

Roadmap for ending the unmet need for family planning

in Eastern Europe and
Central Asia by 2030



Foreword



Florence Bauer, Director
UNFPA Regional Office
for Eastern Europe and
Central Asia

The production of the *Roadmap for Ending the Unmet Need for Family Planning in Eastern Europe and Central Asia by 2030* is an important step in accelerating progress towards achieving one of the three transformative goals set by UNFPA for the region. It comes at a pivotal time, with less than seven years left for meaningful progress to be made in the Decade of Action, and when there are particular economic and wider threats to stability in the region that could potentially impede gradual improvements in systems, policies, processes and, eventually, people's lives.

In 2019, the Nairobi Summit to mark the 25th anniversary of the International Conference on Population and Development (ICPD) reignited the global commitment to sexual and reproductive health and rights. The Summit reaffirmed the promises made at the landmark 1994 ICPD. We can no longer wait to make rights and choices a reality for all in our region, so it is time to act on our ambition constructively and decisively.

The countries and territories in Eastern Europe and Central Asia have made significant progress in family planning over the past few decades, but a number of serious challenges remain, and progress needs to accelerate. Only 36 per cent of women in Eastern Europe and Central Asia use modern methods of contraception, and there are disparities between and within countries and territories: in some countries and territories, the modern contraceptive prevalence is below 20 per cent; rural women and women with low income, including people fleeing conflicts and violence, have less access to family planning services and commodities.

The purpose of the Roadmap is to facilitate systematic, scaled-up and nationally owned progress in countries and territories in the region to achieve universal access to, and the realization of, sexual and reproductive health and reproductive rights, with rights-based family planning as a key element of this integrated approach.

The approach taken to develop the Roadmap was different from that followed in many other plans. In order to secure the involvement of key decision makers and key informants in countries and territories – and to obtain their views on what should be included in the Roadmap – an extensive consultation with UNFPA offices and national partners from different sectors was undertaken in 2021. Relevant information was retrieved by consulting regional thematic briefs on family planning and reproductive health in the region.

Developed in partnership with the East European Institute for Reproductive Health and with the support of, and in consultation with, all the countries and territories in the region, the *Roadmap for Ending the Unmet Need for Family Planning in Eastern Europe and Central Asia by 2030* employs a people-centred and human rights-based perspective and places importance on the involvement of those organizations and people who will be responsible for delivering interventions to end the unmet need for family planning in the region at the heart of its approach. The views of these people and groups have been extensively canvassed and are included in this regional document, which is in full compliance with, and in many regards was inspired by, the UNFPA Strategy for Family Planning (2023–2030), which broadens our role to capture the full range of fertility and contraceptive policies and services needed to end the unmet need for family planning by 2030.

I am convinced that the bottom-up, and in many ways innovative, approach taken in the development of this Roadmap, with the deliberate involvement of a range of constituencies, people and groups who are critical for ending the unmet need for family planning, will help ensure that the region achieves this fundamental goal.



Florence Bauer, Director

UNFPA Regional Office
for Eastern Europe and
Central Asia

Contents

Foreword	i
List of tables	v
List of figures	vi
Abbreviations and acronyms	viii
Introduction	1
The family planning context in Eastern Europe and Central Asia	3
Low contraceptive use and high unmet need for modern methods	3
Low National Composite Index for Family Planning score	6
Low fertility	8
Concerns about gender equality	10
Limited national funding for family planning	10
Low donor funding for family planning	12
Growing HIV incidence	13
Impact of COVID-19 pandemic on use of family planning	15
Access and quality-of-service issues	16
Principles	18
Universal health coverage	18
Multisectoral cooperation	22
Human rights-based approach	22
Autonomy, choice and gender equality	24
The “leave no one behind” approach	25
Quality of family planning services	27

