

European donors put their money where their mouth is

In 2017, European contributions to sexual and reproductive health and family planning (SRH/FP) exceeded €2.1 billion, a 10% increase compared to 2016, with nearly €198 million more channelled to SRH/FP in developing countries. Preliminary data collected by Countdown 2030 Europe – a consortium of advocates for FP – shows that funding commitments by European donors have indeed been translated into financial expenditures.

By Joke Lannoye, Countdown 2030 Europe

In the last few years, ultra-right-wing movements have been attempting a power grab in Europe. Together with a backlash on gender equality and women's rights, we see multiple attacks on women's reproductive safety and care. Conservatives from EU countries like Poland, Italy and Hungary are influencing policy-making in Europe, including on development and SRH/FP issues. Similar trends in the US led to the reinstatement of the US' Global Gag Rule (GGR), which continues to have terrible consequences on the health and lives of women and their families. These shifts pose serious threats to funding of SRH/FP by Europe and globally. SRH needs can easily be taken hostage by political interests and ideologies.

In this increasingly challenging context, European donor governments had to step up their game to protect hard-earned wins on SRH. In 2017, the same year as some of the key elections in European countries and the reinstatement of the GGR, multiple countries and donors made promises to work together to address the most challenging barriers to expanding access to contraceptives and SRH more broadly. Countries spoke up about SRH in global development negotiations and committed to increase their financial contributions at a Family Planning Summit and through a new initiative - 'SheDecides'.

Preliminary figures now show that, despite an overall decline of Overseas Development Aid (ODA), ten out of twelve key European donor countries' indeed sustained or increased their funding.

World News

The emergency continues in Ambae, Vanuatu

Inhabitants of the island in Vanuatu who have been forced to evacuate their homes in the wake of a volcano eruption are still facing uncertainty. Humanitarian response efforts have included pregnancy and delivery support, contraceptives such as condoms, injectables, implants and emergency contraceptives, and screening and management of sexually transmitted infections.

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Contraceptive funding in crisis

Reproductive freedom is not a reality for many women across the globe. Whether or not you have access to quality family planning should not depend on where you live and how much money you make. Yet women are still being denied contraceptive care.

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Finland, Belgium, the UK, Norway and Germany all increased their funding by between 5 and 22%. Denmark noted the largest increase, tripling its SRH/FP funding between 2016 and 2017. The top three overall European contributors to SRH/FP funding were the UK, Germany and Sweden. European countries who made FP2020 commitments at the FP Summit last year or earlier – like Germany in 2016 – seem to be on track to meet their commitments.

Important elections have taken place in the past year and reshaped the political landscape. New leaders or new development ministers have come into office in France, Germany, the Netherlands and Spain. All have one way or another revitalised or renewed their promises to SRH/FP, and have taken a strong stance on gender and SRH/FP specifically.

Hence, despite the growing populism and success of nationalist and conservative parties in Europe, policies related to SRH/FP in development were not heavily affected by funding cuts. But as ultra-conservative forces gain more political space, the future remains unclear. An increasing scepticism surrounding development aid has already led to a decline of ODA or ODA being diverted to managing migration within Europe. Still, data shows that SRH/FP has not yet suffered the consequences of this trend.

At European Union level, ODA data for 2017 is not yet available. However, data from Countdown 2030 Europe shows increased investments in both health and population assistance in 2016.

Further, the EU 2018 annual budget was adopted with an increase in funding to the Human Development Programme, the only budget line serving directly to SRH/FP.

Earlier this year, Neven Mimica, EU Commissioner for International Cooperation and Development, delivered a passionate statement in support of SRH/FP as a key pillar of women and girls' empowerment. He stated "I want to ensure that our commitment to human development, and our strong support for sexual and reproductive health and rights, remains front and centre in our discussions on the future long-term European budget. But also in our shorter-term programming for the next three years – in the order of 55 million euros."

Great progress has been made, both in terms of funding and policy. But there is a risk that SRH/FP remains only part of personal championships of ministers, without being anchored in development policies and laws. It is important to ensure that countries' engagement with SRH/FP is cemented in legislation.

