



# Taking ownership and driving progress:

## LEADING THE GLOBAL MOVEMENT TOWARDS FP2020

### SETTING THE SCENE - OVERVIEW FROM THE DIRECTOR-GENERAL



The London Summit on Family Planning in 2012, and the pledges that came out of it, have helped focus the minds of leaders around the world on the long-term crisis in funding for family planning.

IPPF was as proud to rally civil society around the conference, helping to ensure 1,300 organizations signed the Civil Society Declaration, and to support the task team, as I have been to play my part on the FP2020 Reference Group.

By doubling our service delivery by 2015, and trebling it by 2020, we will increase our couple-years of protection\* from 8.9

million in 2010 to 26.7 million in 2020 – that's an extra 1.7 million couple-years of protection per year.

Our advocacy work for family planning spans international, regional, national and local levels.

We operate in FP2020 priority countries, where our Member Associations work to increase engagement with governments and the private sector.

We also work in donor countries where we lobby for increased resource allocation for family planning.

And let's remember why we are doing this. FP2020 was created to respond to a long-term crisis in funding for contraception. Between 1995 and 2007, international funding for contraception fell from US\$723 million to US\$338 million; at the same time, the share of international population assistance fell from 55 per cent to 5 per cent.

Through our work with UNFPA, our role in Joining Voices and Choices, and through many other partnerships developed by our many staff in 152 Member Associations and at Secretariat level, we continue to drive progress toward the key goal of ensuring 120 million more women have

access to family planning by 2020. Currently there are 220 million women with unmet need.

This publication outlines how we have worked to engage governments, with the aim of building a conducive environment to reach the most vulnerable groups, no matter how remote their location.

Our advocacy is one of the things that makes IPPF stand out – along with our volunteers, our grassroots focus, the way we are governed, and the way in which we work with young people and other key populations.

There is much more to do – and the FP2020 focus must also concentrate on civil society organizations to ensure that we get enough funding to allow us to honour our commitments to deliver for women and girls, men and boys. It's one thing to breathe new life into family planning – another thing altogether to sustain that life with enough food and water.



TEWODROS MELESSE  
Director-General, IPPF

## A GLOBAL MOVEMENT

At the historic 2012 London Summit on Family Planning, the UK government and the Bill & Melinda Gates Foundation – in partnership with UNFPA, national governments, donors, civil society, the private sector, and the research and development community – launched a ground-breaking effort to make affordable, life-saving contraceptive information, services and supplies available to an additional 120 million women and girls in the world's poorest countries by 2020.

To achieve this goal, the London Summit called on partners to work together across a range of areas, with the following aims:

- to increase the demand and support for family planning
- to improve supply chains, systems and service delivery models
- to procure the additional commodities that countries need to reach their goals
- to foster innovative approaches to family planning challenges
- to promote accountability through improved monitoring and evaluation

### TAKING OWNERSHIP AND DRIVING PROGRESS

Of the 73 new commitments made to the Global Strategy for Women's and Children's Health in 2012, 34 were made at the London Summit on Family Planning. Countries are taking ownership of family planning and driving progress – one-third of the commitments to FP2020 are from low- and middle-income countries that have pledged to accelerate progress on expanding access to family planning.

All partners involved in the movement – governments and policy makers, developing and donor countries, multi-lateral organizations, foundations, the private sector and civil society – play a vital role in improving policies and strengthening services on the ground to ensure that women can exercise their right to access voluntary family planning.

## GOALS, AIMS AND GLOBAL COMMITMENTS

### IPPF'S COMMITMENTS

IPPF supports the Civil Society Declaration to the London Summit on Family Planning and made the following commitments:

#### POLICY AND POLITICAL

IPPF commits to mobilizing civil society and governments 1) to improve the legislative, policy, regulatory and financial environment for family planning, and 2) to hold governments accountable, by mobilizing the international movement created through IPPF's role as Co-Vice Chair of the Stakeholder Group to the London Summit on Family Planning.

