over the next decade.

We're going to build the next partnership using what we've learned from this partnership.

Together, we can create a world where every woman and girl has the chance to grow, thrive, and plan the family she wants.

GLOBAL SHIFTS, LOCAL CHANGES



EXPANDED GLOBAL FOOTPRINT





*Global partnership designed
around local needs*

- **Partnership** open to every country
 - *20+ countries ready to make commitments*
- **Accountability mechanisms** designed around country needs and managed by local stakeholders

Regional hubs will engage directly with the partners and governments in their regions

***Applications for regional hubs
open soon!***

	
69 focus countries	All countries welcome
Country support through centralized Secretariat	Country support managed by regional hubs
Data use and tracking toward 120 million additional users	Expanded measurement framework
Knowledge dissemination	Knowledge sharing through interconnected regional hubs
Promoting high-impact, rights and evidence-based practices	Global, regional, and country-level advocacy and accountability

BROADENED FOCUS

Expanded rights-based partnership

- Improving accountability functions and preserving knowledge-sharing
- Increasing ties beyond the FP community
- Promoting women’s rights, agency, and choice



Navigating the Report





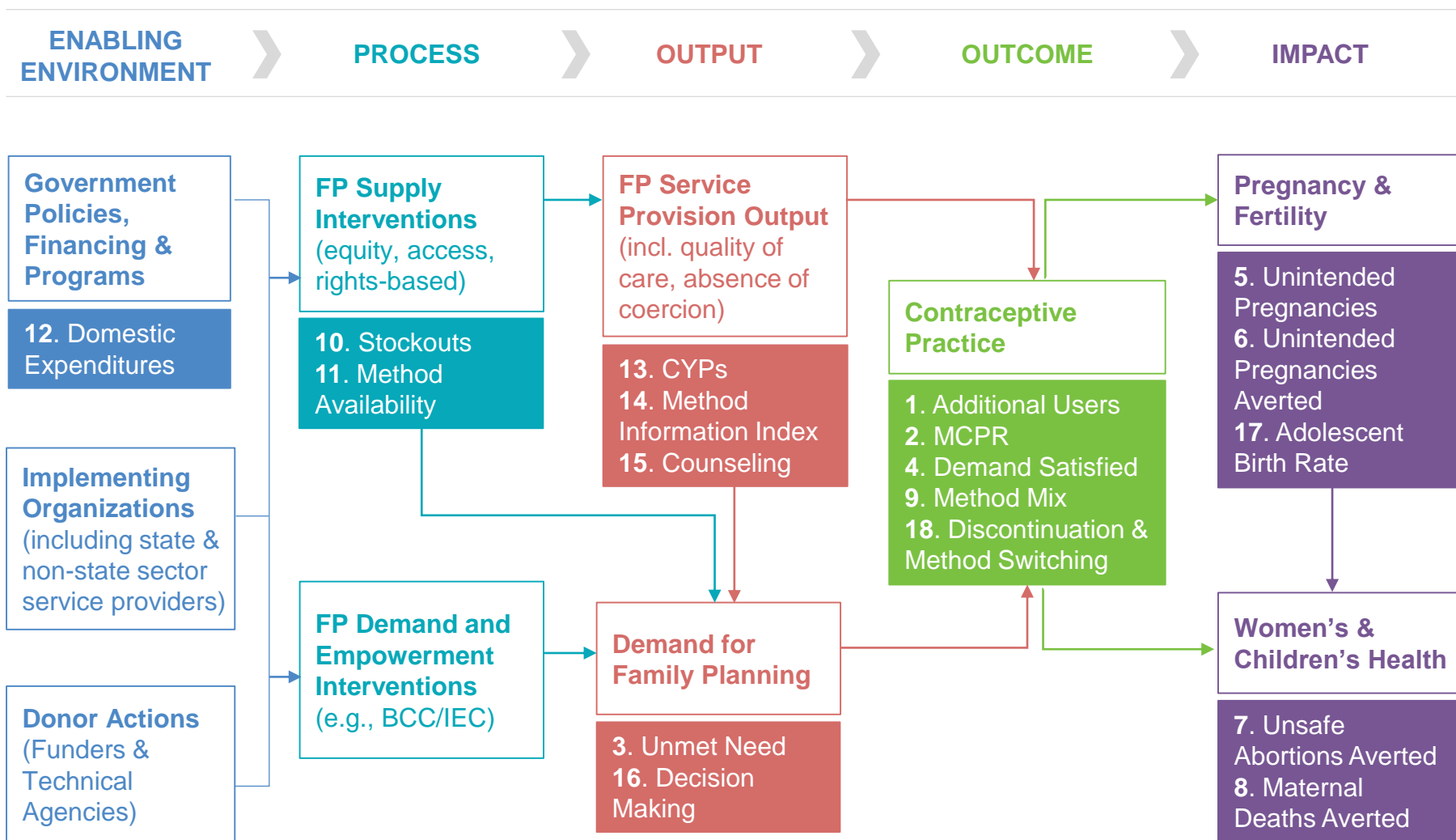
MEASURING PROGRESS

Jason Bremner, MPH, PhD
Director
Data & Performance Management
Family Planning 2020

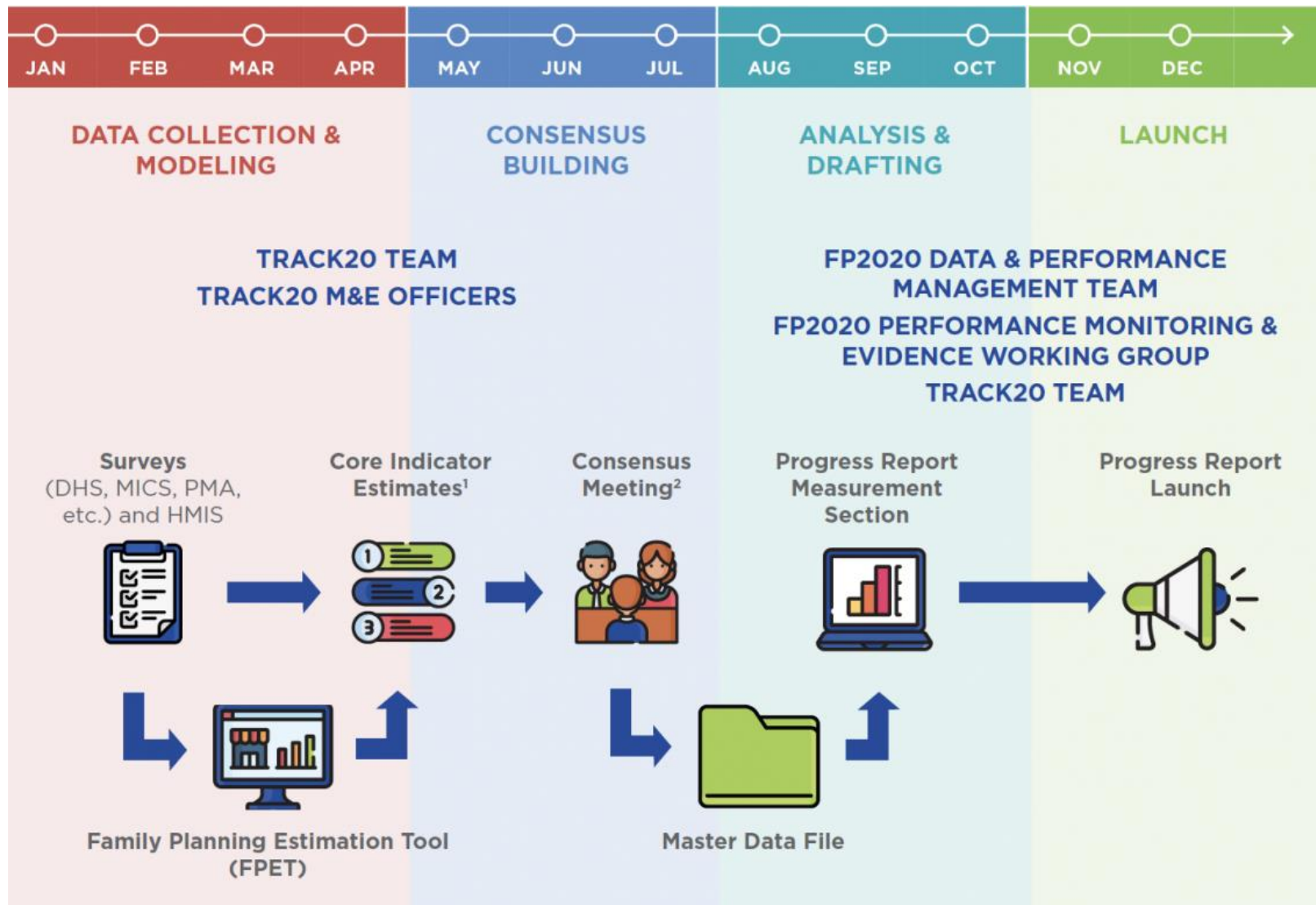
Emily Sonneveldt, PhD
Director
Track20



FP2020 CORE INDICATOR RESULTS FRAMEWORK (2012-2020)



FP2020 ANNUAL MEASUREMENT AND REPORTING PROCESS



FP2020 CORE INDICATORS

■ Estimates derived through modeling

■ Estimates based on surveys and routine data

ADDITIONAL
USERS

1

MODERN
CONTRACEPTIVE
PREVALENCE
RATE (MCPR)

2

UNMET NEED

3

DEMAND
SATISFIED

4

UNINTENDED
PREGNANCIES

5

UNINTENDED
PREGNANCIES
AVERTED

6

UNSAFE
ABORTIONS
AVERTED

7

MATERNAL
DEATHS
AVERTED

8

METHOD MIX

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FAMILY PLANNING
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ADOLESCENT
BIRTH RATE (ABR)

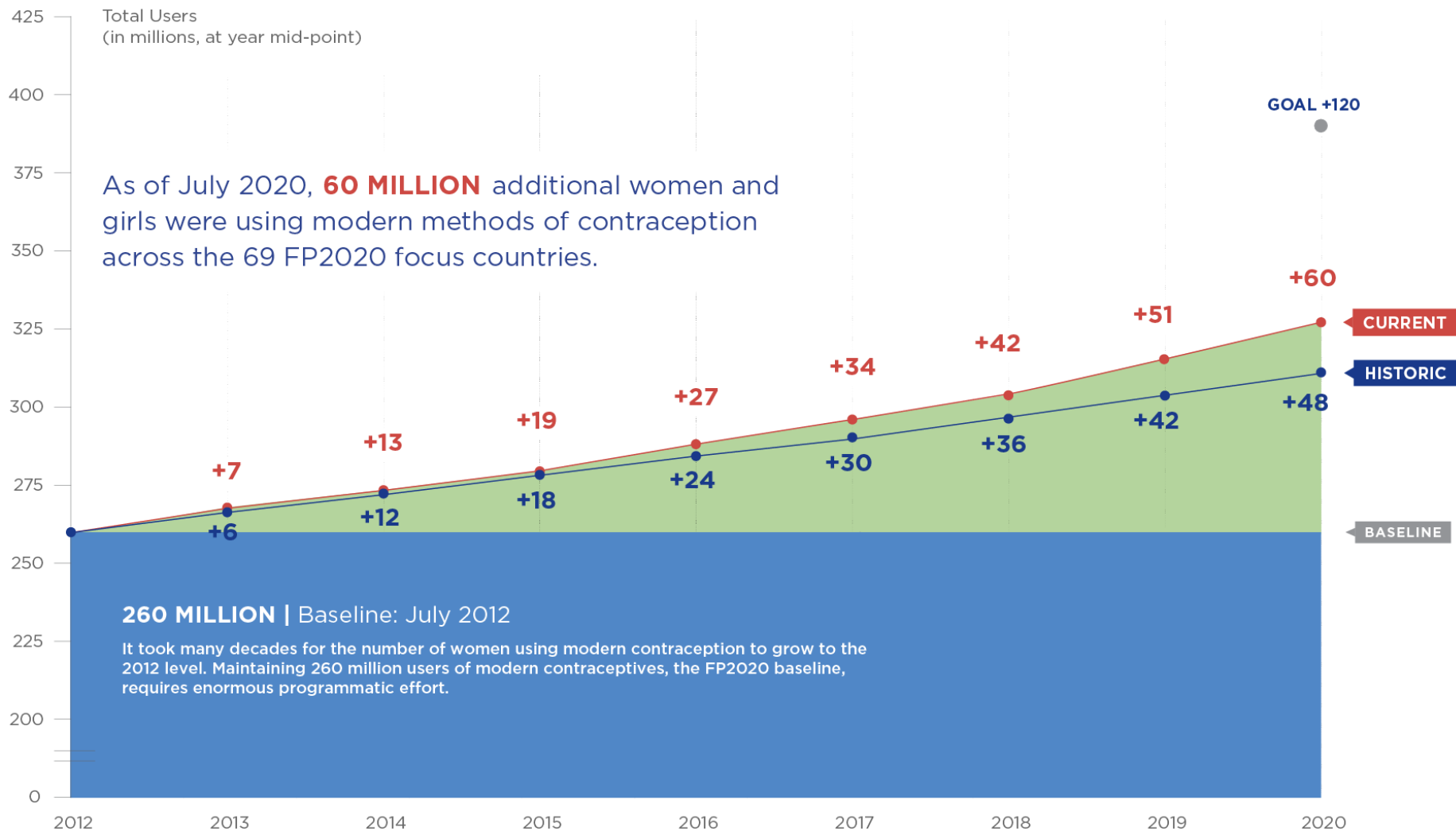
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DISCONTINUATION
& METHOD
SWITCHING