A full set of tracking data from Countdown 2030 Europe is due to come out in January 2019, including the latest on donor financial and policy support to SRH/FP in 12 European donor countries for 2017-2018.

¹ Belgium, Denmark, Finland, France, Germany, Ireland, the Netherlands, Norway, Spain, Sweden, Switzerland and the United Kingdom

Opinion

When her future is out of her control we all lose

We continue to work against our own interests by not prioritizing the empowerment of women and achieving gender equality. We continue to repeat the same mistakes. This is nothing new. Sexual and reproductive health, including access to contraception care, is constantly being taken hostage in political battles.

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Research

Sexual & reproductive health in bilateral aid

Which European donor countries are going the extra mile to ensure sexual and reproductive health, including family planning, is part of their bilateral aid programmes? There is a lot to learn from a selection of good practices which show how donor countries are trying to translate their sexual and reproductive health commitments into projects and programmes on the ground.

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When her future is out of her control we all lose

We continue to work against our own interests by not prioritizing the empowerment of women and achieving gender equality. We continue to repeat the same mistakes. This is nothing new. Sexual and reproductive health, including access to contraception care, is constantly being taken hostage in political battles.

By Cosmina Marian, IPPF EN

Many women and girls have no control over their sexual and reproductive lives. They cannot access safe and affordable family planning services.

Take the story of two girls with very different paths in life, Dalia and Amai.

Dalia loses her mother early on while she gives birth to her fifth child, her brother. Maternal mortality remains a leading cause of death in low-income countries. Her father forces her into marrying a much older man at only 14 years-old. She is not able to go to school anymore as she is told she must stay home and care for the household – a wife’s job they say. Amai, on the other hand, has the chance to continue her studies.

Dalia gets pregnant during her first year of marriage and contracts HIV from her husband. She is stigmatised and does not see a way out.

Amai meets a boy she likes at 16, he’s her own age. Her mother takes her to the family planning clinic where she receives sex and relationship education and contraceptive care. She finishes high school and decides to become a lawyer.

By then, Dalia already has three children. She has the responsibility of supporting the household. Keeping it clean while having no access to clean water, feeding her children with the little she has, educating them as much as possible at home, because she doesn’t have money to send them to school; and even taking on small jobs here and there to help with the daily expenses. She lives from one day to another, carrying the weight of the world on her shoulders.

Amai gets her law degree and marries her high school love. They decide to start a family and have three children over the next few years, when she feels ready. She continues her career and cares for her family. Her children benefit from even more opportunities than Amai to live healthy and happy lives.

Their journeys clearly show how important it is for girls and women to have unhindered access to family planning and sex and relationship education. It can better their lives, their family lives and allow them to transform their communities into more prosperous places.

When young women are calling the shots, they can avoid HIV, marry and have children when ready. Their children enjoy more opportunities to live healthy and happy lives. And this cycle spans over generations.



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Reproductive freedom should not depend on where you live and how much money you have. The gap in contraceptive use between the poorest and wealthiest countries remains huge and no country has equal access to contraceptive care. On top of high costs, being denied sex and relationship education, stigma and gender inequalities stop girls from accessing contraception.

Investing in family planning is the right and smart thing to do – politically, legally, socially and economically. It will save lives and improve health. And without access to contraceptive care we have no hope to achieve equality or prevent poverty.

And yet, we still find ways to deny girls and women opportunities. We are sabotaging ourselves by subscribing to twisted ideologies or to harmful gender norms that have no place in the 21st century.

This has a spill effect through the instrumentalization of development aid and an increased association between security, migration and development. Some governments are shifting priorities, giving more importance to non-development objectives under their development assistance, such as migration control, addressing security threats and commercial expansion, at the expense of effective development cooperation.

We continue to repeat the same mistakes. But I remain hopeful that despite the detours we take to make reproductive freedom a reality for all, we will be successful in making the story of Amai the norm.

Cosmina Marian works at IPPF European Network, the lead partner of Countdown 2030 Europe (a consortium of European organisations advocating for access to family planning worldwide).



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The emergency continues in Ambae, Vanuatu

Inhabitants of the island in Vanuatu who have been forced to evacuate their homes in the wake of a volcano eruption are still facing uncertainty. Humanitarian response efforts have included pregnancy and delivery support, contraceptives such as condoms, injectables, implants and emergency contraceptives, and screening and management of sexually transmitted infections.