#### FINANCIAL

IPPF commits 1) to generate support for sexual and reproductive health and rights among regional bodies, the oil rich states, the G20, BRICS and emerging economies, 2) to advocate to the pharmaceutical industry for affordable pricing of contraceptives, and 3) to raise awareness and change the attitudes of community, political and public opinion leaders so that they support sexual and reproductive health and rights for all.

#### PROGRAMME AND SERVICE DELIVERY

IPPF commits 1) to increase family planning services by 2020, which will save the lives of 54,000 women, avert 46.4 million unintended pregnancies and prevent 12.4 million unsafe abortions. IPPF commits 2) to treble the number of comprehensive and integrated sexual and reproductive health services IPPF provides annually, including 553 million services to adolescents. IPPF also commits 3) to establish technical knowledge centres to train providers of family planning services, and 4) to develop a compendium of linkages indicators for family planning, maternal health, child health, sexual and reproductive health and HIV.

IPPF will also work to improve the advocacy capacity of Member Associations in at least 40 of the 69 priority countries identified at the Summit.

### MEETING OUR 2020 TARGETS

We are on target to achieve our goal of doubling services by 2015, a milestone towards our commitment to treble services by 2020. Our 2013 results show significant progress in providing more sexual and reproductive health services, especially to those who are most in need.

IPPF delivered 136.6 million sexual and reproductive health services in 2013, a 21 per cent increase from 2012 and 10.8 million higher than the target. Nearly half of all services (66.2 million) were provided to young people, an annual increase of 47 per cent and 8.3 million higher than the target.

Significant progress was also made in the number of HIV-related services provided, with a 29 per cent year-on-year increase since 2012, and exceeding the target by 3.6 million. The estimated number of IPPF clients who are poor and vulnerable increased by 12.7 million to 48.8 million, surpassing the target by 13.5 million, demonstrating our commitment to reaching those with the greatest need.

### MONITORING PROGRESS

Promoting accountability on commitments is a crucial focus of FP2020.

FP2020 has initiated a number of activities to establish the systems and infrastructure necessary to monitor progress towards the FP2020 goals and strengthen accountability for implementing financial, policy and programming commitments made by country governments, donors, the UN, civil society and others.

These activities include improving the way in which family planning expenditures are tracked, selecting core indicators and collating corresponding baseline data, piloting a tool for the rapid assessment of service statistics and launching electronic collection of data in selected countries.

# SERVICE DELIVERY

## FACTS AND FIGURES

IPPF MEMBER ASSOCIATIONS IN THE FP2020 COUNTRIES ACHIEVED THE FOLLOWING IN 2012–13:



Provided 12.2 million couple-years of protection.



Provided services to 12.5 million new users.



Averted 4.8 million unintended pregnancies.



Provided 85.1 million contraceptive services, including counselling.



## SOCIAL ENTERPRISES

IPPF is examining the role social enterprises can play in expanding family planning services. Our Member Association in Colombia, Profamilia, generated more than US\$51 million in income by offering a range of services such as vasectomies, implants and selling pharmaceutical products. For the Family Planning Association of Sri Lanka, commodities and service delivery generate 45 per cent of its couple-years of protection and are either revenue generating or self-funding. Such approaches have inspired the creation of a social enterprise group and a social enterprise strategic framework.

In 2014, IPPF Member Associations accessed US\$6.5 million worth of essential reproductive health commodities in this way.

IPPF is also on the steering group where it brings the voice of civil society to the Global Programme for Reproductive Health Commodity Security.

### ENGAGEMENT WITH THE FP2020 MARKET DYNAMICS WORKING GROUP

At the global level, IPPF is represented on the FP2020 Market Dynamics Working Group. This is a collaboration among

procurers, manufacturers, social marketing organizations and NGOs. These stakeholders work together to ensure that global and national markets make a wide range of high quality contraceptive methods available in focus countries at affordable prices, in a sustainable way.

The current focus of the Market Dynamics Working Group is to address information gaps in the market, to develop a vision of a well-functioning market for family planning, and to improve procurement and regulatory practices. IPPF hosted the second annual meeting of the Working Group.