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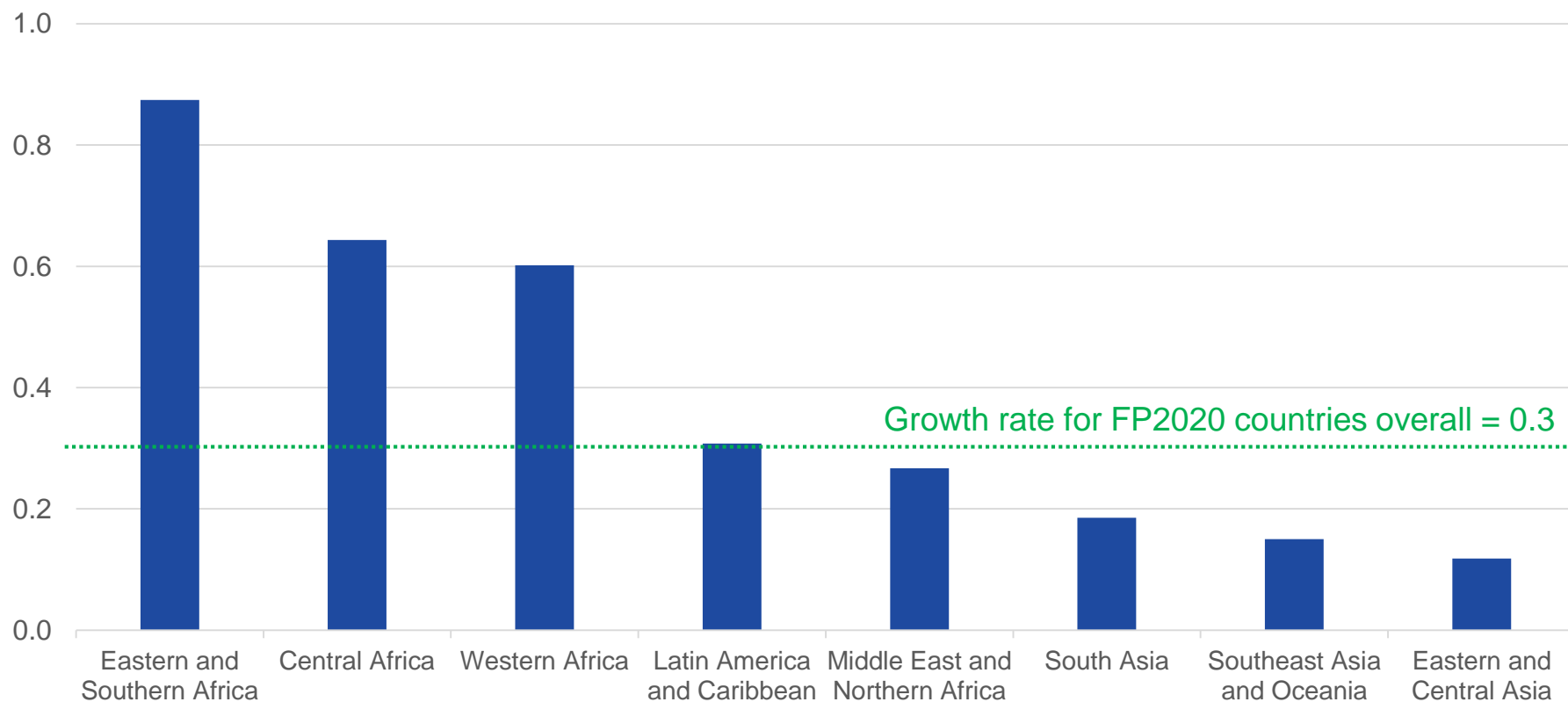
UPDATED CORE INDICATOR ESTIMATES IN 2020

TOTAL AND ADDITIONAL USERS OF MODERN CONTRACEPTION, 2012-2020

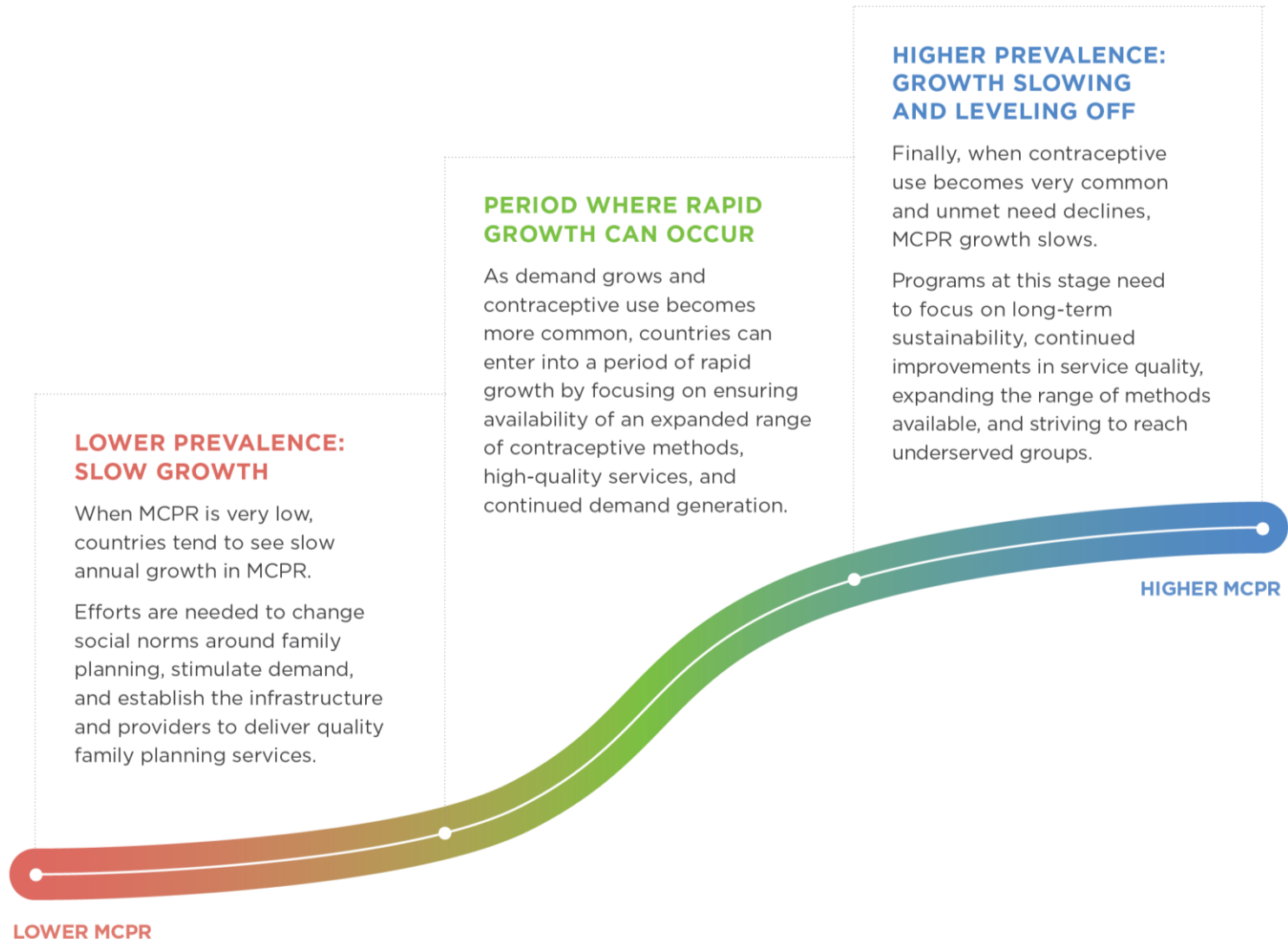


AVERAGE ANNUAL % POINT GROWTH IN MCP, 2012-2020

FP2020 REGIONS



S-CURVE PATTERN OF MCPR GROWTH



COUNTRY MILESTONES

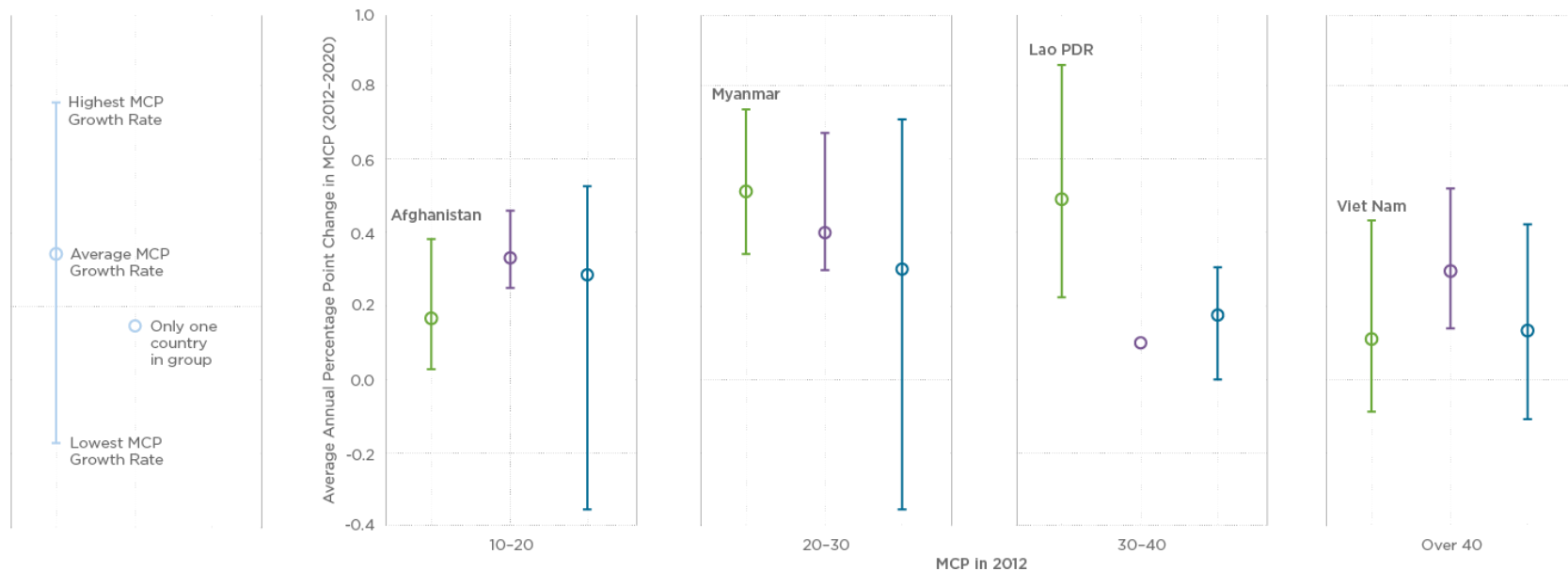
- In Africa the number of contraceptive users has grown by 66% from over 40 million to more than 60 million women and girls.
- 13 countries **doubled total number of users** since 2012
- 14 countries with **>1m additional users** since 2012
- 17 countries on track to **surpass** SDG benchmark of **75% demand satisfied** by 2030