By Riikka Kaukoranta, Väestöliitto (C2030E Finnish partner)

“We are staying in the church hall now here in the evacuation area. We evacuated our village, we couldn’t live up there anymore. We told the children not to be afraid, to be patient until it’s time for us to leave. They asked ‘What are we going to do? Are we going to leave? Or are we staying?’ But when they see the smoke they start to get afraid of the smoke, they would run into the house and the small one would cry. She would say ‘volcano, volcano!’” describes Kwevire, 35, the situation after the volcanic activity of Manaro volcano worsened again in the island of Ambae, Vanuatu. First time the Manaro volcano erupted in September 2017 and it led to the island’s first full evacuation.

Over the past year the people of Ambae island have been forced to leave their homes twice after the Manaro volcano eruptions. Consequences of the catastrophes were devastating; the surrounding area was covered with thick ash that felt like you were about to suffocate, tainted water supplies, and even destroyed roofs. The government ordered the entire population of around 11,000 people to move to neighboring islands after declaring once more a state of emergency this August. The state of emergency for Vanuatu’s volcanic Ambae was extended to mid-November 2018 to allow the evacuees to acclimatise to their relocated homes.

First time the volcano erupted, Kwewire was 26 weeks pregnant with her eight child and was forced to take her family and leave their home. She recalls:

“We saw the smoke and the fire coming out [of the volcano], it was really difficult to see. The authorities came to our village to move us out. First, we travelled by foot, then the rest of the way by truck. I explained to my eight children what was happening, but they were scared.”



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Life in the middle of a crisis can be difficult when one is responsible for multiple children. Back then, she had planned to deliver her last child on Santo Island and then have her tubes tied. However, her husband changed his mind about her doing this and she didn’t go through with the procedure.

Family planning services were delivered by the Vanuatu Family Health Association, through the International Planned Parenthood Federation, to the evacuated people, including to Kwerire who seized the opportunity and got access to long-acting reversible contraceptives. Without organizations ready to deliver family planning and other sexual health care services, people like Kwerire would not have the freedom to make decisions about their own bodies and care for their families at a time when they are most vulnerable.

Humanitarian crises increase the occurrence of sexual violence, exposure to sexually transmitted infections including HIV, and unintended pregnancies. According to United Nations there are more than 125 million people worldwide in need of humanitarian assistance. Among them there are 32 million women and girls of reproductive age. One in five of these women and girls is likely to be pregnant. Insecure situations bear their consequences; with more than 60% of maternal deaths taking place in humanitarian and fragile contexts, according to the UN Population Fund (UNFPA).

Violence and uncertainty affect women long after a crisis has ended. In Ambae, women reported feeling less safe in general due to there being less people on the island.

By providing services like family planning and counselling, it is possible to ease the life of women living in insecure climates. Organizations providing these vital services need resources.

Donor countries started to provide funds for sexual and reproductive health care services, including family planning, in refugee camps or as a response to natural disasters.

Norway is one of the countries that has included sexual and reproductive health as a top priority in their new humanitarian strategy.

They have kept their promises to prioritize reproductive health by making sure it’s an integral part of their strategy. The measures considered include the provision of sexual and reproductive health services at health clinics and hospitals in conflict areas, and the use of mobile health clinics that can reach women in areas that are not easily accessible.