## CONTRACEPTIVE SUPPLY AND UNFPA

### ENGAGEMENT WITH THE UNFPA GLOBAL PROGRAMME FOR REPRODUCTIVE HEALTH COMMODITY SECURITY

IPPF is a partner of the UNFPA Global Programme for Reproductive Health Commodity Security, which works in 46 UNFPA priority countries. In 2014, 26 IPPF Member Associations engaged with the nationally convened commodity request process and secured specific commodity allocations to support their scale-up of service delivery. IPPF also received commodities to support scale-up, according to the requirements and capacity of individual Member Associations, and to support parallel initiatives. These include the IPPF Innovation Fund, Condom Task Team initiatives and the Implant Access Fund.

### IPPF'S SUCCESSFUL YEAR-ON-YEAR RESULTS ACROSS ALL AGGREGATED FP2020 MEMBER ASSOCIATIONS:

### FAMILY PLANNING SERVICES (Contraceptive services including counselling)

	2012	2013	% Growth
FP2020 Total	37,622,935	47,518,971	26%
<b>AFRICA REGION:</b>			
Burkina Faso	227,116	340,253	50%
Côte d'Ivoire	281,871	424,263	51%
Democratic Republic of Congo	1,918,323	3,234,620	69%
Kenya	315,866	349,273	11%
Zambia	109,648	159,709	46%
<b>EAST &amp; SOUTH EAST ASIA REGION:</b>			
Papua New Guinea	1,914	1,252	-35%
Philippines	90,389	203,487	125%
Solomon Islands	37,391	41,034	10%
<b>SOUTH ASIA REGION:</b>			
Afghanistan	352,199	381,677	8%
Bangladesh	3,942,550	4,073,814	3%
India	2,597,662	3,551,655	37%
Indonesia	43,689	340,142	679%
Pakistan	1,229,565	1,236,063	1%
Sri Lanka	32,077	151,151	371%



## IMPROVING FAMILY PLANNING SERVICE PROVISION IN SUDAN



According to the 2014 Global Programme for Reproductive Health Commodity Security survey, more work needs to be done to improve the reproductive health indicators for Sudan. The maternal mortality ratio has remained high throughout the last two decades, although the survey has shown a relative improvement compared with previous records: for example, 216 maternal deaths per 100,000 live births. The contraceptive prevalence rate has been stagnant at around 7 per cent for almost the last twenty years with a minimal improvement in 2010, when

the rate reached 9 per cent. The National Health Sector Strategic Plan 2012–16 clearly states that despite the health challenges facing the country, reducing the maternal mortality ratio by three-quarters is a priority target and the sector must sustain work towards this goal. Achieving this target is challenging, but improving family planning service provision is a key part of it. In a concerted effort to overcome these challenges, the Sudan Family Planning Association was the only non-governmental organization in the country that took part in the September 2014

National Reproductive Health Forum, whose theme addressed the availability of modern contraceptives and essential life-saving maternal/reproductive health medicines. In addition, UNFPA recently included the Sudan Family Planning Association in its Strategic Plan as its sole partner to raise the country's contraceptive prevalence rate from 9 per cent to 14 per cent. This indicates the confidence that UNFPA has in the Member Association to achieve this target.

## ENABLING

IPPF Member Associations add value to health systems in their own countries by providing training to health workers, technical expertise and experience, commodities and quality assurance. Member Associations build partnerships with their governments, other civil society organizations and the private sector to help achieve sustained improvement in health and equitable access to health care.

Here are some examples of our enabling role. The Member Association in Pakistan, Rahnuma-FPAP, partners with private providers who reach poor and vulnerable people who otherwise would not have access to services. The Family Guidance Association of Ethiopia has trained government health workers on how to insert the contraceptive implant Implanon. In Burundi, the Member Association

introduced non-scalpel vasectomy for the first time in the country, overcoming lack of interest and opposition to the method. The Association trained community health workers to dispel myths, established effective partnerships with public hospitals, and trained service providers about counselling techniques and how to provide non-scalpel vasectomy.