EXAMINING CHANGE FROM 2012 TO 2020

ANNUAL CHANGE IN MODERN CONTRACEPTIVE PREVALENCE (MCP) BY MCP IN 2012 – ASIA

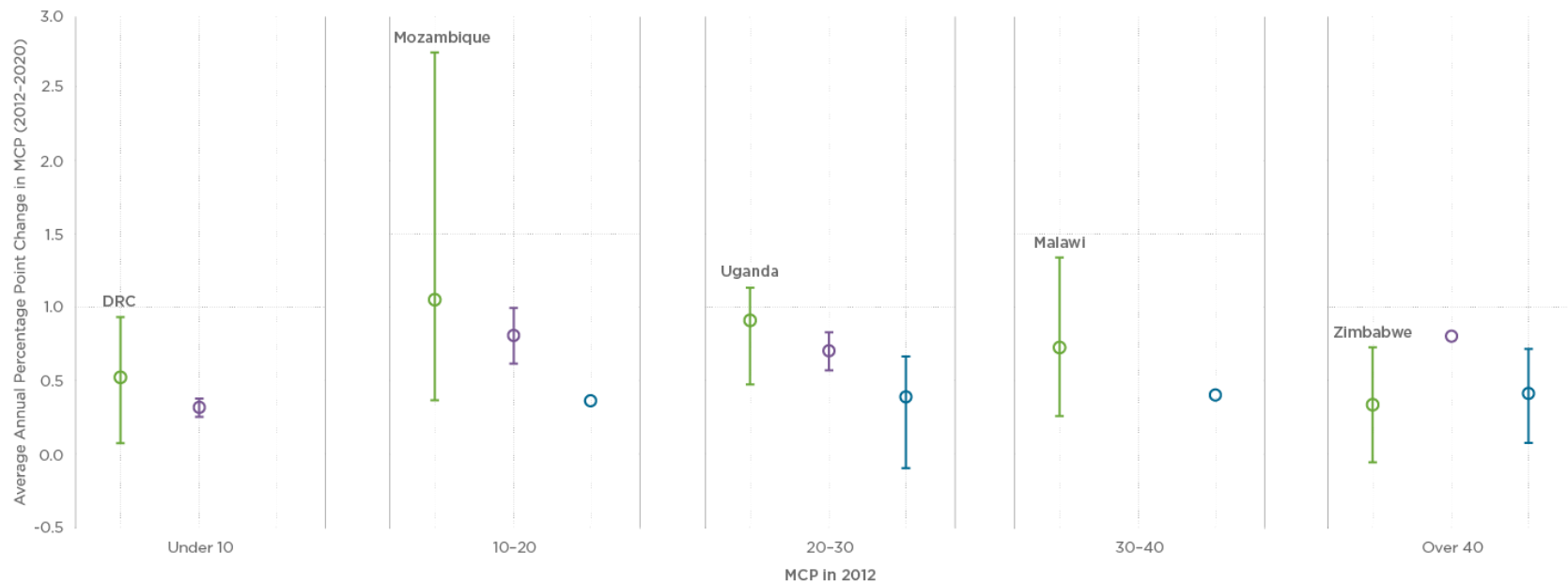
○ FP2020 Commitment-Making Country
 ○ FP2020 Non-Commitment Making Country
 ○ Non-FP2020 Country

Asia: Average Annual Percentage Point Change in MCP (2012–2020) by Starting MCP in 2012



ANNUAL CHANGE IN MODERN CONTRACEPTIVE PREVALENCE (MCP) BY MCP IN 2012 – AFRICA

Africa: Average Annual Percentage Point Change in MCP (2012-2020) by Starting MCP in 2012



PROBABILITY OF ATTAINING 2020 MODERN CONTRACEPTIVE PREVALENCE (MCP)

Commitment-making countries with <25% probability of attaining 2020 estimate	2012 MCP Actual Estimate	2020 MCP Estimate (Based on pre-2012 Data)	2020 MCP Actual Estimate	Probability of Attaining 2020 MCP Actual Estimate Based on pre-2012 data
Mozambique	14%	17%	36%	0%
Mauritania	12%	10%	19%	4%
Senegal	14%	18%	28%	5%
Sierra Leone	13%	13%	22%	7%
Liberia	17%	17%	25%	15%
Zimbabwe	61%	62%	69%	17%
Burkina Faso	18%	24%	31%	18%
Kenya	50%	50%	58%	20%
Malawi	49%	54%	63%	24%

CHANGE IN EVER USE AND CURRENT USE OF MODERN CONTRACEPTION

	ALL WOMEN		MARRIED WOMEN	
	Change in Ever Use	Change in Current Use	Change in Ever Use	Change in Current Use
Benin	3.3%	0.4%	9.1%	2.6%
Burundi	15.1%	4.5%	21.7%	6.7%
Guinea	5.4%	3.3%	8.2%	5.3%
Mali	10.6%	6.2%	12.4%	6.9%
Nigeria	3.6%	-1.7%	7.5%	1.5%
Senegal	10.1%	6.2%	14.9%	9.1%
Uganda	10.8%	6.6%	13.7%	8.9%

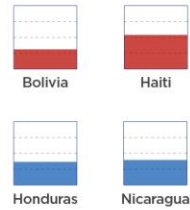
PLACEHOLDER FOR ADDITIONAL SLIDES

EXAMINING CHANGES IN METHOD MIX AND EQUITY - 2012 TO 2020

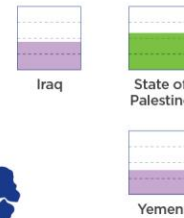
MOST COMMON METHOD

This map shows the most commonly used modern method in each country and the percentage of the method mix it constitutes. Countries in which one method makes up more than 60% of the method mix are considered to have high method skew.

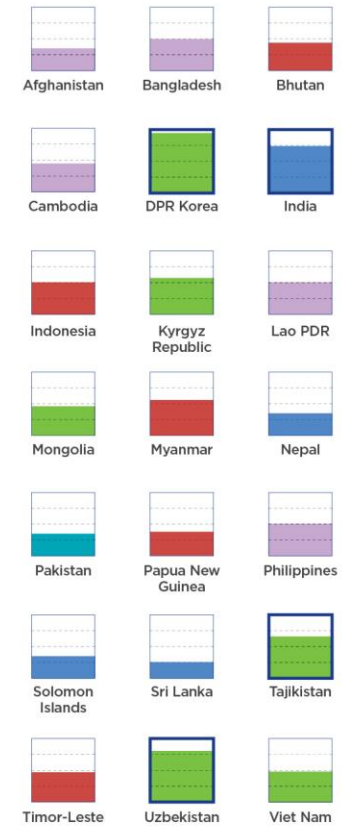
LATIN AMERICA AND CARIBBEAN



MIDDLE EAST



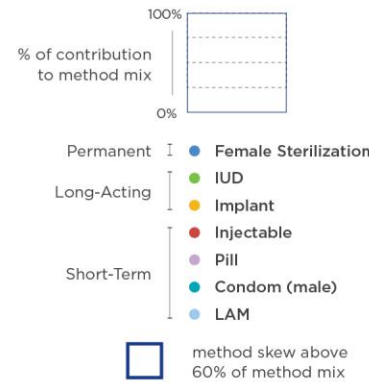
ASIA AND OCEANIA



AFRICA

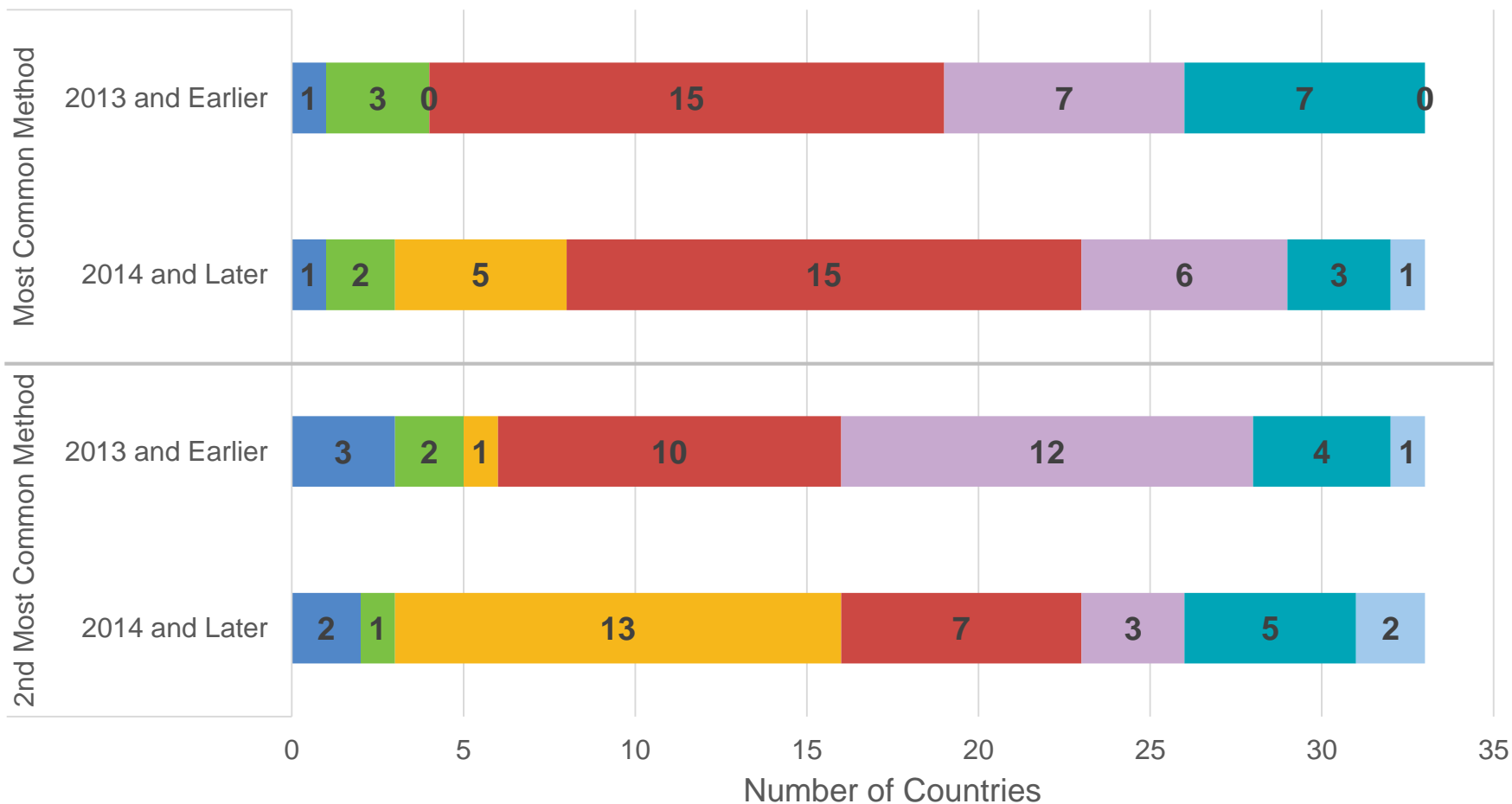


VISUAL KEY



DISTRIBUTION OF MOST COMMON AND 2ND MOST COMMON MODERN METHOD IN USE

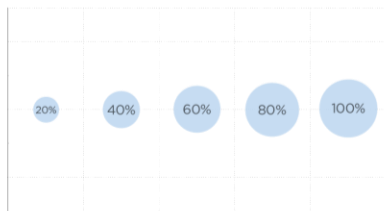
■ Female Sterilization
 ■ IUD
 ■ Implant
 ■ Injectable
 ■ Pill
 ■ Male Condom
 ■ Lactational Amenorrhea



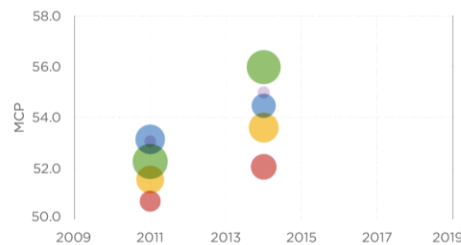
ASSESSING EQUITY: CHANGE IN MCP BY WEALTH GROUP BETWEEN TWO SURVEYS

Wealth Groups
 ● Poorest ● Poorer ● Middle ● Richer ● Richest

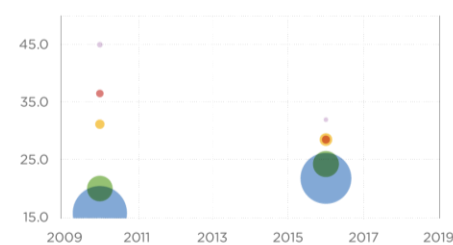
Bubble Scale (Proportion of WRA)