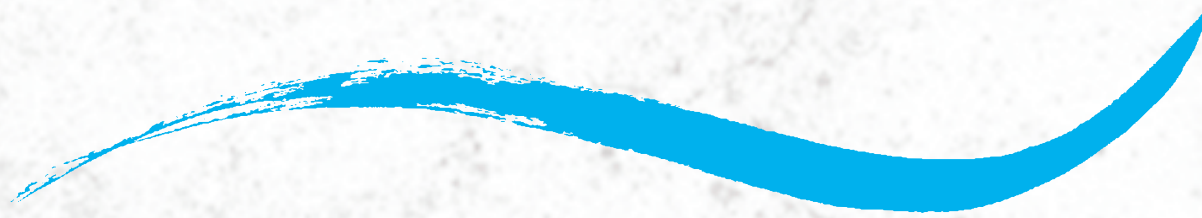
Copyright: IPPF / Alana Holmberg

Kjersti Augland, Senior Adviser at Sex og Politikk and lead of Countdown 2030 Europe’s work on humanitarian aid says that “The Norwegian strategy is a good start, and we are hopeful that it will lead to an increase of efforts in this area. We are closely following the developments. Norway is not the only European country with a strong commitment to sexual and reproductive health, many others can follow suit. Governments need to recognise that increased support for sexual and reproductive health care in emergencies is an opportunity to see more women and girls safe, protected and enabled to get through what may be he most difficult periods of their lives.”

Sex og Politikk - C2030E partner - was instrumental in advocating for sexual and reproductive health and rights as well as for gender equality in a long consultation process leading to the adoption of the Norwegian humanitarian strategy.



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Countdown 2030

EUROPE

Countdown 2030 Europe advocates for universal access to family planning worldwide.

We make sure that sexual and reproductive health and family planning are a funding priority for European donors and a policy priority in Europe and globally.

www.countdown2030europe.org

TIME IS RUNNING OUT

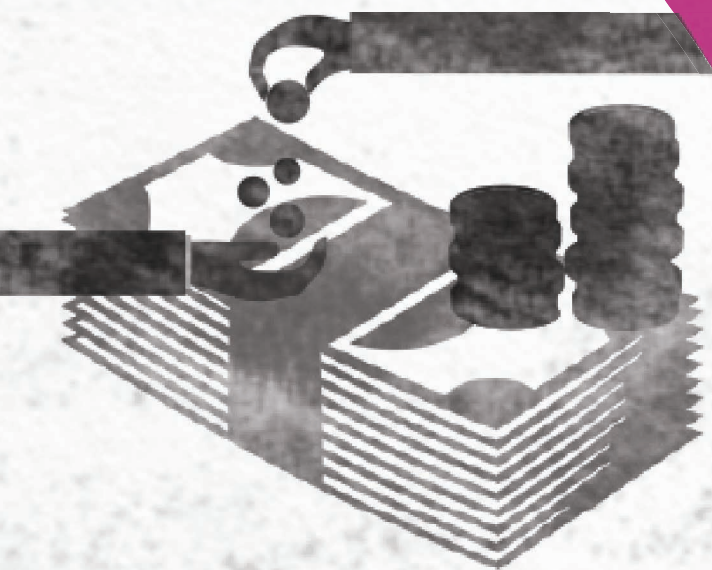


214 million

women want to avoid a pregnancy but have no access to contraception.



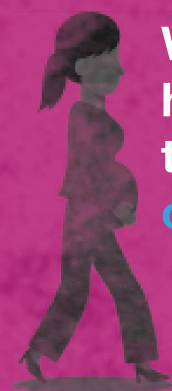
That's everyone in the **UK, Ireland, Germany and France** being pregnant at the same time!



The world's poorest women and girls will be forced to pay

\$2.31 billion by 2020

because they're denied free contraceptive care.



Women should have the freedom to **decide their own paths.**



The countdown to full access to family planning is drawing to an end. **#BecauseSheCounts**

Contraceptive funding in crisis

Reproductive freedom is not a reality for many women across the globe. Whether or not you have access to quality family planning should not depend on where you live and how much money you make. Yet women are still being denied contraceptive care.

By Raffaella Dattler, IPPF

Currently, some 214 million women and girls in developing regions have an unmet need for modern contraception. These are women and girls who want to avoid a pregnancy but are not using a modern method of contraception. While the reasons for this are multiple, the costs and availability of contraception¹ remain major barriers.

Access to contraception is a basic human right. Governments affirmed women's right to have access to safe, effective and affordable methods of contraception of their choice 24 years ago, at the International Conference on Population and Development in Cairo. In 2015, in the landmark Sustainable Development Goals, governments pledged to ensure universal access to family planning by 2030.

Yet, three years later, global funding for contraceptives is in crisis.