Integration of family planning into health and non-health programmes	27
Innovative partnerships	28
Accountability for results	28
Family planning in emergency and conflict situations	29
Tailoring the Roadmap to each country or territory context	30
Strategic frameworks	32
The 2030 Agenda, the Sustainable Development Goals and UNFPA's three transformative results	32
The UNFPA Global Family Planning Strategy	35
The UNFPA Strategic Plan 2022–2025	37
The 25 recommended actions for ending the unmet need for family planning by 2030	40
The UNFPA Regional Contraceptive Security Strategic Framework 2017–2021	43
The Eastern Europe and Central Asia regional programme 2022–2025	46
Priorities and needs of the countries and territories of Eastern Europe and Central Asia	47
Importance of reaching the goal of ending the unmet need for family planning by 2030	50
Priorities of the countries and territories of Eastern Europe and Central Asia	53
Needs of the countries and territories of Eastern Europe and Central Asia	58
Operationalization of the Roadmap	61
Bibliography	64
Annex: Country profiles	73

List of tables

Table 1. Breakdown of assessment respondents	48
Table 2. Top 10 priority actions identified by the countries and territories of Eastern Europe and Central Asia	53
Table 3. Priority areas for action identified by the countries and territories of Eastern Europe and Central Asia	54
Table 4. The dynamic programming components and their sustainability elements of the UNFPA Supplies Partnership Sustainability Framework	62

List of figures

Figure 1. Modern contraceptive prevalence rates (mCPR) in Eastern Europe and Central Asia	4
Figure 2. Trends in unmet need for family planning: progress in UNFPA priority countries	5
Figure 3. 2017 NCIFP by region and dimension (unweighted)	7
Figure 4. A comprehensive definition of sexual and reproductive health and rights	18
Figure 5. The gender-plus approach: UNFPA's global core furthest-behind factors	26
Figure 6. Number of respondents, by country or territory	47
Figure 7. Breakdown of respondents by constituency	49
Figure 8. Overall assessment of the importance of ending the unmet need for family planning by 2030	50
Figure 9. Assessment of the importance of ending the unmet need for family planning by 2030, by countries and territories in Eastern Europe and Central Asia	51
Figure 10. Assessment of the level of importance of ending the unmet need for family planning by 2030, by clusters of countries and territories in Eastern Europe and Central Asia	52
Figure 11. Assessment of the importance of ending the unmet need for family planning by 2030, by respondent constituencies	52
Figure 12. Overall expected level of involvement of respondents' institutions in ending the unmet need for family planning by 2030 in their respective country or territory	54
Figure 13. Expected level of involvement of respondents' institutions in ending the unmet need for family planning, by countries and territories in Eastern Europe and Central Asia	55
Figure 14. Level of involvement of respondents' institutions in ending the unmet need for family planning, by clusters of countries and territories in Eastern Europe and Central Asia	56
Figure 15. Expected level of involvement of respondents' institutions in ending the unmet need for family planning, by respondent groups	57
Figure 16. Conceptual framework for the distribution of needs for action in Eastern Europe and Central Asia in relation to the 25 recommended actions to end the unmet need for family planning by 2030	58

Figure 17. Distribution of the needs expressed by the countries and territories of Eastern Europe and Central Asia	59
Figure 18. The most important needs in Eastern Europe and Central Asia, by country or territory	59
Figure 19. The most important needs of the countries and territories of Eastern Europe and Central Asia, by clusters of countries and territories	60
Figure 20. The UNFPA Sustainability Framework programming components	61

Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
CSSF	Contraceptive Security Strategic Framework
FP	family planning
GBV	gender-based violence
HIV	human immunodeficiency virus
HPV	human papillomavirus
ICPD	International Conference on Population and Development
LNOB	leave no one behind
mCPR	modern contraceptive prevalence rate
NCIFP	National Composite Index for Family Planning
PPTT	Prioritization and Progress Tracking Tool
SDG	United Nations Sustainable Development Goal
SRAT	Sustainability Readiness Assessment Tool
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
WHO	World Health Organization

Introduction

The purpose of the *Roadmap for Ending the Unmet Need for Family Planning in Eastern Europe and Central Asia by 2030* is to facilitate systematic, scaled-up and nationally owned progress in countries and territories* in the region in order to achieve universal access to, and the realization of, sexual and reproductive health and reproductive rights, with rights-based family planning as a key element of this integrated approach.