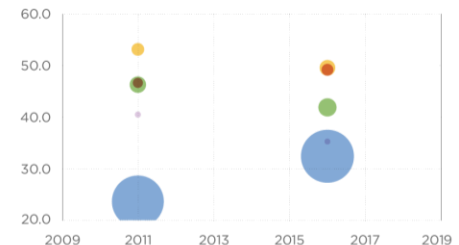
Bangladesh



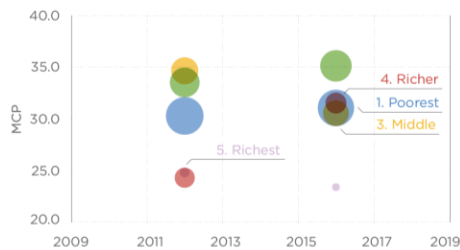
Burundi



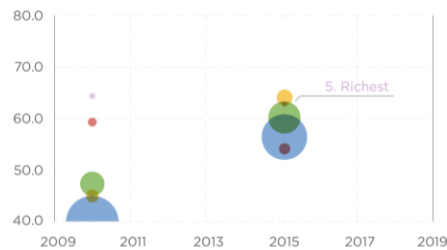
Ethiopia



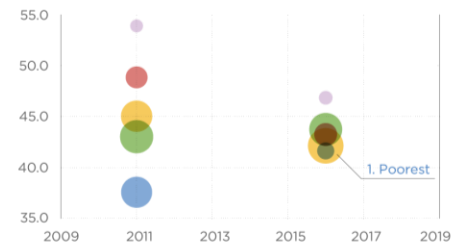
Haiti



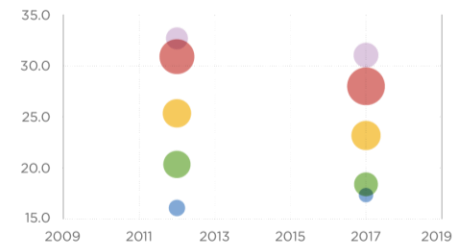
Malawi



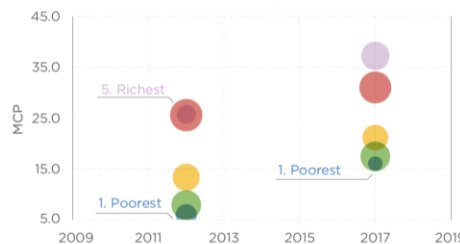
Nepal



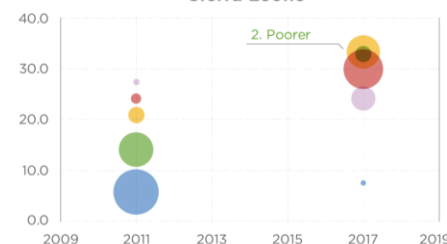
Pakistan



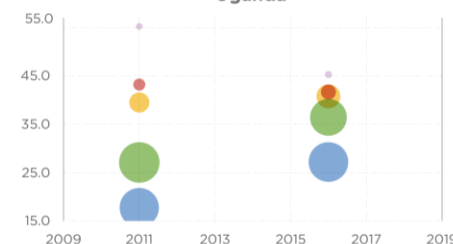
Senegal



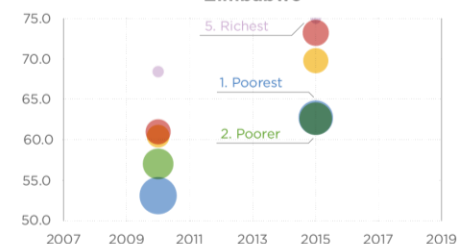
Sierra Leone



Uganda

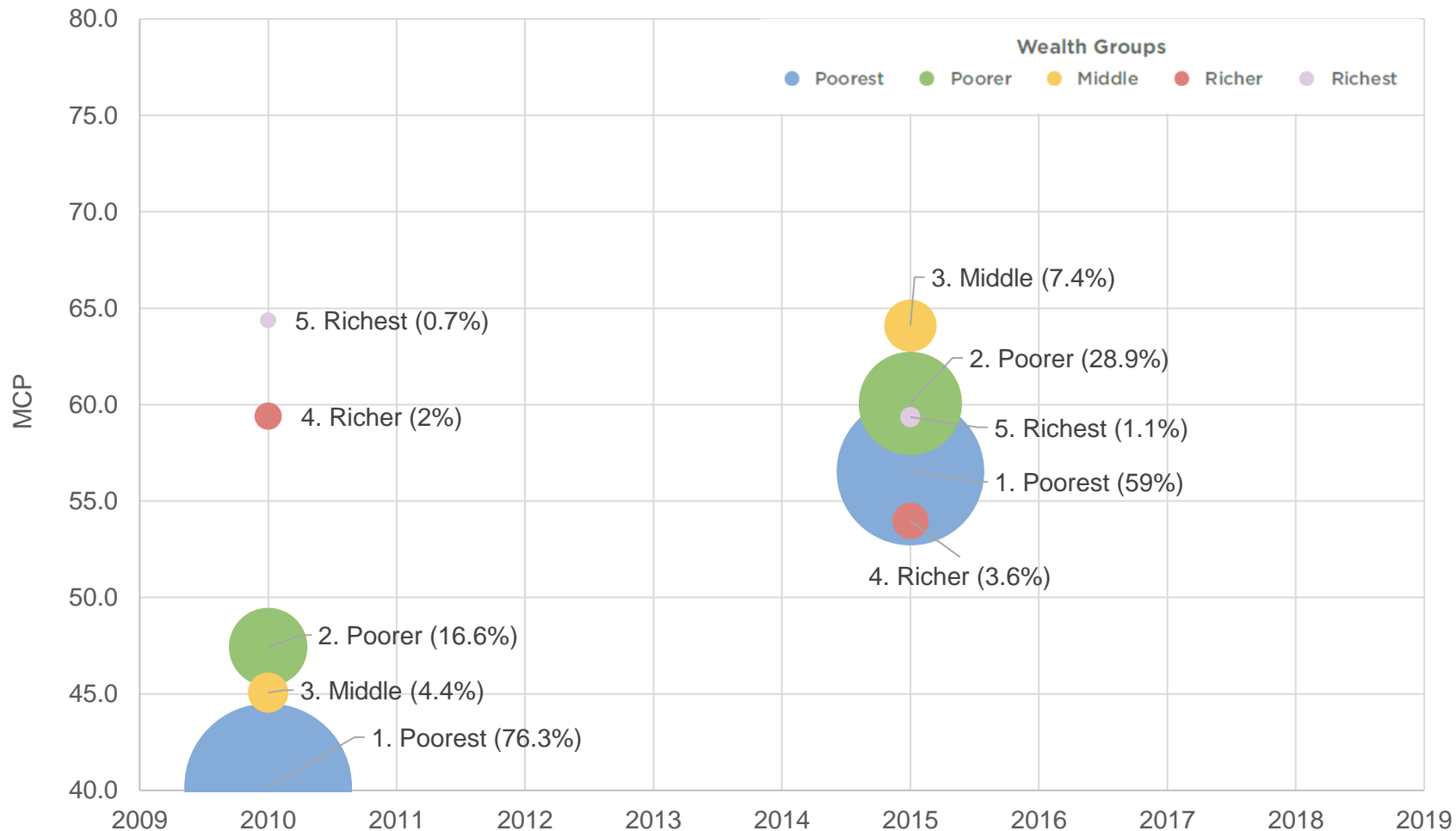


Zimbabwe



ASSESSING EQUITY: CHANGE IN MCP BY WEALTH GROUP – MALAWI

Malawi



CHANGE IN ADOLESCENT BIRTH RATE



CLOSING SLIDE FOR EMILY ON FUTURE WORK TO ASSESS CHANGE

- TEXT BULLETS HERE



FINANCING FOR FAMILY PLANNING

Martyn Smith
Managing Director
Family Planning 2020

Adam Wexler
Associate Director
Global Health & HIV Policy
Kaiser Family Foundation



FINANCING FOR FAMILY PLANNING

This year's progress report contains updated data and analysis on:

- Donor government funding for family planning (KFF Report)
- Domestic government expenditures on family planning
- Estimates of total expenditures on family planning across the 69 FP2020 countries

Donor Government Funding for Family Planning in 2019

FP2020 Progress Report Overview Webinar

Adam Wexler

KFF

January 27, 2021



Filling the need for trusted information on national health issues.

Introduction & Methodology

Introduction

- KFF started collecting data on donor government funding for family planning following the 2012 London Summit
- Adapted the methodology used to monitor donor government spending on HIV
- Current report presents 2019 funding data, the most recent year available
- Data now available for 2012-2019

Methodology

- Includes funding data from all members of the OECD DAC
 - Direct data collection from ten donors: Australia, Canada, Denmark, France, Germany, Netherlands, Norway, Sweden, U.K., U.S.
 - Data for all other OECD DAC members are from the OECD CRS database
- Assesses bilateral funding, which includes:
 - Any earmarked (FP-designated) amount
 - FP-specific contributions to multilateral organizations (e.g. UNFPA Supplies)
 - FP funding provided under other development assistance activities (where possible)
 - Data validated by ten donors from whom data was collected
- UNFPA Core Resources

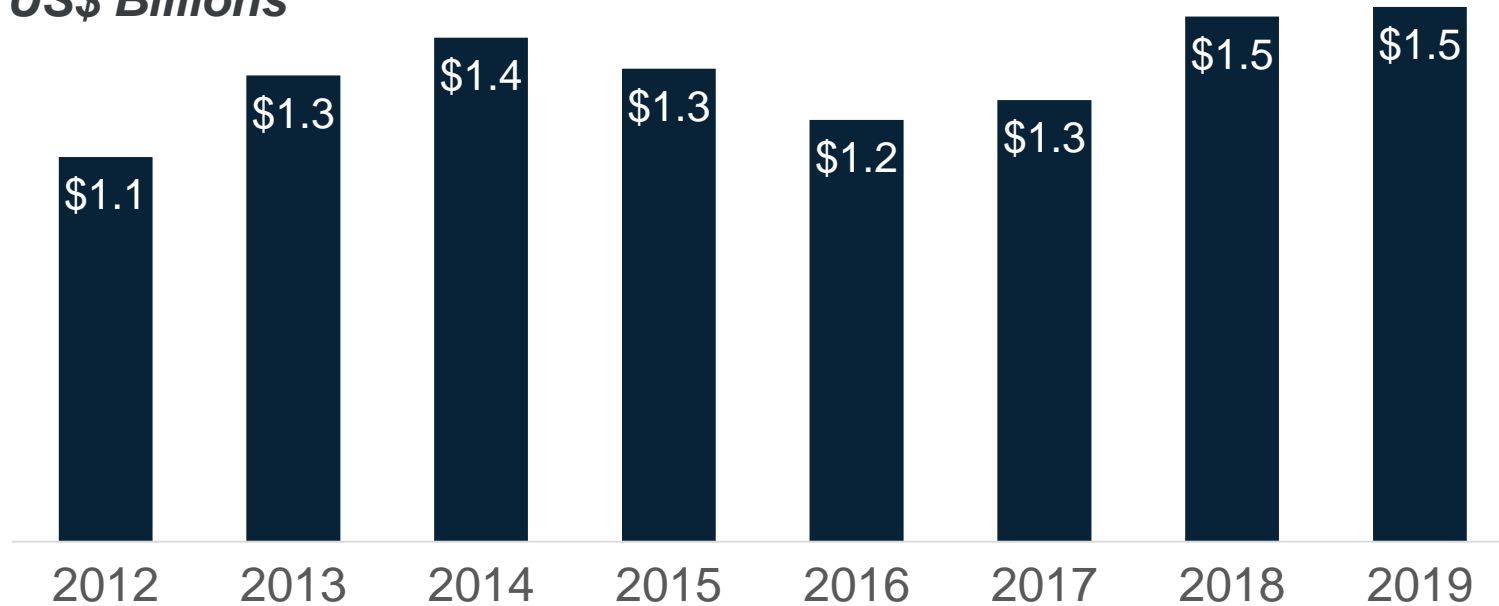
Findings

Bilateral Funding for Family Planning

- Donor government funding for family planning totaled US\$1.5 billion in 2019, essentially flat compared to the prior year, which was the highest level of funding since the 2012 London Summit
- Half of donor governments increased funding (Australia, Canada, Norway, Sweden, and the U.K.) and half decreased (Denmark, France, Germany, the Netherlands, and the U.S.); these trends were the same in currency of origin, except for the Netherlands, which was level compared to the prior year