# ADVOCACY AND PARTNERSHIPS

## CONVENING CIVIL SOCIETY FOR FAMILY PLANNING

Ahead of the 2012 London Summit on Family Planning, IPPF enabled 1,300 civil society organizations to express their support for family planning to governments and donors. IPPF is playing a leadership role in civil society accountability for FP2020 through global, regional and national level civil society partnerships and actions. Here are some examples of what we are doing:

- IPPF Director-General Tewodros Melesse is one of three civil society voices on the FP2020 Reference Group.
- IPPF has several members on FP2020 working groups:

Julia Bunting, IPPF Programme and Technical Director, and Dr Roy Tjiong from the Indonesian Planned Parenthood Association, the IPPF Member Association in Indonesia, are members of the Performance, Monitoring and Accountability Working Group.

Jacqueline Bryld, Programme Manager at Sex og Samfund, the IPPF Member Association in Denmark, is a member of the Rights and Empowerment Working Group.

Tom How, IPPF Supplies General Manager, is a member of the Market Dynamics Working Group.

- IPPF sends regular bilingual news and action alerts to civil society organizations in more than 90 low-income countries to empower civil society participation at country level, and to share FP2020 developments. Examples of successful action include civil society organizations ensuring that family planning is better represented in the Early and Newborn Action Plan, advocating with their governments ahead of the Commission on the Status of Women, and civil society organizations in Canada's focus countries calling on the Canadian Prime Minister to increase the focus on family planning before his High Level Summit on Maternal and Newborn Child Health. Join the list by emailing [CSOVoicesforFP@ippf.org](mailto:CSOVoicesforFP@ippf.org)

## JOINING VOICES FOR FAMILY PLANNING

IPPF's Joining Voices project supports civil society organizations in low- and middle-income countries to hold their governments accountable for FP2020 pledges. This project has achieved the following:

- Directly supported family planning advocacy at the national level in Cameroon, Nepal, Pakistan, Zambia and Zimbabwe, and supported ongoing advocacy in the Democratic Republic of the Congo, Ghana, Malawi, Nigeria and Uganda.
- Built the family planning advocacy capacity of civil society organizations in Ethiopia, Kenya, Nepal, Pakistan, the Philippines, the Solomon Islands and Zambia.
- Supported the Nepal Member Association's success in advocating for a national Family Planning Day, which was celebrated for the first time on 18 September 2014, the anniversary of the Member Association's establishment.
- Mobilized a group of 10 Joining Voices Champions who are acting as vocal spokespeople at national and regional levels.
- Created a bilingual website tailored to the needs of civil society organizations in the 30 pledging countries in Africa and Asia, including a pledge-based accountability tool.
- Launched a film on family planning in Kenya calling for increased political and financial commitments to mark World Contraception Day. The film has already been seen by more than 170 influencers and includes screenings during UN General Assembly week in New York, at the European Parliamentary Working Group on Reproductive Health in Brussels, in Stockholm and Helsinki, and in London where the audience was addressed by FP2020's Beth Schlachter.
- Assisted civil society organizations to get places on government delegations and to raise family planning at the Commission on the Status of Women, the Commission on Population and Development and the UN General Assembly.
- Distributed family planning advocacy postcards at the Stockholm International Parliamentarian's Conference on the International Conference on Population and Development. Over 50 members of parliament responded, and the African group of parliamentarians was mobilized to support the Abidjan Declaration on population and development, including a call for universal access to family planning.

## ADVOCACY WINS

IPPF Member Associations continue to advocate to, and work with, their respective governments to ensure they fulfil their promises to increase access to contraception. In 2013, they contributed to 97 policy and/or legal changes in support of reproductive health and rights.



### GHANA

At the 2012 London Summit on Family Planning, the government of Ghana pledged to make contraception free in the public sector. In 2013, the government took a step towards fulfilling this commitment by adding contraception to the list of free services provided to women as part of maternal health care. The Planned Parenthood Association of Ghana played a very active role in making this change a reality.

The Member Association participated in the Contraceptive Security Committee, which is tasked with finding solutions to contraceptive availability challenges. The Association also worked on the committee that develops strategies for making contraception free in Ghana. These committees advise the Ministry of Health on contraceptive issues. The Association continues to be an active member of both committees, and is now also working closely with the Ghana Health Service to get the legislative instrument passed to make free contraception a reality for all women.