There is a major gap between needs for funding for contraceptives and the resources provided by both domestic and donor governments. In low- and middle-income countries out-of-pocket payments by individuals account for more than 80% of all spending on contraceptives. Domestic governments only provide around 8% of spending, while donors fund 10%.²



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Out-of-pocket spending is an inequitable form of financing health services. Those least able to afford it carry most of the cost burden. The impact on household finances exacerbates inequalities and pushes people further into poverty. The gender implication is huge. Women and girls rely heavily on access to contraceptives and reproductive healthcare, and yet many do not have the financial means.

Demand for contraceptives is expected to increase, which will further widen existing funding gaps. Estimates of the difference between today's spending on contraceptives and the cost of meeting projected needs in low- and middle-income countries in 2020 show an additional funding gap of US\$290m if current trends in use continue³. Unless domestic or donor government finance increases substantially, most of this gap will have to be met by relying on user fees.

Domestic governments have the main responsibility for ensuring access to contraception, yet donors continue to play an important role, particularly in the world's poorest countries. In the 31 lowest income countries, donors currently finance 65% of all contraceptives, while domestic governments fund 7%. Individuals' out-of-pocket spending accounts for 28%.⁴

Yet, while donor funding remains essential, it has faced a downward trend in recent years. Funding from the United

States, the largest family planning donor, has been fairly stable but is now at risk. Funding pledges made by European and other donors in 2017 in support of the She Decides initiative and at the July London Family Planning Summit are promising, but it is too soon to tell whether they will bring a reversal in longer term funding trends.

Domestic governments must live up to their responsibility to increase their funding and ensure access to contraception and healthcare. Yet, donors must also continue and step up their support. Millions of women and girls depend on it.

¹Guttmacher (2017). Adding it up: Investing in Contraception and Maternal and Newborn Health, 2017. Available at: <<https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf>>.

²Reproductive Health Supplies Coalition (2018). Global Contraceptive Commodity Gap Analysis 2018. Available at: <https://www.rhsupplies.org/uploads/tx_rhscpublications/Commodity_Gap_Analysis-2018.pdf>.

³Ibid.

⁴Reproductive Health Supplies Coalition (2018). Commodity Gap Analysis 2018, Key findings for Lowest income countries (31). Available at: <https://www.rhsupplies.org/fileadmin/uploads/rhsc/Projects/Global_Commodity_Gap_Analysis/Snapshots-2018/CGA_Snapshot_Lowest_income.pdf>.



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Sexual & reproductive health in bilateral aid

Which European donor countries are going the extra mile to ensure sexual and reproductive health, including family planning, is part of their bilateral aid programmes? There is a lot to learn from a selection of good practices which show how donor countries are trying to translate their sexual and reproductive health commitments into projects and programmes on the ground.

By Cosmina Marian, IPPF EN

Trends in bilateral, government-to-government, funding for development aid and sexual and reproductive health have been shifting over the past few years.

Several European countries prioritize funding multilateral organizations and initiatives or private sector support, whereas other governments increased their investment in bilateral aid.

It's a matter of donors deciding who, how and what to fund.

Yet, while many European donor countries are politically committed to the promotion of sexual and reproductive health (SRH) in their cooperation with partner countries, this is not always reflected in the actual expenditures. Why is that? In some instances, it is a question of finding ways to make sure that political good will gets translated into country strategies, programmes and projects.

Some European governments dedicated more resources than others to ensure that their policy priorities and international pledges are well reflected in bilateral programmes.



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Sweden is one of the countries which found answers to this challenge. The country has invested in building in-house expertise, offering staff training and means to speak about sexual and reproductive health (SRH) and rights through specialized advisors.

SIDA, the Swedish development agency, also developed the “Dialogue for change”, a set of reference materials that support diplomats and embassy staff in their efforts to include SRH in their dialogues with their counterparts. “Dialogue for change” contains facts, frequently asked questions, speaking points and arguments on specific SRH issues and provides general guidance for policy dialogue.

The Belgian development agency DGD recently took a similar approach. It developed a free e-tutorial on sexual and reproductive health and rights developed. The e-tutorial Body&Rights.be provides a general introduction to the topic and includes informative modules on family planning and safe deliveries, HIV and STIs, sexual violence and violence against women, vulnerable populations and SRHR policies, as well as a ‘how to’-module.