Donor Government Bilateral Funding for Family Planning, FY 2012-FY 2019

US\$ Billions

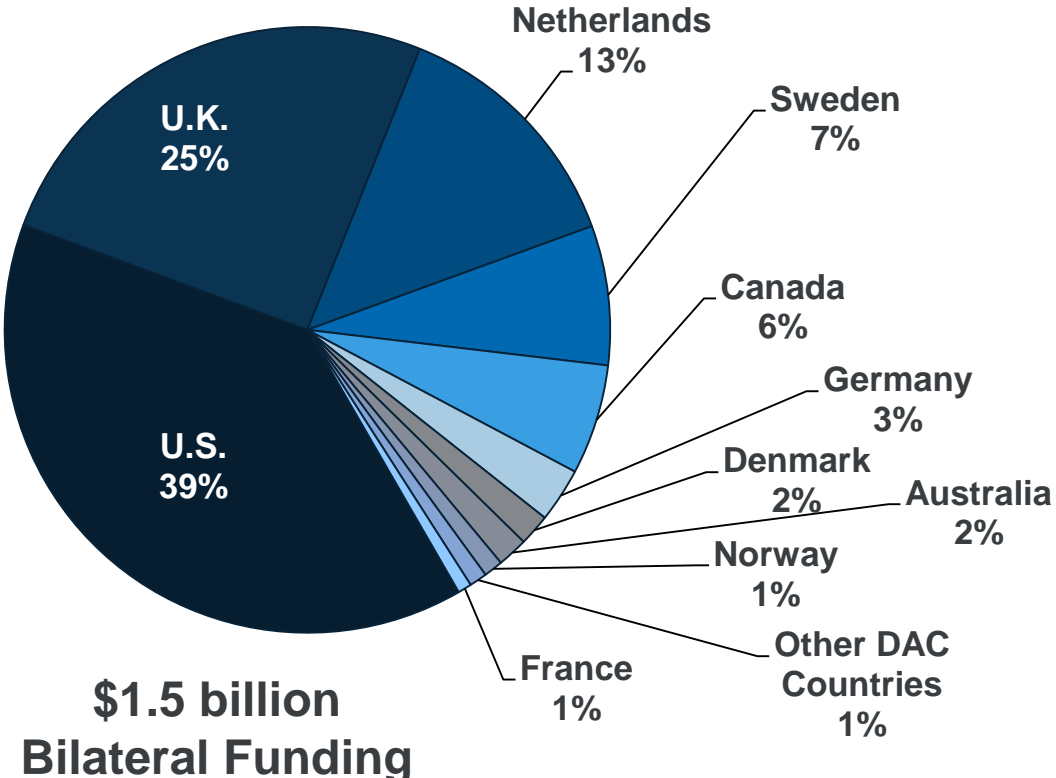


SOURCE: KFF analyses of data from donor governments and OECD CRS database.

Bilateral Funding for Family Planning

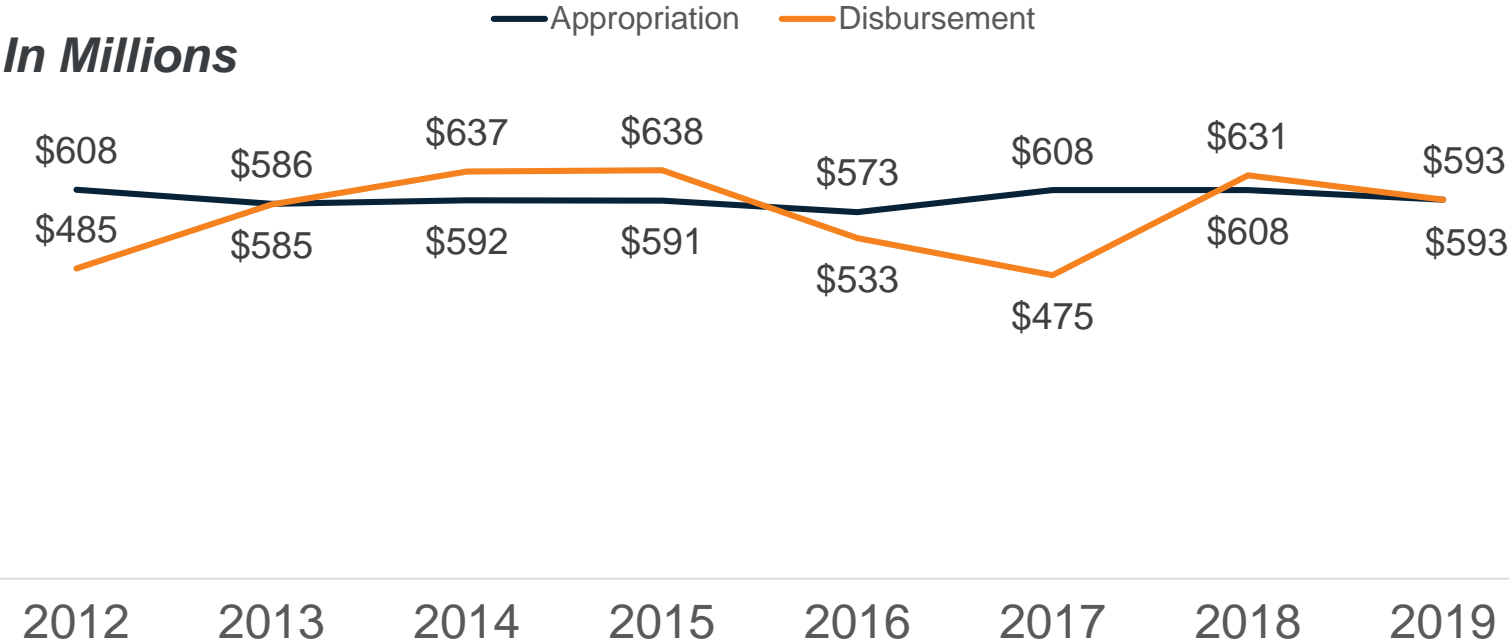
- The U.S. was the largest bilateral donor in 2019, even after a decline compared to 2018, providing US\$592.5 million or 39% of total bilateral funding from donor governments
- The U.K. was the second largest bilateral donor (US\$386.5 million, 25%), followed by the Netherlands (US\$203.3 million, 13%), Sweden (US\$113.1 million, 7%), and Canada (US\$89.4 million, 6%)

Donor Governments as a Share of Total Bilateral Funding for Family Planning, 2019



SOURCE: KFF analyses of data from donor governments and OECD CRS database.

Snapshot of U.S. Bilateral Funding for Family Planning, FY 2012-FY 2019

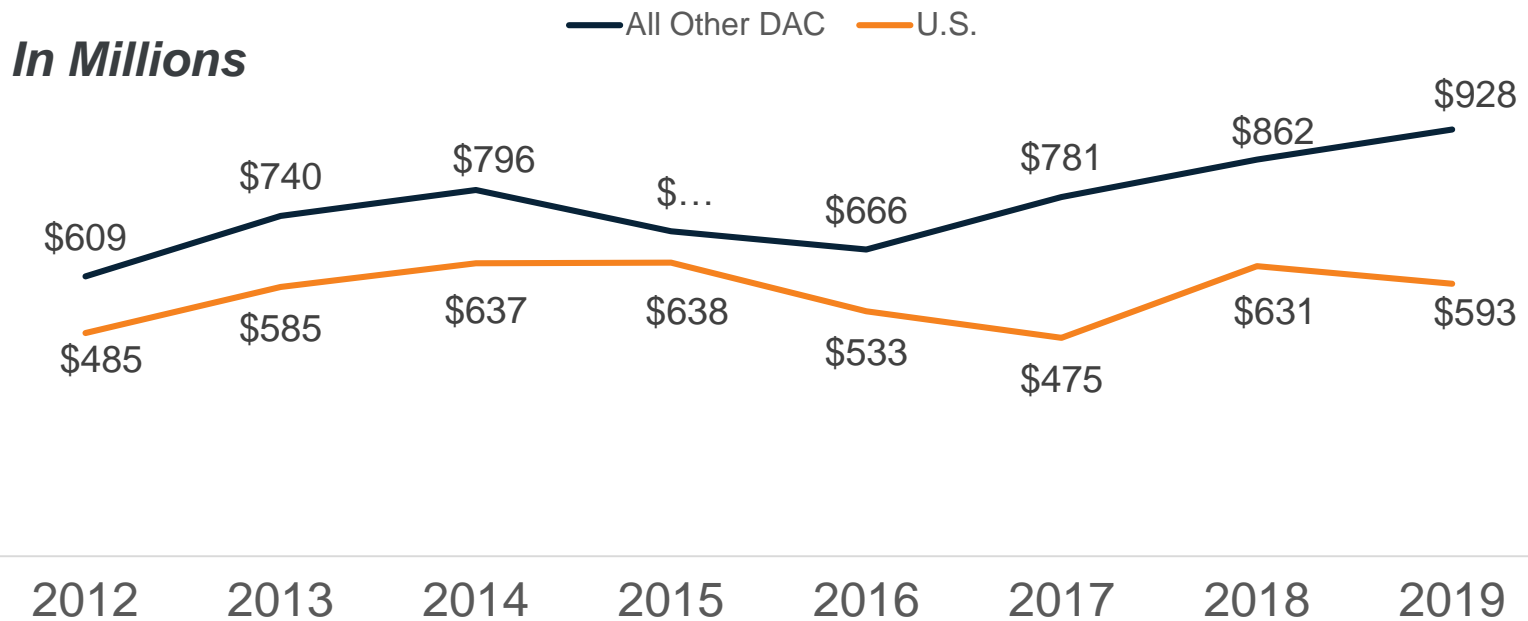


KFF analysis of data from the U.S. Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard (www.foreignassistance.gov). Based on current U.S. dollars in millions. In FY19, a comparable figure for funding disbursed was not available due to adjustments made in USAID's accounting system. Instead, the FY19 total is based on Congressionally appropriated amounts, which include US\$575.0 million in funding for family planning as well as US\$17.5 million transferred to family planning from the Congressional appropriation to UNFPA. It is important to note that U.S. appropriations for a given year may be disbursed over a multi-year period. Appropriations have remained relatively flat for several years while disbursements have fluctuated largely due to the timing of payments.

Bilateral Funding for Family Planning

- Donor government funding has generally increased since the 2012 London Summit, although there have been fluctuations over the period
- In 2019, donor government funding was more than US\$400 million above the 2012 level (US\$1.1 billion)
- Funding from seven of the donors profiled (Canada, Denmark, the Netherlands, Norway, and Sweden, the U.K., and the U.S.) was higher in 2019 than in 2012

Trends in Bilateral Family Planning Funding from Donor Governments, 2012-2019



SOURCE: KFF analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

United Nations Population Fund (UNFPA)

- Donors support FP-activities through contributions to UNFPA's core & non-core resources
 - Contributions to UNFPA's non-core resources are included under bilateral totals if specified by the donor for FP activities
 - Contributions to UNFPA's core resources are meant to be used for both programmatic activities (e.g. FP, HIV, etc.) and general operational support
- Donors contributed US\$367.6 million in 2019 to UNFPA's core resources, on par with the 2018 amount (US\$374.1 million)

United Nations Population Fund (UNFPA)

- Norway and Sweden provided the largest core contributions to UNFPA in 2019 (US\$62.0 million and US\$61.7 million, respectively), followed Denmark (US\$45.3 million), Germany (US\$37.0 million), and the Netherlands (US\$36.7 million)
- In 2019, the U.S. administration invoked the Kemp-Kasten amendment for the third year in a row to withhold funding – both core and non-core contributions – to UNFPA
- UNFPA spent approximately US\$398.5 million from core & non-core resources on FP and related activities in 2019, an increase of more than US\$40 million compared to 2018 (US\$356.2 million)

Next Steps

- KFF report “Donor Government Funding for Family Planning in 2019” was released yesterday in conjunction with FP2020’s Progress Report
- Data collection for 2020 family planning funding is already underway and will include an effort to assess the impact of COVID-19 on donor government funding levels



Thank you.

