



2017 Family Planning Summit: Key Messages and Policy Asks

FP2020 has powerfully catalyzed a renewed global focus on family planning. Contraceptive use in many countries, particularly in urban settings, is on the rise. And great progress has been made: since 2012, the FP2020 global movement has enabled 30.2 million more women to have access to family planning. However, FP2020 is far from meeting its goal of ensuring that 120 million women and adolescents can exercise their rights to family planning information, services and supplies by 2020. **We must accelerate progress and fill key gaps to ensure we reach all people with the contraception/family planning services they want and need. We call on governments, partners and civil society to:**

1. **Ensure access to comprehensive family planning services in all crisis-affected and fragile settings.** There are 32 million women and girls who are displaced by conflict or crisis¹, many of whom have limited or no access to life-saving family planning services. Although family planning is one of the most lifesaving, empowering, and cost-effective interventions for women and girls, it is consistently neglected and underfunded in most humanitarian responses. Providing family planning services in crisis-affected settings is critical to achieving FP2020 goals and to delivering on our commitments to ensuring all women and adolescents can fulfill their sexual and reproductive rights. Donors, governments and humanitarian actors must commit to ensuring universal access to family planning for all women and adolescents affected by conflict and crisis. Specifically, the *Minimal Initial Service Package* - including family planning services - should be implemented at the onset of every crisis. Systems and funding must be put in place to ensure delivery and continuity of comprehensive family planning services - including access to all contraceptive methods - through all phases of humanitarian response, including in protracted crises.
2. **Invest in participatory governance and social accountability processes to transform health systems and drive FP2020 progress.** Social accountability is a dynamic process that empowers women and adolescents to directly monitor the healthcare services they receive, and negotiate to receive the services they need and want. Investment and use of social accountability approaches can build trust and catalyze solutions to improve family planning and sexual and reproductive health outcomes, and help ensure women's and adolescents' rights are respected, protected and fulfilled. Evidence shows investments in social accountability can dramatically increase acceptability, quality and utilization of family planning: an evaluation of one social accountability approach - CARE's Community Score Card© (CSC) - in Ntcheu

¹ United Nations Office for the Coordination of Humanitarian Affairs. (2016). Global Humanitarian Overview 2017. Available at: http://docs.unocha.org/sites/dms/Documents/GHO_2017.pdf

district, Malawi, showed 57% greater use of modern contraception in the treatment group compared to the control group at endline².

- 3. Ensure programming for adolescents is designed and co-created with adolescents themselves.** Globally, there are 1.8 billion young people between the ages of 10 and 24³. Many of them urgently need family planning but face powerful barriers to accessing services, such as poverty, stigma, discrimination and lack of knowledge. Young people are powerful agents of change; harnessing their passion, ideas, and insights will ensure that we develop solutions that work for them. Unless young people themselves are engaged to design and deliver family planning policies and programs that address their realities and meet their needs, we will not be able to fulfill the family planning needs and rights of the billion young people who live in FP2020's 69 focus countries.

- 4. Ensure frontline health workers are authorized, trained and supported to provide family planning and reproductive health services.** The World Health Organization estimates that there is global shortage of 7.2 million skilled health workers⁴, presenting a powerful barrier to access and expansion of family planning services. To address this critical gap, we must expand and strengthen the cadres of health workers who are on the frontlines of service delivery, including nurses and midwives. These frontline workers are the first—and sometimes the only – healthcare providers in many communities, especially in rural and underserved areas. In many settings, however, frontline health workers are not recognized by the health system, are inadequately trained, and poorly paid. In many countries, they are not legally authorized to provide comprehensive family planning services, including provision of the full range of contraceptive methods. When properly trained and supported, frontline health workers could play a critical role in unlocking equitable access to family planning services. When the Government of Chad recently revised its reproductive health policy to authorize nurses and midwives to provide the full range of contraceptive methods, the number of healthcare workers authorized to provide comprehensive family planning services increased by 800 percent⁵.

² Gullo, S., Galavotti, C., Kuhlmann, A. S., Msiska, T., Hastings, P., & Marti, C. N. (2017). Effects of a social accountability approach, CARE's Community Score Card, on reproductive health-related outcomes in Malawi: A cluster-randomized controlled evaluation. *PLoS One*, 12(2), e0171316.

³ United Nations Population Foundation (2014). State of the World Population 2014.

Available at: https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf

⁴ <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/>

⁵ <http://www.poline.org/node/643159>