The Government of Egypt committed to:

- Reduce unmet need for family planning from 12.6% in 2014 to 10.6% by 2020, and the 12-month discontinuation rate from 29% in 2014 to 24% by 2020.
- Increase the prevalence rate of all contraceptive methods among married women (CPR) from 58.5% in 2014 to 62.8% by 2020.

The Government of Egypt also pledged to adhere to the agreements made in the 2017 Cairo Declaration for Woman’s Health. The government will increase the national budget for contraceptive commodities by 20-30% annually to secure a sustainable supply that corresponds to national needs. The government is committed to providing contraception free of charge to poor communities and populations in remote areas.

Egypt will develop a national five-year plan to forecast future needs, procure and distribute resources accordingly, and will strengthen the Ministry of Health and Population’s commodity supply chain management system. The government also pledges to integrate family planning services with other primary health care services such as antenatal counseling and postpartum care, vaccination, and healthy child follow-up visits; to update the national standards of practice according to recent WHO standards; and to scale up partnerships with the curative sector, nongovernmental organizations, and the private sector.

**SRI LANKA**
The Government of the Kyrgyz Republic committed to:

- Strengthen political will in the implementation of the family planning program to achieve the Republic's commitments under the Sustainable Development Goals.
- Finance family planning to ensure a reliable supply and reasonable use of modern means of contraception for vulnerable segments of the female population; and
- Provide quality health services for family planning through the implementation of WHO recommendations and raising awareness among the population about family planning.

The Government of the Kyrgyz Republic pledged to increase public funding for the purchase of contraceptives in 2019 by at least one million soms as compared to 2018. The government will develop a five-year plan to gradually increase public funding to meet the needs of 50% of women at high risk of maternal mortality by 2023.

The Kyrgyz Republic intends to develop a costed implementation plan for 2019-2030 to protect the health of women, newborns, children, and adolescents. The government is committed to increasing the contraceptive prevalence rate among women of reproductive age to 30% by the end of 2020.
• Increase the percentage of eligible families* who have their need for family planning satisfied with modern methods from 74.2% (DHS 2016) to 79.0% by 2025.

Sri Lanka’s family planning program has been integrated with maternal and child health services since the 1960s, and is covered under the broader National Maternal and Child Health Policy of Sri Lanka. To improve family planning performance and address newly emerging challenges, the Ministry of Health, Nutrition, and Indigenous Medicine will develop a National Family Planning Policy in 2018. Necessary interventions will be implemented to address unmet need for contraception, strengthen and expand service delivery, promote a rights-based approach to care, and ensure the right of all women of reproductive age to quality family planning services. A multi-year costed implementation plan will be drafted in 2018 through a consultative process.

The Government of Sri Lanka pledges to include a budget line for reproductive health in the national budget of 2019. The Ministry of Health, Nutrition, and Indigenous Medicine will make adequate financial allocations for existing as well as new family planning interventions, and will procure the required amounts of contraceptive commodities. The current policy of free family planning services in the public health sector will continue for all temporary and permanent methods.

* The Government of Sri Lanka currently tracks family planning data in terms of “eligible families,” but the provision of family planning services does not exclude clients by their marital status, age, or gender.
FP2020 is a global community of partners working together to advance rights-based family planning. FP2020 partners collaborate to strengthen and expand family planning programs in countries, identify and implement best practices, train health workers, collect and analyze data, improve global and local supply chains, develop and introduce new contraceptive methods, advocate for the young and the marginalized, and insist everywhere on the rights of women and girls to shape their own lives.

FP2020 countries set the agenda for progress with their commitments to develop, support, and strengthen their family planning programs. The FP2020 partnership links countries with a global network of partners, donors, experts, and advocates who are committed to developing sustainable programs that are grounded in human rights, informed by best practices, and integrated with the country’s wider overall development strategy.