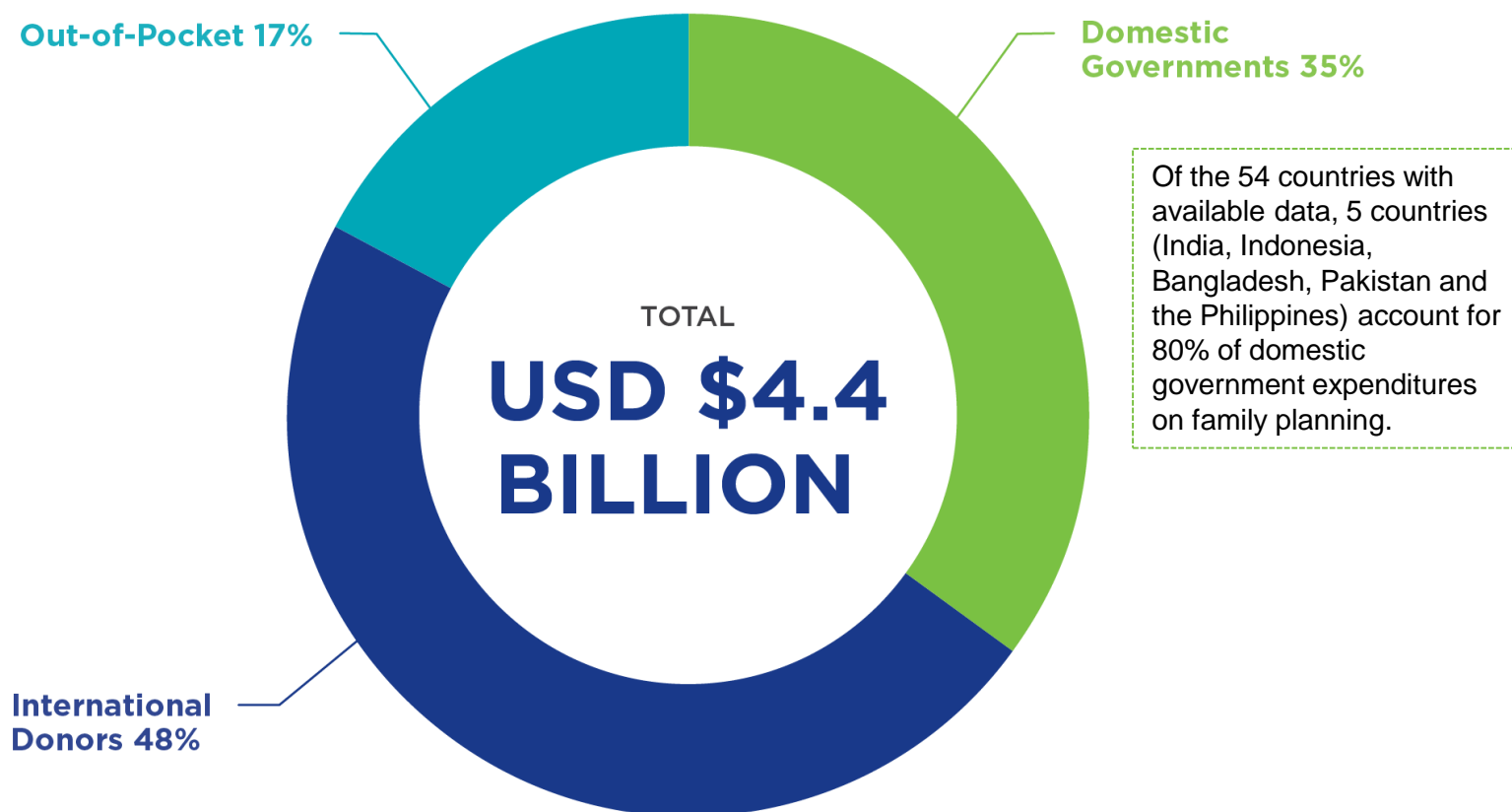
DOMESTIC & TOTAL EXPENDITURES ON FAMILY PLANNING

DOMESTIC GOVERNMENT EXPENDITURES (CORE INDICATOR 12)

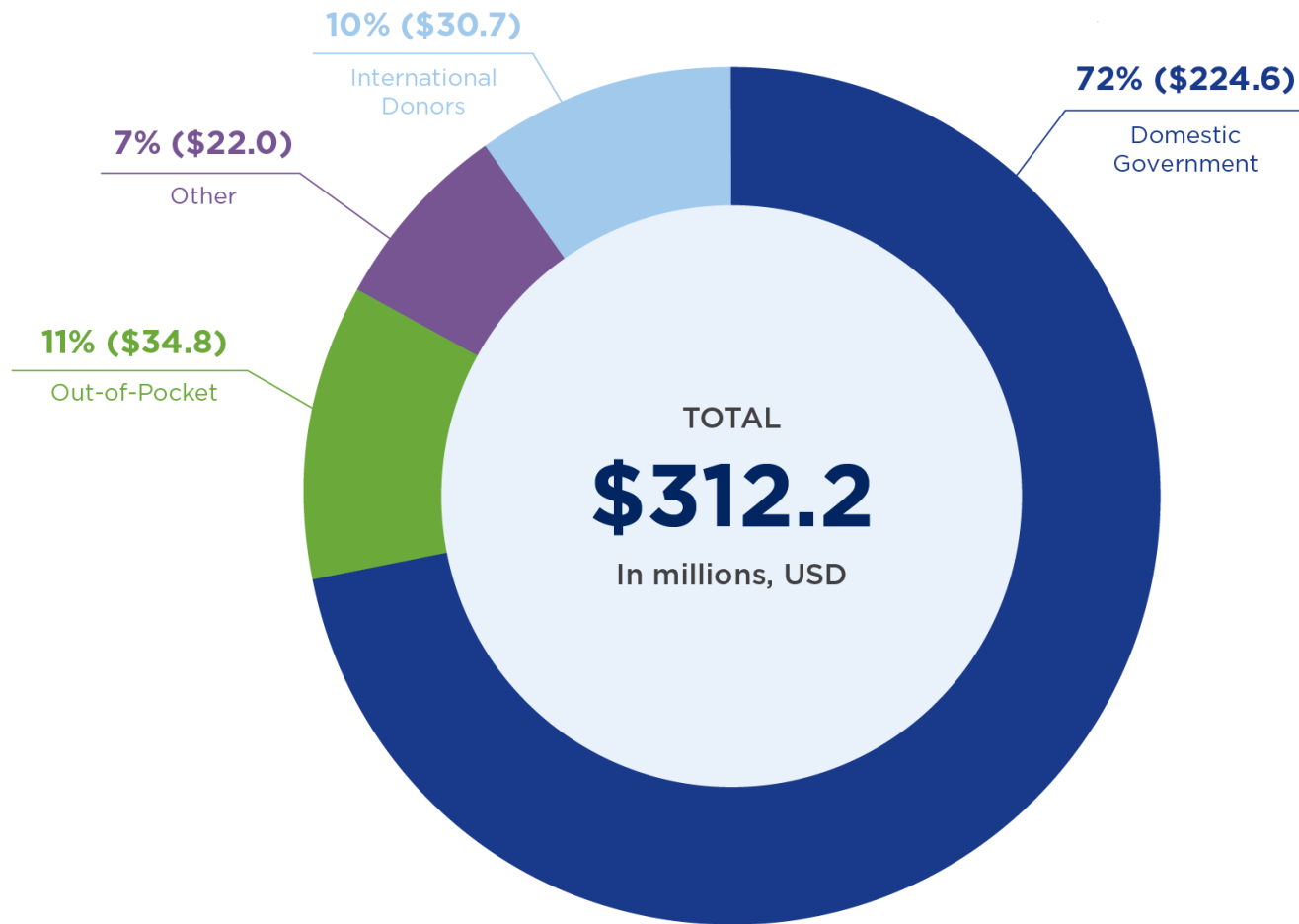
COUNTRY	ESTIMATE	YEAR	SOURCE
Afghanistan	\$1,486,850	2017	NCM-NIDI/UNFPA
Bangladesh	\$262,900,000	2019	FPESA
Benin	\$345,000	2017	WHO-SHA
Bhutan	\$1,691,820	2017	WHO-SHA
Bolivia	\$4,236,335	2018	NIDI/UNFPA
Burkina Faso	\$2,426,213	2018	NIDI/UNFPA
Burundi	\$2,251,377	2016	WHO-SHA
Cameroon	\$913,300	2019	FPESA
Comoros	\$64,088	2016	NIDI/UNFPA*
Congo	\$684,000	2017	WHO-SHA
Côte d'Ivoire	\$34,801,185	2017	WHO-SHA
DR Congo	\$1,484,965	2018	NIDI/UNFPA*
Djibouti	\$34,311	2016	NIDI/UNFPA
Egypt	\$8,605,751	2018	NIDI/UNFPA*
Ethiopia	\$40,924,358	2017	WHO-SHA
Gambia	\$303,263	2018	NIDI/UNFPA
Ghana	\$26,170	2018	NIDI/UNFPA
Guinea	\$1,411,725	2017	WHO-SHA
Guinea-Bissau	\$31,586	2016	NIDI/UNFPA
Haiti	\$114,822	2017	WHO-SHA
Honduras	\$1,234,047	2016	NIDI/UNFPA
India	\$335,730,000	2018	Government of India
Indonesia	\$366,200,000	2018	NIDI/UNFPA*
Kenya	\$24,035,247	2019	FPESA
Kyrgyz Republic	\$2,903,747	2018	NIDI/UNFPA
Lao PDR	\$2,418,000	2017	WHO-SHA
Lesotho	\$377,620	2018	NIDI/UNFPA
Liberia	\$7,931,634	2017	WHO-SHA
Madagascar	\$1,584,204	2018	NIDI/UNFPA*

COUNTRY	ESTIMATE	YEAR	SOURCE
Malawi	\$6,622,464	2017	NCM-NIDI/UNFPA
Mali	\$134,494	2017	WHO-SHA
Mauritania	\$1,754,519	2017	WHO-SHA
Mozambique	\$1,917,872	2017	FPESA
Myanmar	\$3,570,628	2019	FPESA
Nepal	\$1,622,418	2017	WHO-SHA
Nicaragua	\$1,088,820	2018	NIDI/UNFPA*
Niger	\$9,693,728	2017	NCM-WHO-SHA
Nigeria	\$1,670,126	2017	WHO-SHA
Pakistan	\$149,583,541	2018	NIDI/UNFPA
Philippines	\$155,906,592	2018	FPESA
Sao Tome and Principe	\$182,640	2017	WHO-SHA
Senegal	\$4,093,198	2017	FPESA
Sierra Leone	\$548,250	2016	NIDI/UNFPA*
South Sudan	\$1,245	2018	NIDI/UNFPA*
Sri Lanka	\$20,707,690	2017	WHO-SHA
Tajikistan	\$2,616,466	2017	WHO-SHA
Tanzania	\$26,465,669	2017	WHO-SHA
Timor-Leste	\$906,672	2018	NIDI/UNFPA
Togo	\$1,326,405	2017	WHO-SHA
Uganda	\$4,696,000	2017	WHO-SHA
Uzbekistan	\$11,821,944	2017	NIDI/UNFPA*
Viet Nam	\$8,904,936	2018	NIDI/UNFPA*
Zambia	\$3,941,698	2016	WHO-SHA
Zimbabwe	\$20,680,090	2019	FPESA