The Roadmap is intended to guide countries and territories in Eastern Europe and Central Asia in developing and implementing evidence-informed and impact-oriented family planning (FP) policies and programmes that are tailored to the specific country or territory context and circumstances. This in turn will help accelerate progress towards ending the unmet need for family planning by 2030 – one of three transformative results in the Strategic Plan at the heart of UNFPA's mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.¹

In order to secure the involvement of key decision makers and key informants in countries and territories and to obtain their views on what should be included in the Roadmap, an extensive consultation with UNFPA offices and national partners from different sectors was undertaken in 2021. Information was retrieved by consulting regional thematic briefs on family planning and reproductive health commodity security in Eastern Europe and Central Asia,² including country prioritization briefs (unpublished) prepared by Avenir Health for the UNFPA Consultation on Ending Unmet Need for Family Planning, held in Antalya, Türkiye, in 2019, and the World Health Organization's country infographic snapshots on sexual and reproductive health and rights.³

A basic principle of the approach taken in the Roadmap is that national stakeholders in the countries and territories of Eastern Europe and Central Asia will decide how to implement the Roadmap in a way that is appropriate to their circumstances, and UNFPA offices at different levels (country, regional, global) will assist with this. The Roadmap will take account of the circumstances of each country and territory, including national FP policies and programmes, and their particular needs and priorities as well as local expertise and good practices.

* All references to Kosovo in this document shall be understood to be in the context of UNSCR 1244 (1999).

1. United Nations Population Fund (UNFPA), *Expanding Choices, Ensuring Rights in a Diverse and Changing World: UNFPA Strategy for Family Planning 2022–2030* (New York, 2022).
2. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia: Thematic Briefs on Family Planning and Reproductive Health Commodity Security* (Istanbul, 2022).
3. World Health Organization (WHO), *Sexual and reproductive health and rights: infographic snapshot*. Available at <https://www.who.int/publications/i/item/WHO-SRH-21.21> (accessed on 30 July 2023).

The Roadmap is also designed to assist UNFPA offices in their mission to support governments, community-based organizations, the private sector and other reproductive health constituencies, particularly women's organizations, within countries and territories to end the unmet need for family planning. UNFPA in Eastern Europe and Central Asia has a crucial role to play in bringing together all relevant stakeholders and uniting them for the attainment of UNFPA's transformative result of ending the unmet need for family planning.⁴ It is expected that UNFPA, at both the regional and country or territory levels, will navigate in specific contexts, galvanize change and mobilize new partnerships with other UN agencies, donors and other technical partners to take actions that help end the unmet need for family planning.



Photo: UNFPA Azerbaijan

4. Executive Board of the United Nations Development Programme, UNFPA and the United Nations Office for Project Services, "The UNFPA strategic plan, 2022-2025", 14 July 2021, DP/FPA/2021/8.

The family planning context in Eastern Europe and Central Asia

Despite the significant progress made in countries and territories in Eastern Europe and Central Asia since the ICPD in 1994, universal access to sexual and reproductive health and rights (SRHR) remains a challenge. In most countries and territories, maternal and child health has been prioritized as the main, and often only, sexual and reproductive health programme covered in reforms relating to universal health coverage (UHC). Vertical programmes – for example, for HIV and AIDS – served the purpose of an immediate response, but have been less efficient in addressing other SRHR areas. As a result, access to integrated sexual and reproductive health (SRH) services at the primary health-care level is limited and out-of-pocket spending on SRHR remains high.⁵ In 2019, only 6 out of 17 countries and territories in the UNFPA Eastern Europe and Central Asia region (Albania, Georgia, North Macedonia, the Republic of Moldova, Serbia, Tajikistan) had developed national SRHR action plans.⁶

An annex of country profiles includes key UN data from 2022 model-based estimates and projections of family planning indicators.⁷

Low contraceptive use and high unmet need for modern methods

Countries and territories in the Eastern Europe and Central Asia region have some of the world's lowest rates of utilization of modern contraceptives. This is particularly true in South-Eastern Europe and the South Caucasus. Across the region, only just over a third (36 per cent) of all women of reproductive age currently use modern contraceptives. This is well below the average across the world of just under half (45 per cent) of women of reproductive age. In the Western Balkans and the Caucasus, the percentages are even lower (19 per cent and 20 per cent, respectively) and similar to the level of the world's least developed countries and territories (28 per cent).⁸ Recent surveys suggest a stagnation or even decline in modern contraceptive prevalence rates in some countries and territories in the region.⁹ On the other hand, Belarus, Kazakhstan, the Republic of Moldova, Ukraine and Uzbekistan have higher modern contraception utilization rates, at around 50 per cent of women of reproductive age.¹⁰

5. UNFPA, *Sexual and reproductive health and rights: an essential element of universal health coverage – background document for the Nairobi summit on ICPD25 – accelerating the promise* (New York, 2019), p. 24.

