The Arc of Progress
Report Launch
January 27, 2021
PROGRESS UPDATE
2019-2020
Beth Schlachter
Executive Director
Family Planning 2020
# AGENDA

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<th>Welcome and Introductions</th>
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</thead>
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<td>The Arc of Progress, 2019 - 2020</td>
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<td>Moderated Q&amp;A</td>
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<td>Next Steps and Closing</td>
</tr>
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</table>
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

IN 2019, DONOR GOVERNMENTS PROVIDED

$1.5 BILLION USD in bilateral funding for family planning

125
THOUSAND maternal deaths were averted
FP2020 Partnership 2012 - 2020

AS OF JUL 2014

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
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.
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!
**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 ANNUAL MEASUREMENT AND REPORTING PROCESS

DATA COLLECTION & MODELING
- TRACK20 Team
- TRACK20 M&E Officers
- Surveys (DHS, MICS, PMA, etc.) and HMIS

MAY
CONSENSUS BUILDING
- Core Indicator Estimates
- Consensus Meeting

JUN
- Consensus Meeting

JUL
ANALYSIS & DRAFTING
- Progress Report Measurement Section

AUG
LAUNCH
- Progress Report Launch

SEP

OCT

NOV

DEC

FP2020 DATA & PERFORMANCE MANAGEMENT TEAM
FP2020 PERFORMANCE MONITORING & EVIDENCE WORKING GROUP
TRACK20 TEAM

Family Planning Estimation Tool (FPET)

Master Data File
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Source Type</th>
<th>Code</th>
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<tbody>
<tr>
<td>ADDITIONAL USERS</td>
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</tr>
<tr>
<td>MODERN CONTRACEPTIVE PREVALENCE RATE (MCPR)</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>UNMET NEED</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>DEMAND SATISFIED</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>UNINTENDED PREGNANCIES AVERTED</td>
<td></td>
<td>5</td>
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<td>UNINTENDED PREGNANCIES AVERTED</td>
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<td>6</td>
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<tr>
<td>UNSAFE Abortions AVERTED</td>
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<td>7</td>
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<tr>
<td>MATERNAL DEATHS AVERTED</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>METHOD MIX</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>STOCK-OUTS</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>METHOD AVAILABILITY</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>DOMESTIC GOVERNMENT FAMILY PLANNING EXPENDITURES</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>COUPLE-YEARS PROTECTION (CYPs)</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>METHOD INFORMATION INDEX</td>
<td></td>
<td>14</td>
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<tr>
<td>FAMILY PLANNING COUNSELING</td>
<td></td>
<td>15</td>
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<tr>
<td>FAMILY PLANNING DECISION MAKING</td>
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<td>16</td>
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<tr>
<td>ADOLESCENT BIRTH RATE (ABR)</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>DISCONTINUATION &amp; METHOD SWITCHING</td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>
UPDATED CORE INDICATOR ESTIMATES IN 2020
As of July 2020, **60 MILLION** additional women and girls were using modern methods of contraception across the 69 FP2020 focus countries.

**260 MILLION** | Baseline: July 2012

It took many decades for the number of women using modern contraception to grow to the 2012 level. Maintaining 260 million users of modern contraceptives, the FP2020 baseline, requires enormous programmatic effort.
AVERAGE ANNUAL % POINT GROWTH IN MCP, 2012-2020

FP2020 REGIONS

Growth rate for FP2020 countries overall = 0.3
S-CURVE PATTERN OF MCPR GROWTH

LOWER PREVALENCE: SLOW GROWTH
When MCPR is very low, countries tend to see slow annual growth in MCPR.

Efforts are needed to change social norms around family planning, stimulate demand, and establish the infrastructure and providers to deliver quality family planning services.

PERIOD WHERE RAPID GROWTH CAN OCCUR
As demand grows and contraceptive use becomes more common, countries can enter into a period of rapid growth by focusing on ensuring availability of an expanded range of contraceptive methods, high-quality services, and continued demand generation.