### PPFN

### NIGERIA

The Nigerian government pledged a significant increase in the national budget for contraceptive procurement. The Planned Parenthood Federation of Nigeria worked with Ministry of Health technical staff and policy makers to convince them of the importance of turning this pledge into policy. As a result, the government allocated an additional US\$8.4 million to purchase contraceptives in 2013.



### UGANDA

In 2013, the Ugandan government increased the annual budget allocation for contraceptive supplies in line with its 2012 commitment, from US\$3.3 million to US\$5 million. The government also promised to strengthen the institutional capacity of public and community-based services to increase choice and improve the quality of contraceptive services. In 2013, the government approved a task shifting policy enabling clinical staff, other than doctors, to provide sterilization. Previously, only fully qualified doctors were allowed to carry out this procedure.

These changes followed targeted advocacy by Reproductive Health Uganda and civil society partners. The Member Association met with and advised members of parliament and key staff from the Ministry of Health and the Ministry of Financial Planning and Economic Development. The Association also worked with the media to publicize contraceptive security issues.

## INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT 20-YEAR REVIEW (ICPD BEYOND 2014)

IPPF convened civil society organizations to influence the five regional population conferences in 2013. Working with diverse partners, IPPF supported civil society organizations and young people to agree common positions to ensure that family planning and other sexual and reproductive rights are taken forward in the post-2015 framework. In the Americas and the Caribbean, IPPF co-organized a civil society forum and supported the participation of more than 50 advocates from traditionally under-represented groups, including indigenous people.

In the Arab World, IPPF mobilized civil society organizations and youth to influence the official outcome document of the regional conference, which called for expanded coverage for family planning and reproductive health. In the Asia Pacific region, IPPF helped mobilize Pacific Island parliamentarians on the Moana Declaration and 130 civil society organizations supported a declaration on sexual and reproductive health and rights. At the Commission on Population and Development in April 2014, 54 Member Associations represented civil society on their government delegations, helping to influence the final resolution.

## POST-2015 AND OTHER ADVOCACY

IPPF has been promoting family planning through numerous channels including:

- Advocating to key players involved in the Open Working Group on post-2015 and ensuring inclusion of family planning as a target under the Health Goal (3.7: By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of

reproductive health into national strategies and programmes).

- Influencing the negotiations at the Commission on the Status of Women.
- Briefing UN Missions on reproductive health language ahead of negotiations.
- Holding the World Bank to account on its Reproductive Health Action Plan and enabling civil society organizations to call on the Bank to increase investment in family planning, as well as to include an indicator on contraceptive prevalence in IDA 17.
- Delivering an oral statement at the World Health Assembly.
- Securing inclusion of family planning on the agenda of the Partnership for Maternal, Newborn and Child Health Partners Forum in Johannesburg and running a parallel session with USAID to ensure that family planning and reproductive health issues are prioritized in the post-2015 framework.
- Through a World Population Day event at the Houses of Parliament in London, addressed by FP2020's Valerie DeFillipo.

## IPPF AND THE TOKYO INTERNATIONAL CONFERENCE ON AFRICAN DEVELOPMENT

IPPF advocated to the Government of Japan to ensure that family planning was a central component of its 5th Tokyo International Conference on African Development (TICAD V) in 2012–13.

In early 2012, when it was discovered that health had been omitted from the early plans for TICAD V, IPPF's 44 African Member Associations petitioned the co-organizers in support of family planning and other reproductive health issues. Working with our partners, including

UNFPA and the Japanese parliamentarian's group, we brought these issues to the attention of the TICAD Ministerial Meeting. Through this process, we have built support for maternal and child health, which in turn allowed an opening to gain Japanese support for the London Summit on Family Planning within the TICAD V process.

Leading up to the TICAD V meeting in Yokohama in May 2013, IPPF worked closely with key partners to ensure that African governments would support family planning and the Maputo Plan of Action in the TICAD V outcome document. Working nationally, IPPF Member Associations appealed to their governments and the Japanese Missions in support of family planning. We mobilized African leaders, who appealed to Prime Minister Abe and the head of the co-organizer organizations, once again in support of family planning. These appeals were backed up by an Africa-wide petition supported by over 150 leading health and rights organizations in support of family planning. The petition was handed over to Prime Minister Abe and the Ethiopian Foreign Minister by IPPF's Director-General. It was also printed in the Nikkei newspaper.