The e-tutorial is meant for staff working on development cooperation who do not have the expertise in SRHR, but need to address the topic in policy dialogues with partner countries.

The political support of the Belgian Minister for Development Cooperation Alexander De Croo has been critical for

the successful roll-out of the e-tutorial, making it known and recommending its uptake.

In the UK, the Department of International Development (DFID) developed a guidance note on sexual and reproductive health in crises used as a practical tool for its staff, and especially for humanitarian advisors. It gives an overview of SRH in emergency settings, including disaster preparedness and resilience, in both acute as well as prolonged crises.

The guidance note aims to bridge the humanitarian-development divide, clarify policy priorities and increase understanding and awareness of SRH in emergencies. Its very existence points to the critical need for SRH during emergencies.

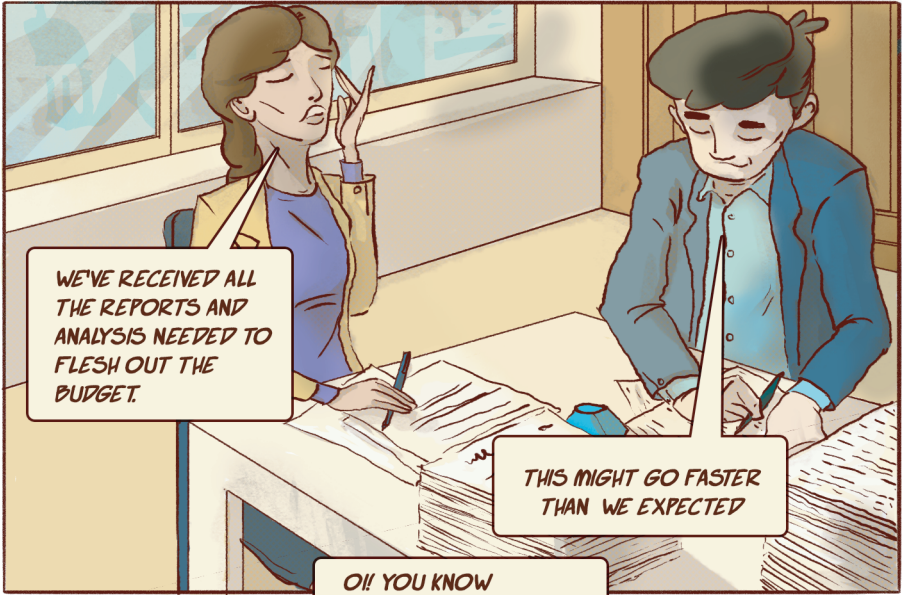
The Netherlands has invested in the monitoring and follow-up of sexual and reproductive health in their bilateral aid. As a leading donor on SRH with many running programmes, verifying the impact of their assistance is key. Which is why the Netherlands developed an indicator framework that allows the Ministry of Foreign Affairs to plan, monitor and evaluate its programmes on SRH and report to parliament and the wider public.

The new Dutch Minister for Development Cooperation and International Trade, Sigrid Kaag, declared that she will continue to use the indicators in the coming years and link them to the Sustainable Development Goals indicators.

Marlies Casier, policy advisor for Sensoa - C2030E Belgian partner - and lead of Countdown 2030 Europe’s work on bilateral aid, says that “through the Countdown 2030 Europe project we seek to encourage donor governments to increase their attention to sexual and reproductive health in their bilateral aid. Bringing good donor practices to the attention of others, is one way to do so. Apart from a focus on training and expertise, we are demanding more transparency in European donor’s bilateral, government-to-government, cooperation and are encouraging the active consultation of civil society actors, both at home and abroad.”



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WE'VE RECEIVED ALL THE REPORTS AND ANALYSIS NEEDED TO FLESH OUT THE BUDGET.

THIS MIGHT GO FASTER THAN WE EXPECTED

OH! YOU KNOW YOU'RE LUCKY I'M HERE TO KEEP YOU ON TRACK!



LUCY, HE'S JUST PULLING YOUR LEG, SO TO SPEAK. HAVE YOU DONE SOMETHING DIFFERENT TO THIS ROOM?