The FP2020 Secretariat organizes country support into three portfolios: Asia, Anglophone Africa, and Francophone countries. Each region has its own distinct challenges and successes. The FP2020 Secretariat works closely with each commitment-making country, and organizes regional workshops that are attended by technical experts, global partners, the FP2020 core conveners, and focal point teams and youth representatives from all the commitment-making FP2020 countries in the region.

A total of 44 FP2020 focus countries have joined the partnership since 2012, including 3 new commitments announced in the past year:

UPDATES BY PORTFOLIO
ANGLOPHONE AFRICA

The Anglophone Africa portfolio includes the majority of FP2020 countries in Eastern and Southern Africa, the region that has experienced the fastest growth in modern method use and the steepest decline in unmet need. The contraceptive prevalence rate in Eastern and Southern Africa continues to rise more quickly than in any other FP2020 region, with growth of 1.1 percentage points per year.

Eastern and Southern Africa remain the regions most affected by the HIV epidemic, with 45% of the world's HIV infections and 53% of the global HIV-positive population. Malawi, Kenya, and Zimbabwe all have strong HIV programs and the political will to integrate family planning with HIV services.

This portfolio also includes the West African countries of Ghana, Liberia, Nigeria, and Sierra Leone. With the new commitment from Egypt this year, the portfolio now encompasses four of the five most populous countries in Africa.
Several of the countries in this portfolio are experiencing conflict or crisis situations, with internal displacement as well as refugees: Nigeria, Somalia, South Sudan, and Uganda. High maternal mortality is an issue in these areas, along with the need to raise awareness among young people about family planning.

2017–2018 Country Highlights

**Ethiopia**

In Ethiopia, one of the Ministry of Health's top priorities is restructuring...

**Ghana**

Ghana made progress on its FP2020 commitment to revise the National Health...
Kenya

Kenya is continuing to work through the process of devolution, which...

Liberia

The government of Liberia has adopted family planning as a key cross-sectoral...

Malawi

The government of Malawi is committed to the principle of "no parenthood before..."

Mozambique

Mozambique renewed its FP2020 commitment in 2017 with a pledge to increase the...
Nigeria

Nigeria achieved a major milestone in 2018: after three years of negotiations,...

Rwanda

On World Population Day 2018, Rwanda launched its first-ever national...

Sierra Leone

Sierra Leone launched its first costed implementation plan (CIP) for family...

Somalia

Somalia updated its FP2020 commitment in 2017 with a sharper focus on...
South Sudan

Although South Sudan continues to experience violence and health services are...

Tanzania

In Tanzania, the government is continuing to strengthen the supply chain for...

Uganda

The government of Uganda has pledged to reduce unmet need for family planning...

Zambia

In Zambia, the National Health Insurance Bill became law in April 2018,...
Zimbabwe

Zimbabwe is working to expand contraceptive choice and scale up long-acting...

FRANCOPHONE COUNTRIES

The Francophone group of FP2020 countries spans two hemispheres—from Haiti to Madagascar—and represents the widest geographic range of any portfolio. The geographic center of the portfolio is Francophone West Africa, a region with some of the lowest contraceptive prevalence rates in the world. But there is a vibrant family planning movement in the region and several countries are beginning to register significant gains.
The family planning pioneer and leading force in Francophone West Africa is the Ouagadougou Partnership (OP), formed in 2011. The Ouagadougou Partnership was launched to reposition family planning as a strategy to improve health and boost development. The context is a region marked by high fertility, high maternal mortality, low contraceptive demand, and social norms that favor large families.

All nine OP countries are also FP2020 countries: Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo. The FP2020 Secretariat and the OP Coordination Unit work closely together to align efforts across the region. Because of OP’s pioneering work, the countries in this portfolio were some of the earliest to develop costed implementation plans (CIPs). Three countries are already working through their second CIP (Senegal, Burkina Faso, and Togo) while another four are in the process of developing their second CIP (Benin, Guinea, Mali, and Mauritania).
Social and behavior change strategies are a top priority in this portfolio, and FP2020 is supporting the Breakthrough ACTION summit in February 2019 in Abidjan. The demographic dividend is another recurring theme, with several countries also participating in the Sahel Women’s Empowerment and Demographic Dividend Project.