With UNFPA and JOICFP, IPPF co-hosted a side event at Yokohama on women's health and economic growth in Africa. The event attracted high level panels including the Presidents of Liberia and Malawi, the former Japanese Prime Minister, and the Foreign Ministers of Ethiopia and Japan, along with more than 350 participants.

The resulting TICAD V outcome document clearly recognizes the need to strengthen health systems and make progress towards universal access to reproductive health in support of the Maputo Plan of Action.

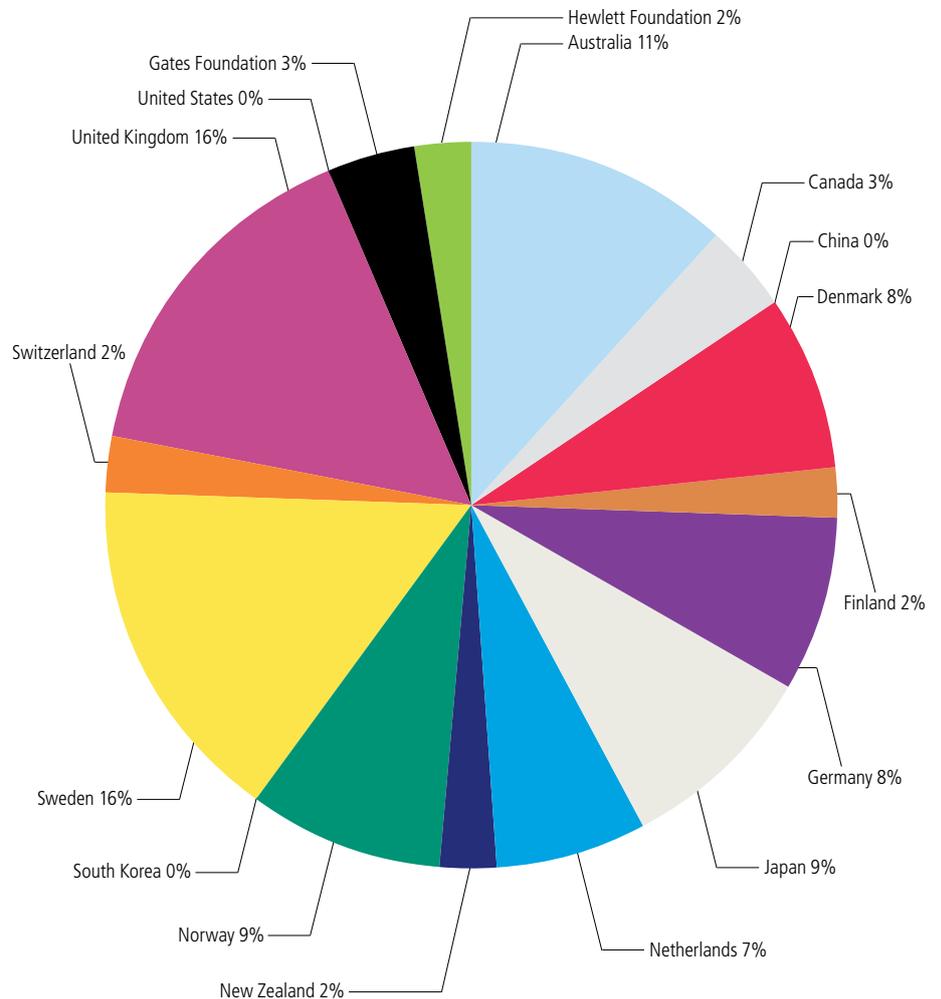
# FUNDING

IPPF's plan to treble services by 2020 requires us to double our income at Secretariat and at Member Association levels. Given our service delivery network is nearly double that of McDonald's restaurants, and we work in over 70 more countries, the challenge ahead for the Federation is considerable.