6. Ibid, p. 25.

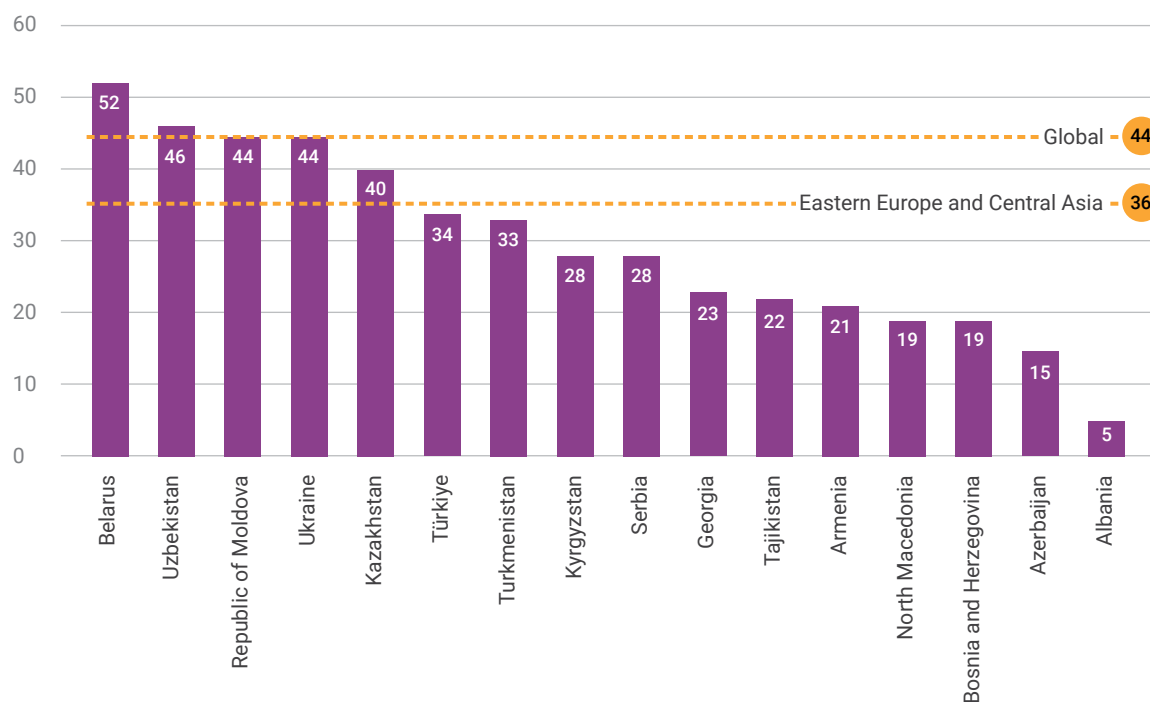
7. United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2022: Summary of Results* (New York, 2022); United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 18 November 2023).

8. United Nations, Department of Economic and Social Affairs, Population Division, *World family planning 2020 highlights: accelerating action to ensure universal access to family planning* (United Nations publication, 2020).

9. UNFPA Regional Office for Eastern Europe and Central Asia, *Family planning: facts and trends in Eastern Europe and Central Asia* (Istanbul, 2019), p. 3.

10. UNFPA Regional Office for Eastern Europe and Central Asia and WHO Regional Office for Europe, *The State of the Midwifery Workforce in Eastern Europe and Central Asia* (Istanbul, 2022).

Figure 1. Modern contraceptive prevalence rates (mCPR) in Eastern Europe and Central Asia



Source: UNFPA Regional Office for Eastern Europe and Central Asia and World Health Organization (WHO) Regional Office for Europe, *The State of the Midwifery Workforce in Eastern Europe and Central Asia* (Istanbul, 2022).