### 2017–2018 Country Highlights

**Benin**

*Benin* is working on an ambitious plan to scale up DMPA-SC nationwide by the end...

**Burkina Faso**

*Burkina Faso* is on track to achieve its FP2020 financial commitment, and is...
Burundi

**Burundi** is committed to pursuing an integrated population, health, and...

Cameroon

As part of its commitment to strengthen its supply chain, **Cameroon** established...

Chad

**Chad's** National Reproductive Health Law of 2002 languished on the books for 16...

Côte d'Ivoire

**Côte d'Ivoire** has adopted a national logistics management information system (...
DR Congo

**DR Congo** achieved a major milestone when the National Assembly voted in October...

Guinea

**Guinea** is gradually strengthening its health system after the Ebola crisis and...

Haiti

**Haiti** joined the FP2020 partnership in 2017, and in December began development...

Madagascar

After years of advocacy and deliberation, **Madagascar** passed its Reproductive...
Mali

Mali has launched a new multisectoral Youth and Adolescent Health Action Plan...

Mauritania

Mauritania’s first-ever reproductive health law was officially decreed in March...

Niger

Niger has put its focus on task shifting and providing a minimum service...

Senegal

Senegal has long been an innovator and regional leader in family planning...
Fatimata Sy has been the director of the Coordination Unit for the Ouagadougou Partnership (OPCU) since 2012. An innovative leader and dedicated advocate for women and girls, Ms. Sy has guided the Ouagadougou Partnership to a series of landmark achievements in expanding family planning throughout Francophone West Africa.
Ms. Sy has also been an essential colleague and ally for FP2020. Throughout her tenure at OPCU she has been the key link in aligning the work of FP2020 and the Ouagadougou Partnership. She provides critical support for the Ouagadougou Partnership’s seat on the FP2020 Reference Group, and played a major role on the Country Engagement Working Group in the early years of the FP2020 initiative.

In 2015 the Ouagadougou Partnership surpassed its initial goal of reaching 1 million additional users of contraception. The OP countries are now in the acceleration phase, with the goal of reaching 2.2 million additional users by 2020. When they achieve it—which they are on track to do—it will be in no small part due to the dynamic leadership of Fatimata Sy.

Ms. Sy announced in July 2018 that she would be retiring from the OPCU later this year. On behalf of the entire FP2020 partnership, we congratulate Ms. Sy on her retirement, thank her for six years of extraordinary leadership, and warmly wish her all the best in her future endeavors.
ASIA

The Asia portfolio is characterized by its enormous diversity—in geography, size, ethnicity, language, and population dynamics. Yet there are commonalities. Many FP2020 countries in Asia already have relatively high rates of contraceptive use. Many of these countries also have large populations, meaning that their health systems are already providing family planning services to a huge number of individuals. Although contraceptive prevalence is on the rise, the pace of increase is relatively slow.

Four of the five most populous FP2020 focus countries are in Asia: India, Indonesia, Pakistan, and Bangladesh. Several countries in this portfolio are prone to natural disasters, and some have security issues.

In February, FP2020’s Executive Director and Asia Manager traveled to India, Nepal, and Bangladesh to meet with a variety of stakeholders and jointly review country progress, challenges, and opportunities for further collaboration. The trip included high-level meetings with the Health Secretary of India and the Health Secretary of Bangladesh, both of whom are new Reference Group members, and a visit to a Rohingya refugee camp in Cox’s Bazar.
The family planning challenges facing countries in this portfolio are typically administrative rather than technical. The Asia Regional Focal Point Workshop in October 2018 focused on tackling these issues: galvanizing leadership and political will at all levels, overcoming administrative obstacles, cultivating multisectoral support, and mobilizing and ensuring efficient allocation of financial resources.