HIGHER PREVALENCE: GROWTH SLOWING AND LEVELING OFF
Finally, when contraceptive use becomes very common and unmet need declines, MCPR growth slows.

Programs at this stage need to focus on long-term sustainability, continued improvements in service quality, expanding the range of methods available, and striving to reach underserved groups.

LOWER MCPR
HIGHER MCPR
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

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

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

Countries included:
- Afghanistan
- Myanmar
- Lao PDR
- Viet Nam

- Highest MCP Growth Rate
- Average MCP Growth Rate
- Lowest MCP Growth Rate
- Only one country in group

MCP in 2012:
- 10-20
- 20-30
- 30-40
- Over 40
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

- DRC
- Mozambique
- Uganda
- Malawi
- Zimbabwe

MCP in 2012

Under 10
10-20
20-30
30-40
Over 40
## Probability of Attaining 2020 Modern Contraceptive Prevalence (MCP)

<table>
<thead>
<tr>
<th>Commitment-making countries with &lt;25% probability of attaining 2020 estimate</th>
<th>2012 MCP Actual Estimate</th>
<th>2020 MCP Estimate (Based on pre-2012 data)</th>
<th>2020 MCP Actual Estimate</th>
<th>Probability of Attaining 2020 MCP Actual Estimate Based on pre-2012 data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>14%</td>
<td>17%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>12%</td>
<td>10%</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>Senegal</td>
<td>14%</td>
<td>18%</td>
<td>28%</td>
<td>5%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>13%</td>
<td>13%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Liberia</td>
<td>17%</td>
<td>17%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>61%</td>
<td>62%</td>
<td>69%</td>
<td>17%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>18%</td>
<td>24%</td>
<td>31%</td>
<td>18%</td>
</tr>
<tr>
<td>Kenya</td>
<td>50%</td>
<td>50%</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Malawi</td>
<td>49%</td>
<td>54%</td>
<td>63%</td>
<td>24%</td>
</tr>
</tbody>
</table>
## Change in Ever Use and Current Use of Modern Contraception

<table>
<thead>
<tr>
<th>Country</th>
<th>Change in Ever Use</th>
<th>Change in Current Use</th>
<th>Change in Ever Use</th>
<th>Change in Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>3.3%</td>
<td>0.4%</td>
<td>9.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Burundi</td>
<td>15.1%</td>
<td>4.5%</td>
<td>21.7%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Guinea</td>
<td>5.4%</td>
<td>3.3%</td>
<td>8.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Mali</td>
<td>10.6%</td>
<td>6.2%</td>
<td>12.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>3.6%</td>
<td>-1.7%</td>
<td>7.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Senegal</td>
<td>10.1%</td>
<td>6.2%</td>
<td>14.9%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Uganda</td>
<td>10.8%</td>
<td>6.6%</td>
<td>13.7%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>
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

Bolivia
Haiti
Honduras
Nicaragua

MIDDLE EAST

Iraq
State of Palestine
Yemen

AFRICA

Benin
Burkina Faso
Burundi
Cameroon
CAR
Chad
Comoros
Congo
Côte d’Ivoire
Djibouti
DR Congo
Egypt
Eritrea
Ethiopia
The Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Tanzania
Togo
Uganda
Zambia
Zimbabwe

VISUAL KEY

% of contribution to method mix

Permanent

Long-Acting

Short-Term

Female Sterilization
IUD
Implant
Injectable
Pill
Condom (male)
LAM

method skew above 60% of method mix
DISTRIBUTION OF MOST COMMON AND 2ND MOST COMMON MODERN METHOD IN USE

<table>
<thead>
<tr>
<th>Year</th>
<th>Most Common Method</th>
<th>2nd Most Common Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 and Earlier</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>IUD</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Implant</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Injectable</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Pill</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Male Condom</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lactational Amenorrhea</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>2014 and Later</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IUD</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Implant</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Injectable</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Pill</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Male Condom</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lactational Amenorrhea</td>
<td>1</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 and Earlier</td>
<td></td>
</tr>
<tr>
<td>2014 and Later</td>
<td></td>
</tr>
</tbody>
</table>