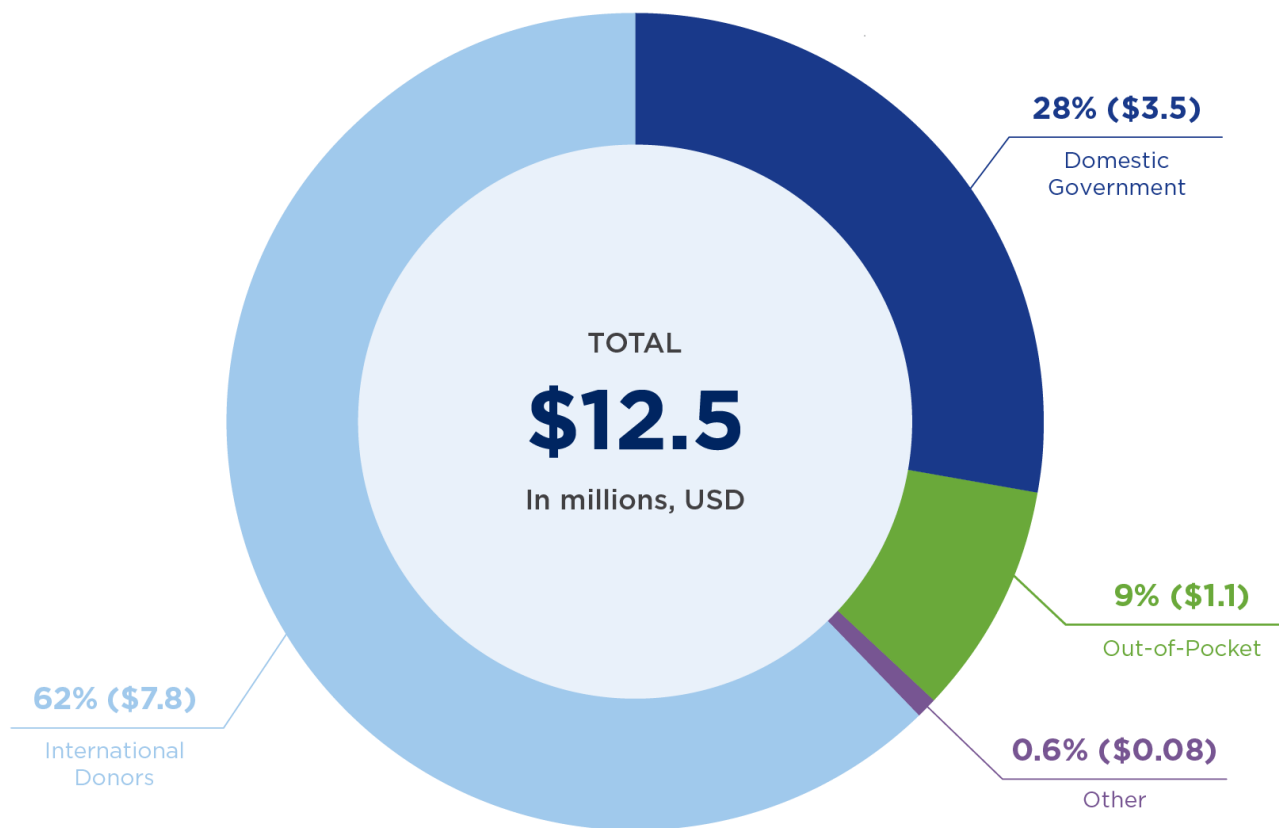
DISTRIBUTION OF FAMILY PLANNING EXPENDITURES IN 69 FP2020 COUNTRIES BY SOURCE OF FUNDS, 2018



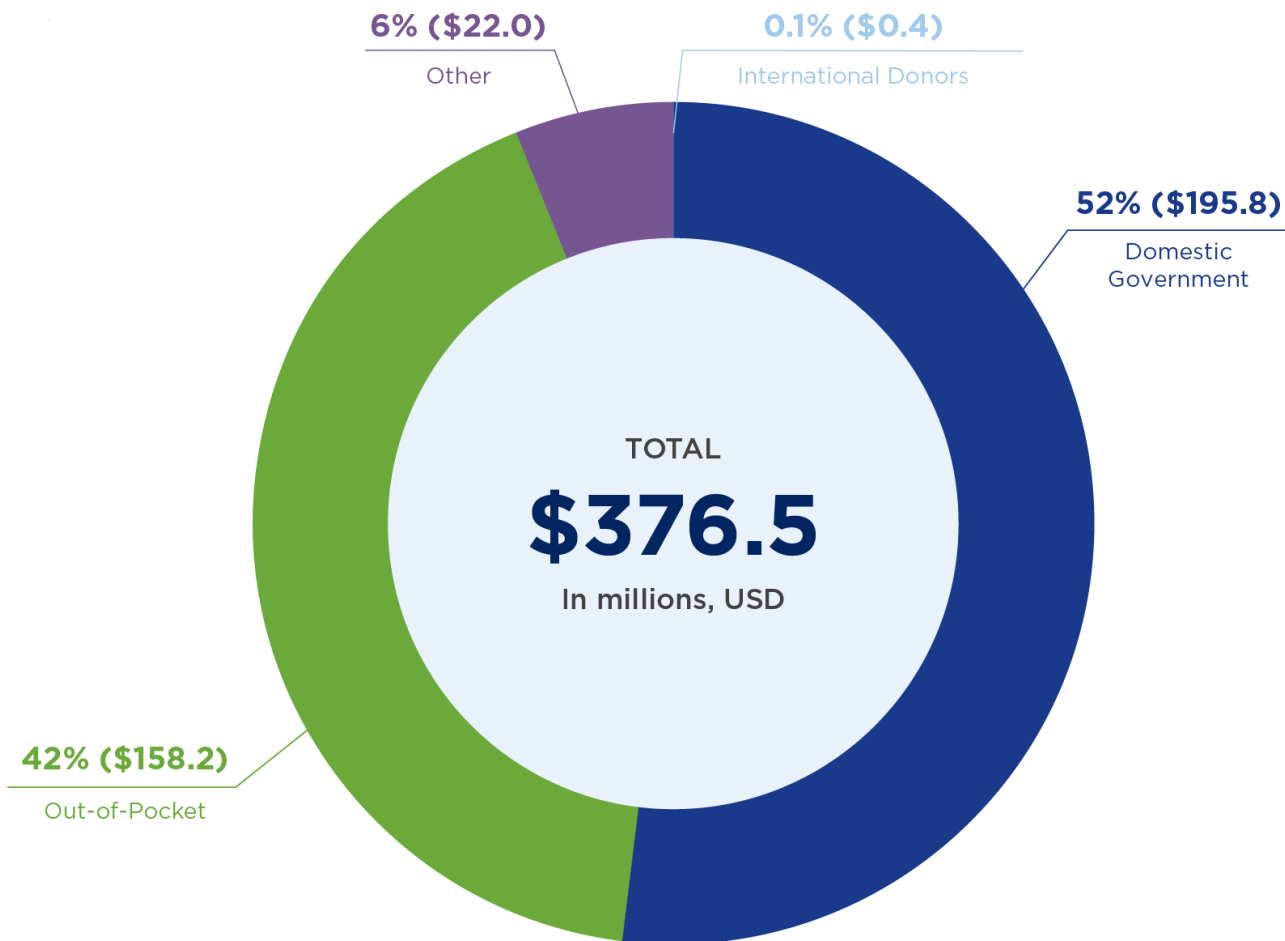
ESTIMATED FAMILY PLANNING EXPENDITURES IN BANGLADESH, 2016



ESTIMATED FAMILY PLANNING EXPENDITURES IN SENEGAL, 2016

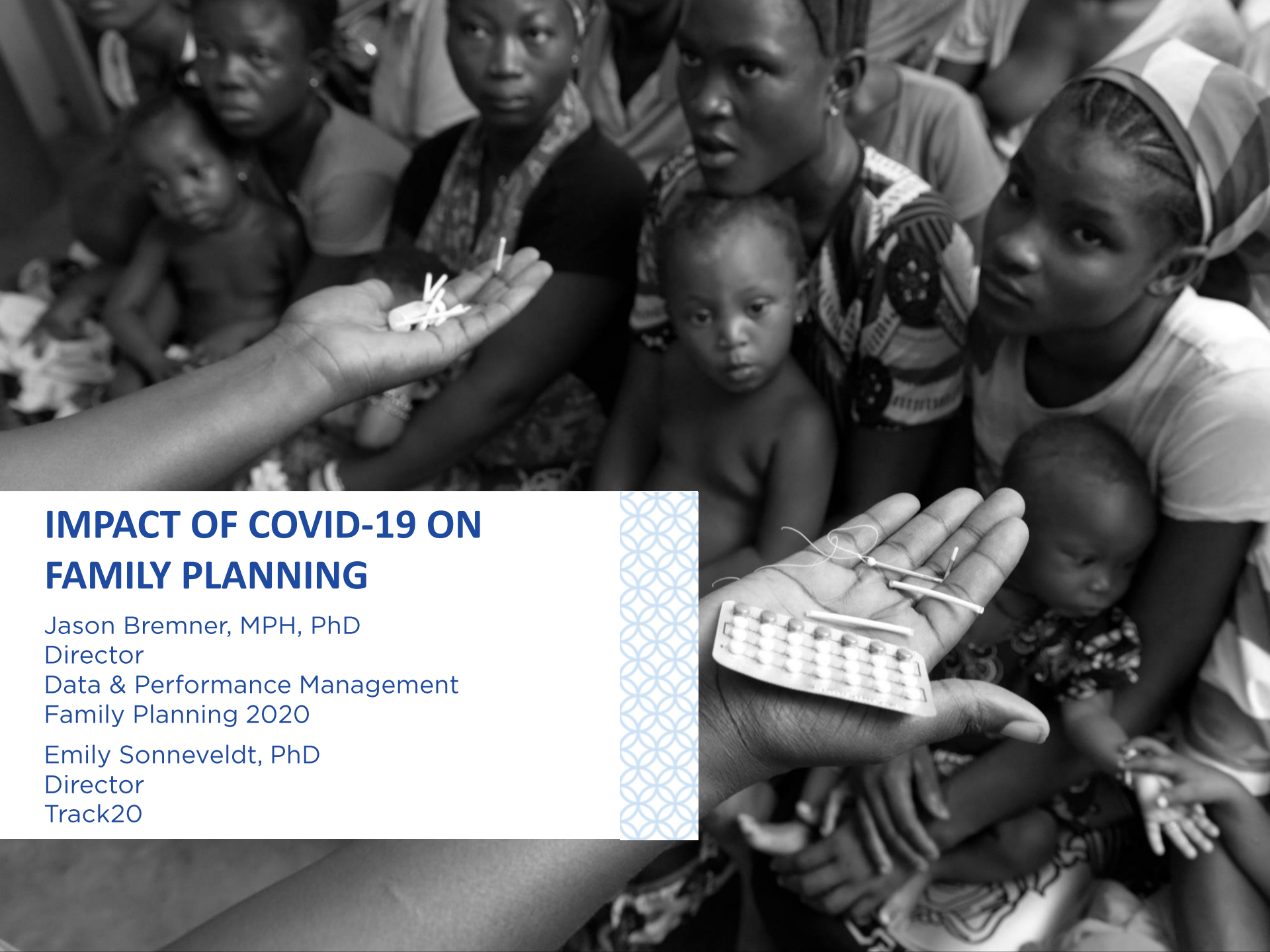


ESTIMATED FAMILY PLANNING EXPENDITURES IN INDONESIA, 2016



ADDITIONAL INFORMATION & NEXT STEPS

- Reports
 - Investing in Health: Report from the Global Financing Facility
 - Spotlight on European Donors: Report from Countdown 2030 Europe
 - Commodity Spending: Contraceptive Security Indicators Report
- COVID-19 impact on financing
- Universal Health Coverage (UHC)



IMPACT OF COVID-19 ON FAMILY PLANNING

Jason Bremner, MPH, PhD
Director
Data & Performance Management
Family Planning 2020

Emily Sonneveldt, PhD
Director
Track20



EARLY CONCERNS OF IMPACT

Established a COVID-19 FP Impact Task Team

- Develop an early assessment of impact on data collection and data systems
- Identify ways that government and private sector HMIS data other data can be used as early warning systems for service impacts
- Assess impacts on supply chains
- Align models and scenarios to estimate impacts on family planning outcomes.