2017–2018 Country Highlights

Afghanistan

In 2018 Afghanistan finalized its first ever costed implementation plan for...

Bangladesh

Bangladesh has one of the highest child marriage rates in the world: 52% of...
India

India implemented a host of new initiatives in 2017–2018 to improve its family...

Indonesia

With a decentralized political system that places significant authority for health services at...

Lao PDR

In Lao PDR, the new Health Care Law has been approved and is now being...

Myanmar

Myanmar finalized its updated Essential Package of Health Services, which now...
Nepal

Nepal achieved a major milestone with the enactment of the Safe Motherhood...

Pakistan

In Pakistan, all four provinces are implementing their own costed...

Philippines

The Philippines is poised to enter a new era of national development. In...

Solomon Islands

In the Solomon Islands, the government is working closely with the Solomon...
Vietnam

After hosting the Asia-Pacific Economic Cooperation (APEC) youth summit in November 2017, ...


2017 FAMILY PLANNING SUMMIT: ONE YEAR ON
The Family Planning Summit in July 2017 generated a groundswell of new energy and new commitments to family planning. The Summit mobilized global attention to urgent issues—including youth access to contraception and the critical need for family planning in humanitarian settings—and served as the launching pad for major new collaborations on contraceptive method choice, supply chain strengthening, sustainable financing, and engagement with corporate and private sector partners.
The Global Goods are a diverse set of group initiatives designed to strengthen rights-based family planning and reproductive health care. The Global Goods were announced at the Summit; here we provide progress notes on each.

<table>
<thead>
<tr>
<th>Youth Accountability Framework</th>
<th>Global Adolescent Data Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership to Strengthen Country Capacity around Adolescents and Youth</td>
<td>Minimum Initial Service Package (MISP)</td>
</tr>
<tr>
<td>Global Roadmap for Improving Data, Monitoring, and Accountability for Family Planning and Sexual and Reproductive Health in Crises</td>
<td>DMPA-SC Collaboration</td>
</tr>
<tr>
<td>Global Family Planning Visibility Analytics Network (FP VAN) and in-country VANs</td>
<td>Adoption of Global Data Standards (GS1)</td>
</tr>
</tbody>
</table>
FP2020 ACCOUNTABILITY

FP2020 is a global movement that supports the rights of women and girls to decide—freely and for themselves—whether, when, and how many children to have. Launched at the 2012 London Summit on Family Planning, FP2020 aims to enable 120 million additional women and girls in the world’s lowest income countries to use voluntary modern contraception. To date, more than 125 partners—including focus country governments, donor governments, foundations, civil society organizations, multilateral institutions, and private sector partners—have joined FP2020 with formal commitments to support, expand, and fund rights-based family planning.

Is it working? Is FP2020 having an impact? Are countries expanding and improving their family planning programs and reaching their goals? Are commitment-makers fulfilling their commitments? And how do we know?

Like Every Woman Every Child, with which it is aligned, FP2020 is an aspirational movement. The partnership is entirely voluntary. Governments and institutions make formal commitments, but there are no legal or financial mechanisms to enforce compliance. Ultimately, partners themselves are accountable for the promises they make and the actions they take.
Nevertheless, the FP2020 platform provides an accountability framework for tracking and promoting progress, both globally and for each individual commitment maker. The FP2020 movement functions as a community of practice, built on a network of relationships, shared assumptions, and common goals. The expectation of accountability is embedded in almost every aspect of the platform, from the data monitoring and donor funding reports to the intensive country support structure, civil society and youth engagement, research agendas, and global convenings that command world attention. These elements knit together to form a matrix—strong in some areas, weaker in others—that support and encourage each commitment maker to follow through on what has been pledged.