WELL YES, THANK YOU FOR NOTICING. WE HAVE UPGRADED WITH THE LATEST DATA AVAILABLE.



I'M NOT SURE ABOUT THAT ZHAVE WE CONSIDERED EVERYONE'S NEEDS?

I'M CERTAIN WE'RE NOT OVERLOOKING ANYTHING.



GUYS, YOU ARE FORGETTING THE PROMISES YOU MADE ON FAMILY PLANNING!

WELL, WELL, IF IT ISN'T OUR FAVOURITE FLYING, TALKING TO DO LIST.

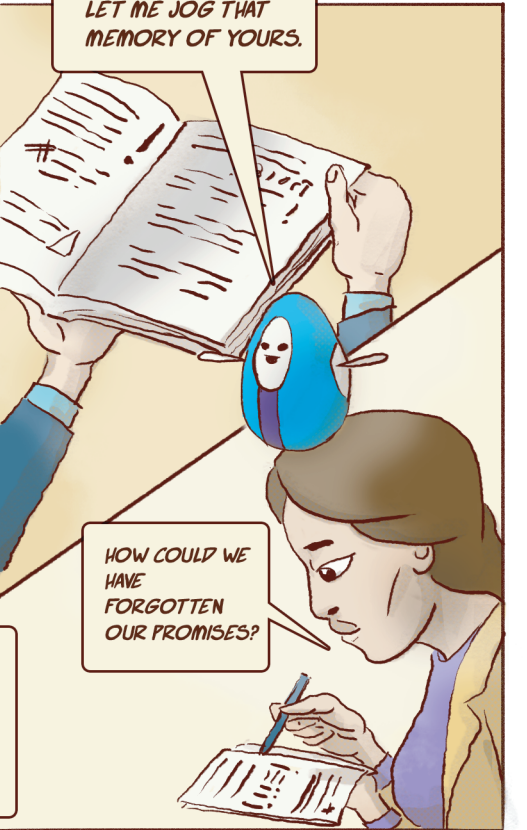


AND WE ARE SEEING AN INCREASING NEED TO INVEST IN FAMILY PLANNING

THIS CAN'T BE RIGHT. I WAS READING THE OTHER DAY THAT WE DON'T HAVE A FUNDING GAP FOR CONTRACEPTIVES.

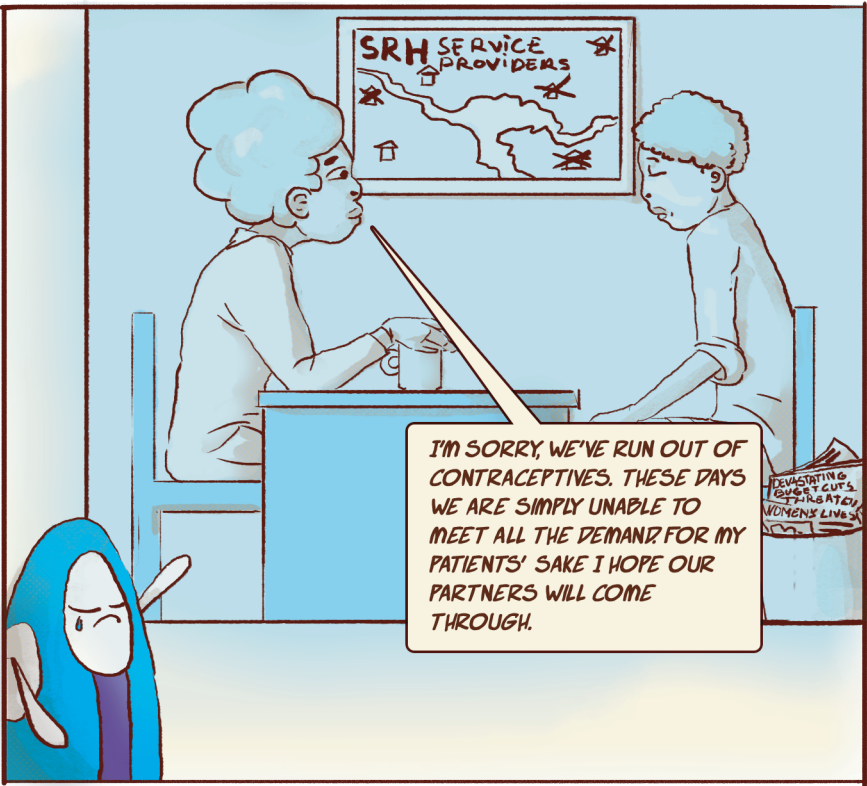
DON'T BELIEVE ALL THE FAKE NEWS OUT THERE.