Impacts on Data Systems

Impact reports from private sector partners

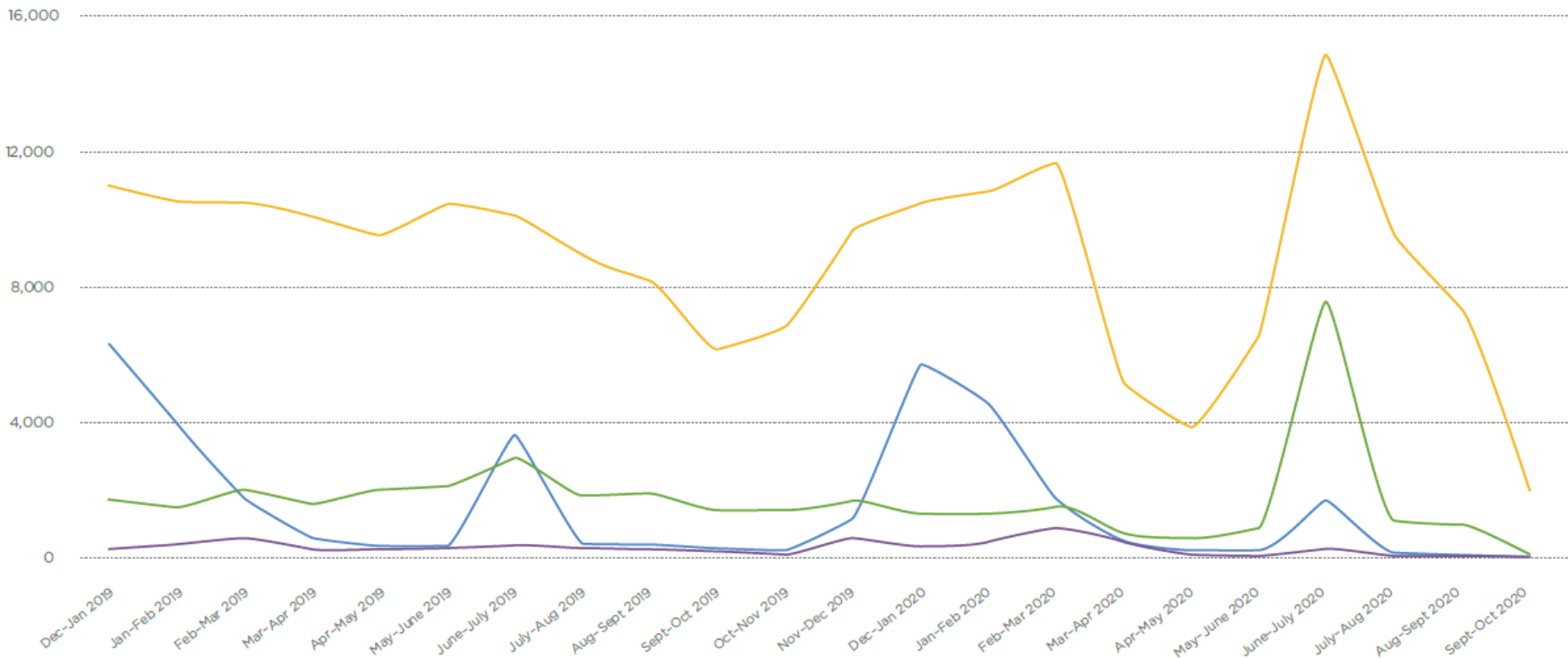
NEW DATA IN THE AGE OF COVID: REPORTS FROM PMA AND NIVI

PUBLIC SECTOR IMPACT: REPORT FROM TRACK20

COVID-19 IMPACT: CHANGES IN SERVICE VOLUME IN NEPAL

Service Volume of Permanent and Long-Acting Methods, 2019-2020

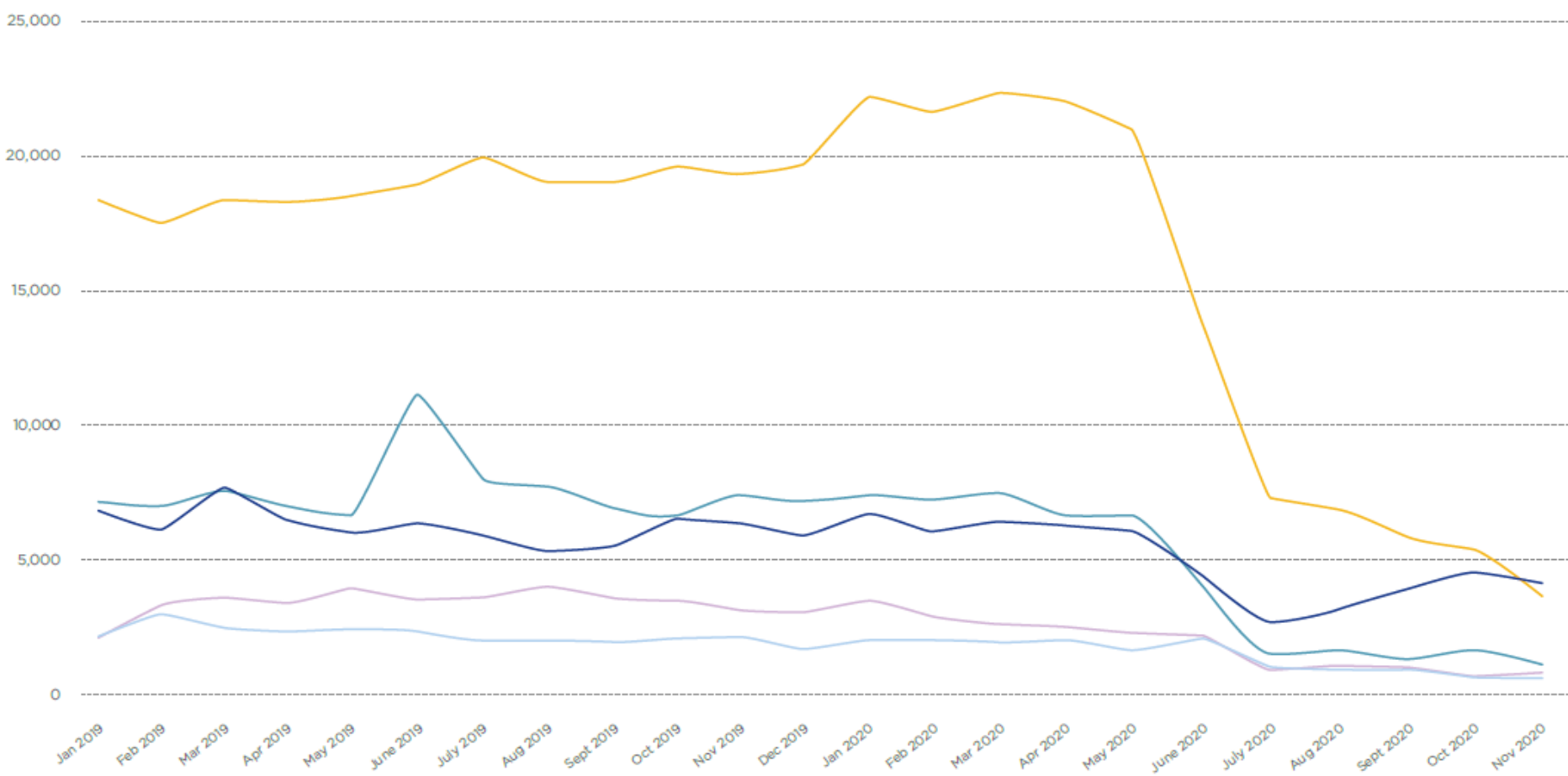
Tubal Ligation Vasectomy Copper T380A IUD Jadelle Implant



COVID-19 IMPACT: CHANGES IN SERVICE VOLUME IN CAMEROON

Service Volume of Long-Acting and Short-Term Methods, 2019-2020

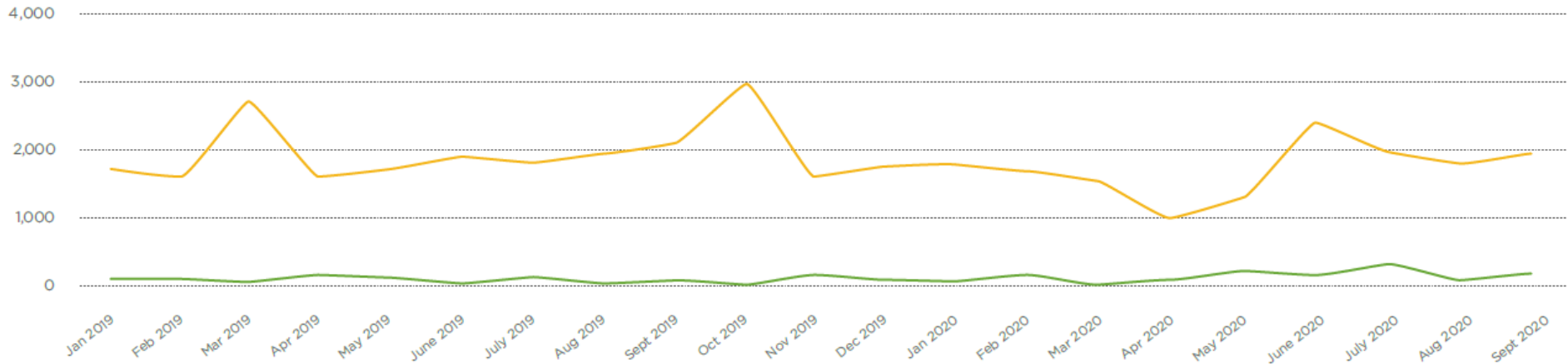
- Implanon Implant
- Depo Provera (DMPA) Injectable
- Depo Provera Subcutaneous (DMPA-SC) Injectable
- Combined Oral Contraceptive (COC) Pill
- Progestin-Only Pill (POP)



COVID-19 IMPACT: CHANGES IN SERVICE VOLUME IN LIBERIA

Service Volume of Long-Acting Methods, 2019-2020

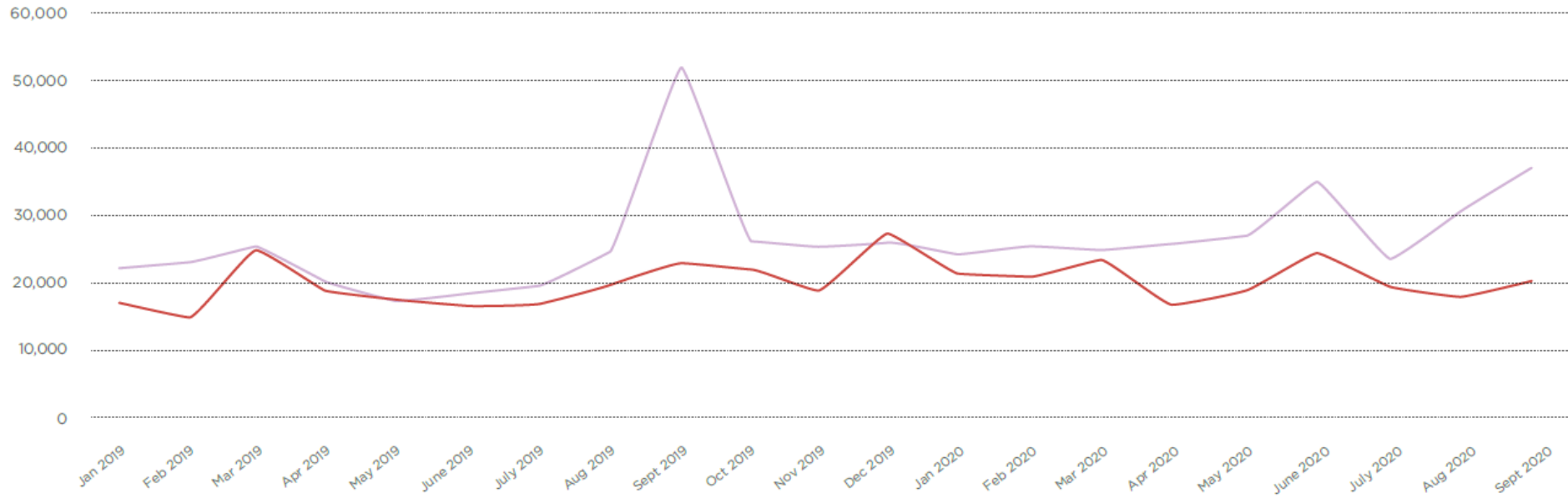
Copper T380A IUD Jadelle Implant



COVID-19 IMPACT: CHANGES IN SERVICE VOLUME IN LIBERIA

Service Volume of Short-Term Methods, 2019-2020

— Depo Provera (DMPA) Injectable — Combined Oral Contraceptive (COC) Pill



CLOSING SLIDE FROM EMILY ON WORKING WITH COUNTRIES TO ASSESS IMPACT



Q&A