In 2013, a number of our donor governments significantly increased their funding to IPPF: many of them had made significant commitments at the London Summit on Family Planning. These included the governments of Australia, China, Finland, Germany, Japan, Sweden, Switzerland and the United Kingdom. In addition, IPPF received its first contribution from the Government of India. IPPF also received a significant contribution from the United Nations Population Fund to support our plan to expand the availability of modern methods of contraception. We also received a renewed commitment from the William and Flora Hewlett Foundation to strengthen our programmes around the world.

IPPF's strong performance in advocacy, service delivery and value for money makes it a best-buy in contraceptive programming. In the coming years, IPPF will work to grow our unrestricted income base incrementally while making strategic investments to rapidly expand our in-country and restricted funding.

Below: IPPF's income 2013



## SUSTAINABLE NETWORKS

As the world's largest family planning bilateral donor, the United States Agency for International Development (USAID) provides technical and financial support to more than 45 countries across the globe to meet the family planning and reproductive health needs of their people.

A key supporter of the FP2020 goal to reach 120 million more women and girls with access to voluntary family planning information, contraceptives and services, USAID in 2014 entered into a co-operative agreement with the International Planned Parenthood Federation, awarding a grant of up to US\$72 million that is part of its Support for International Family Planning Organizations. This major investment will help IPPF strengthen its core systems. USAID's technical priorities in 2014 include:

- advancing policies and programme approaches that encourage healthy birth spacing
- using community-based approaches to bring family planning information, services and referrals to hard-to-reach populations
- improving contraceptive security
- increasing access to long-acting and permanent contraceptive methods
- ensuring HIV-positive women and men have access to family planning information and services
- supporting family planning integration with maternal and child health programmes

## IPPF and UNFPA

IPPF and UNFPA are working in more than 16 countries to ensure that the most marginalized and vulnerable people benefit from family planning innovations. The partnership is part of IPPF and UNFPA's contribution to the FP2020 goals.

The programme links together national, regional and international efforts and – working across advocacy, information and clinical services – aims to address specific challenges faced by post-conflict and post-disaster countries, and those with fragile political situations.

The programme countries are currently Bolivia, Burkina Faso, Côte D'Ivoire, Democratic Republic of Congo, Dominican Republic, Ethiopia, Haiti, India, Kenya, Liberia, Myanmar, Nigeria, Pacific Islands, Pakistan, Paraguay and South Sudan – all countries with low contraceptive prevalence rates and considerable unmet need for family planning.

Our partnership fills in the gaps in health care infrastructure and enhances the quality of the health workforce. We are strengthening family planning supply chains and community-based distribution networks, and ensuring that sexual and reproductive health services and supplies are affordable. We will achieve our goal of providing access to human rights-based family planning for 120 million more women and girls by 2020.

## FP2020 FOCUS COUNTRIES

Afghanistan	Malawi*
Bangladesh*	Mali
Benin**	Mauritania**
Bhutan	Mongolia
Bolivia	Mozambique*
Burkina Faso*	Myanmar**
Burundi	Nepal
Cambodia	Nicaragua
Cameroon	Niger*
Central African Republic	Nigeria*
Chad	Pakistan*
Comoros	Papua New Guinea
Côte d'Ivoire*	Philippines*
Democratic Republic of Congo	Rwanda*
Djibouti	São Tomé and Príncipe
DPRK	Senegal*
DRC**	Sierra Leone*
Egypt	Solomon Islands*
Ethiopia*	Somalia
Eritrea	South Africa**
Gambia	South Sudan
Ghana*	Sri Lanka
Guinea**	State of Palestine
Guinea-Bissau	Sudan
Haiti	Tajikistan
Honduras	Timor-Leste
India*	Togo
Indonesia*	Uganda*
Iraq	United Republic of Tanzania*
Kenya*	Uzbekistan
Kyrgyzstan	Vietnam
Lao PDR	Western Sahara
Lesotho	Yemen
Liberia*	Zambia*
Madagascar	Zimbabwe*

\* Made commitment to FP2020 at 2012 London Summit on Family Planning

\*\* Made commitment to FP2020 at 2013 International Conference on Family Planning

## Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.



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