REPRODUCTIVE FREEDOM SHOULDN'T DEPEND ON WHERE YOU LIVE AND HOW MUCH MONEY YOU HAVE. WOMEN ACROSS THE GLOBE ARE BEING DENIED CONTRACEPTIVE CARE.



LET ME JOG THAT MEMORY OF YOURS.

HOW COULD WE HAVE FORGOTTEN OUR PROMISES?



I'M SORRY, WE'VE RUN OUT OF CONTRACEPTIVES. THESE DAYS WE ARE SIMPLY UNABLE TO MEET ALL THE DEMAND. FOR MY PATIENTS' SAKE I HOPE OUR PARTNERS WILL COME THROUGH.



YOU'RE RIGHT LUCY, THIS IS UNACCEPTABLE.

WE NEED TO STEP UP. LET'S GET BACK TO OUR CALCULATIONS.

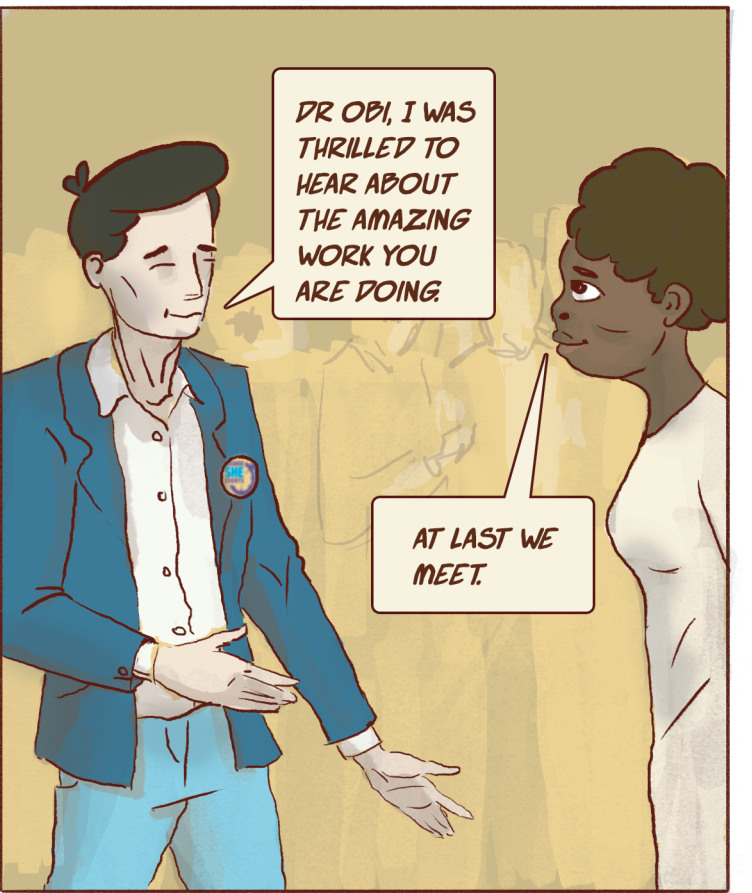


BECAUSE SHE COUNTS

FAMILY PLANNING CONFERENCE, 2019 EDITION

AMAZING PROGRESS HAS BEEN MADE IN ADVANCING WOMEN'S ACCESS TO FP. IT IS THE RIGHT AND SMART THING TO DO. WE ARE REDUCING POVERTY AND DISCRIMINATION, AND ACHIEVING GENDER EQUALITY, WOMEN'S EMPOWERMENT AND SUSTAINABLE DEVELOPMENT.

MONTHS LATER



DR OBI, I WAS THRILLED TO HEAR ABOUT THE AMAZING WORK YOU ARE DOING.

AT LAST WE MEET.