In many countries and territories in the region, a large proportion of women use traditional methods to try to avoid pregnancy. This is associated with the fact that a lower proportion of the demand for contraception is being satisfied by modern methods compared with other regions of the world. In marked contrast to countries in almost all other regions over the past 10 years or so, the rates of unmet need for family planning have plateaued at moderately high levels.¹¹ In six countries or territories in Eastern Europe and Central Asia (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, North Macedonia and Serbia), the unmet need¹² for modern contraception is over 40 per cent; in Albania, it is over 50 per cent.¹³ This is exceptional, and in very few other countries around the world has there been an increase in the unmet need for family planning. The situation in several countries in

11. United Nations Economic Commission for Europe (UNECE), *Towards Achieving the Sustainable Development Goals in the UNECE Region: A Statistical Portrait of Progress and Challenges* (Geneva, 2020).

12. According to WHO, "Women with an unmet need for family planning are those who are fecund and sexually active but are not using any method of contraception and who say they do not want any more children or want to delay their next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour." See WHO, The Global Health Observatory, "Unmet need for family planning (%)".

"According to the standard definition of unmet need for family planning, women who are using a traditional method of contraception are not considered to have an unmet need for family planning. Because traditional methods can be considerably less effective than modern methods, additional analyses may be conducted to distinguish between women relying on traditional and modern methods in order to determine the unmet need for modern contraception." See United Nations, Department of Economic and Social Affairs, Population Division, "Unmet need for family planning", 2014. Available at https://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2014/Metadata/WCU2014_UNMET_NEED_metadata.pdf (accessed on 27 November 2023).

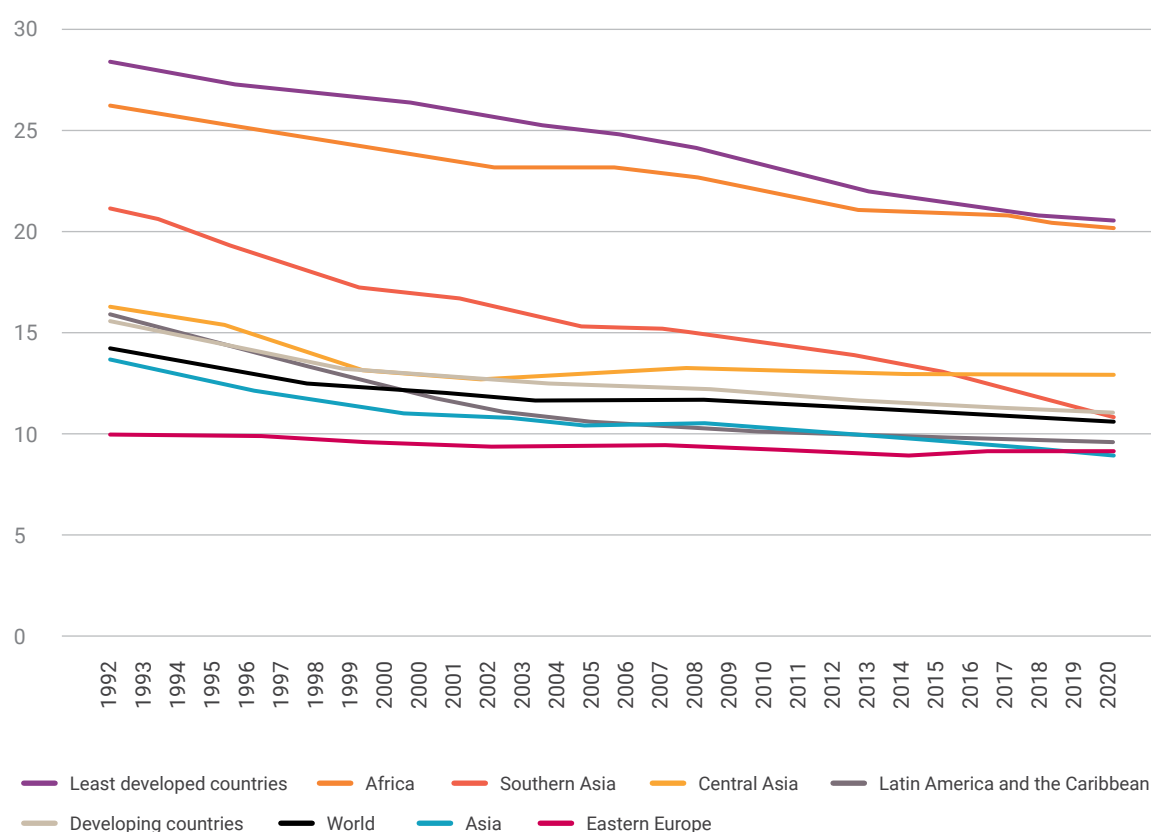
13. UNFPA Regional Office for Eastern Europe and Central Asia, *Family planning: facts & trends in Eastern Europe & Central Asia* (Istanbul, 2019).