The FP2020 approach to accountability is cooperative rather than confrontational. In the FP2020 view, accountability mechanisms are most effective when they’re understood as a joint collaborative endeavor. We focus on cultivating productive relationships across sectors and institutions so that partners and stakeholders can work together to achieve their goals. The underlying foundation for this approach is mutual trust—nurtured over time—and a shared respect for human rights, high-quality data, research, and evidence.

**MONITOR, REVIEW, ACT, SHARE**

The FP2020 accountability framework builds on the monitor-review-act framework used by the Commission on Information and Accountability (CoIA), the independent Expert Review Group (iERG), and the Independent Accountability Panel (IAP) for the Every Woman Every Child Global Strategy. We extend the framework to include a fourth process—share—to capture the way in which FP2020 promotes transparency and collaboration. Together these four processes form a cycle of learning, action, and continuous improvement.
• **Monitor** refers to gathering information about what is happening and what has been done. This includes collecting data on family planning services, tracking expenditures, and recording specific actions taken by commitment makers.

• **Review** means analyzing information to assess whether family planning outcomes have improved and whether progress is being made on commitments. This is also an opportunity to recognize success, draw attention to good practices, identify shortcomings, and recommend remedial actions.

• **Act** means using the evidence that emerges from the review process and taking the necessary steps to accelerate progress. This includes supporting and adopting policies and programs that are having a positive impact and bringing them to scale, taking action to address what is not working, sharpening commitments and objectives, learning from best practices, aligning funding to maximize impact, and advocating for change.

• **Share** refers to the way FP2020 functions as a transparent, inclusive, creative hub for collaboration on family planning. Evidence and data are published and made readily available; knowledge-sharing and learning are emphasized. FP2020 invites stakeholders from all sectors to participate and contribute, to forge new alliances and shape new solutions, to learn from each other, and to hold each other accountable.

THE FP2020 ACCOUNTABILITY FRAMEWORK
The diagram depicts the FP2020 accountability framework from the perspective of the FP2020 Secretariat, with an emphasis on the processes that the Secretariat tracks, undertakes, or supports.
Outcome tracking and commitment tracking both cycle through the monitor-review-act-share sequence. The two accountability levels also function together in a feedback loop. Data on outcomes guide the work on commitments; progress on commitments is in turn reflected in improved outcomes.

For outcome tracking, the cycle revolves around the annual process of developing the FP2020 Core Indicator estimates. (The FP2020 website describes this process in detail.) As noted on the framework diagram, efforts are also underway to augment the existing measurement agenda with better reporting on adolescent contraceptive use, rights and quality of care in family planning services, and the needs of women and girls in humanitarian settings.

Commitment tracking is more varied, since it covers the full range of activities by FP2020 partners on the country and global levels. The framework diagram lists the chief accountability mechanisms that involve the FP2020 Secretariat, with notes indicating the areas that need strengthening. The full FP2020 accountability framework also includes in-country processes, donor and partner processes, and other mechanisms not shown on the diagram.

WHAT DO WE MEAN BY ACCOUNTABILITY?
The FP2020 movement as a whole and all FP2020 partners are ultimately accountable to the women and girls we serve. They are the reason FP2020 exists. Our overarching goal is to meet the needs of women and girls in a diverse range of circumstances with high-quality, rights-based family planning services. In practice, accountability mechanisms in the FP2020 framework function on two separate but linked levels:

- **Outcome tracking** focuses on ultimate results: are the family planning needs of women and girls being met? The FP2020 Core Indicators—a suite of 18 quantitative metrics estimated and compiled annually—provide data on various dimensions of family planning usage and availability in the 69 FP2020 focus countries. The Core Indicators thus serve to gauge whether family planning outcomes are improving, in each country and across all 69 focus countries.

- **Commitment tracking** focuses on the specific commitments made by FP2020 partners to support, expand, and fund rights-based family planning. Are the programs being implemented? Are the funds being disbursed? Are the policy changes being enacted? And, importantly, do the goals and objectives need to be revised to ensure that partners are investing in the most cost-effective programs and responding to the real needs of women and girls?