Number of Countries

0 5 10 15 20 25 30 35
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

1. Poorest (76.3%)
2. Poorer (16.6%)
3. Middle (4.4%)
4. Richer (2%)
5. Richest (0.7%)
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
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
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding ($)</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>$1.1</td>
</tr>
<tr>
<td>2013</td>
<td>$1.3</td>
</tr>
<tr>
<td>2014</td>
<td>$1.4</td>
</tr>
<tr>
<td>2015</td>
<td>$1.3</td>
</tr>
<tr>
<td>2016</td>
<td>$1.2</td>
</tr>
<tr>
<td>2017</td>
<td>$1.3</td>
</tr>
<tr>
<td>2018</td>
<td>$1.5</td>
</tr>
<tr>
<td>2019</td>
<td>$1.5</td>
</tr>
</tbody>
</table>

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

U.S. 39%

U.K. 25%

Netherlands 13%

Sweden 7%

Canada 6%

Germany 3%

Denmark 2%

Australia 2%

Norway 1%

France 1%

Other DAC Countries 1%

$1.5 billion Bilateral Funding

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

In Millions

<table>
<thead>
<tr>
<th>Year</th>
<th>Appropriation</th>
<th>Disbursement</th>
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<tbody>
<tr>
<td>2012</td>
<td>$608</td>
<td>$485</td>
</tr>
<tr>
<td>2013</td>
<td>$586</td>
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<td>2014</td>
<td>$637</td>
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<td>2015</td>
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<td>2016</td>
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<td>$608</td>
<td>$475</td>
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<tr>
<td>2018</td>
<td>$631</td>
<td>$608</td>
</tr>
<tr>
<td>2019</td>
<td>$593</td>
<td>$593</td>
</tr>
</tbody>
</table>

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

In Millions

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 by 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
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ESTIMATE</th>
<th>YEAR</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>$1,486,850</td>
<td>2017</td>
<td>NCM-NIDI/UNFPA</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>$262,900,000</td>
<td>2019</td>
<td>FPSA</td>
</tr>
<tr>
<td>Benin</td>
<td>$345,000</td>
<td>2017</td>
<td>WHO-SHA</td>
</tr>
<tr>
<td>Bhutan</td>
<td>$1,691,820</td>
<td>2017</td>
<td>WHO-SHA</td>
</tr>
<tr>
<td>Bolivia</td>
<td>$4,236,335</td>
<td>2018</td>
<td>NIDI/UNFPA</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>$2,426,213</td>
<td>2018</td>
<td>NIDI/UNFPA</td>
</tr>
<tr>
<td>Burundi</td>
<td>$2,251,377</td>
<td>2016</td>
<td>WHO-SHA</td>
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<tr>
<td>Cameroon</td>
<td>$913,300</td>
<td>2019</td>
<td>FPSA</td>
</tr>
<tr>
<td>Comoros</td>
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</table>
Of the 54 countries with available data, 5 countries (India, Indonesia, Bangladesh, Pakistan and the Philippines) account for 80% of domestic government expenditures on family planning.
ESTIMATED FAMILY PLANNING EXPENDITURES IN SENEGAL, 2016

TOTAL
$12.5
In millions, USD

- 62% ($7.8) International Donors
- 28% ($3.5) Domestic Government
- 9% ($1.1) Out-of-Pocket
- 0.6% ($0.08) Other
ESTIMATED FAMILY PLANNING EXPENDITURES IN INDONESIA, 2016

TOTAL $376.5
In millions, USD

- 52% ($195.8) Domestic Government
- 42% ($158.2) Out-of-Pocket
- 6% ($22.0) Other
- 0.1% ($0.4) International Donors
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
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.
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 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