Central Asia is of particular concern because it is the only region in the world where the unmet need for family planning actually increased in the second part of the last decade and the use of traditional methods also increased.

Not only are there marked differences in modern contraceptive use among different countries and territories in the region; there is also significant variation in contraceptive use within countries and territories.¹⁴ Couples living in rural and less accessible places usually have far lower rates of utilization of modern contraception than those in urban areas.¹⁵

Poor counselling, limited objective information materials and a lack of choice among different modern contraceptives¹⁶ add to the main reasons for low use (high cost and unreliable supply) and prevent people from using modern contraceptives.

Figure 2. Trends in unmet need for family planning: progress in UNFPA priority countries



Source: United Nations, Department of Economic and Social Affairs, Population Division, *Estimates and Projections of Family Planning Indicators 2020* (New York, 2020).

14. International Planned Parenthood Federation (IPPF) European Network, *Access to modern contraceptive choice in Eastern Europe and Central Asia* (Brussels, 2016); Centers for Disease Control and Prevention and ORC Macro, *Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report* (Atlanta, Georgia, Centers for Disease Control and Prevention, 2003).

15. UNFPA Regional Office for Eastern Europe and Central Asia, *The right to decide: family planning in Eastern Europe and Central Asia* (Istanbul, 2012).

16. Diana Greene Foster, "Unmet need for abortion and woman-centered contraceptive care", *The Lancet*, vol. 388, No. 10041 (July 2016), pp. 216–217; IPPF and UNFPA Regional Office for Eastern Europe and Central Asia, *Key factors influencing contraceptive use in Eastern Europe and Central Asia: findings from a qualitative study conducted in Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Kazakhstan, the Republic of Macedonia and Serbia – recommendations for improving access to modern contraception in the region* (Brussels, 2012).

The number of unintended pregnancies across the region is high, especially among adolescents and socially marginalized population groups. Adolescent birth rates vary from as low as 10 births per 1,000 adolescent girls aged 15 to 19 in Bosnia and Herzegovina to as high as 42 in Azerbaijan and Tajikistan, with the average for the entire region being 19, which is significantly higher than in Western Europe.¹⁷ The overall toll of unintended pregnancies includes billions of dollars in related health-care costs and persistently high rates of unsafe abortion and related maternal deaths.¹⁸

Low National Composite Index for Family Planning score

In several countries and territories in Eastern Europe and Central Asia, family planning is not prioritized by governments for a complex set of reasons, including the fact that fertility is below the replacement rate and because of poor recognition of the fact that contraceptives are often unaffordable for some segments of the population.¹⁹ Out-of-pocket spending on contraceptives is considerable and is a major issue among the majority of women of reproductive age in the countries and territories of Eastern Europe and Central Asia.²⁰

The National Composite Index for Family Planning (NCIFP) is a tool that helps capture the enabling environment in which family planning programmes are implemented by examining the levels and types of effort for a range of FP programmatic indicators. The latest NCIFP report indicated that, compared with other regions, Eastern Europe and Central Asia consistently scored the lowest in all five dimensions regarding crucial aspects of effective family planning programmes (strategy, data, quality, equity, accountability) for the period 2014–2017.²¹ This suggests that access barriers for all women of reproductive age and special subgroups (youth, unmarried women, individuals with a low wealth status, HIV-positive individuals and post-abortion clients) to FP services and commodities have increased in recent years.

17. UNFPA, *State of World Population 2023: 8 Billion Lives, Infinite Possibilities – The Case for Rights and Choices* (New York, 2023); UNFPA Regional Office for Eastern Europe and Central Asia, *Adolescent pregnancy in Eastern Europe and Central Asia* (Istanbul, 2014).

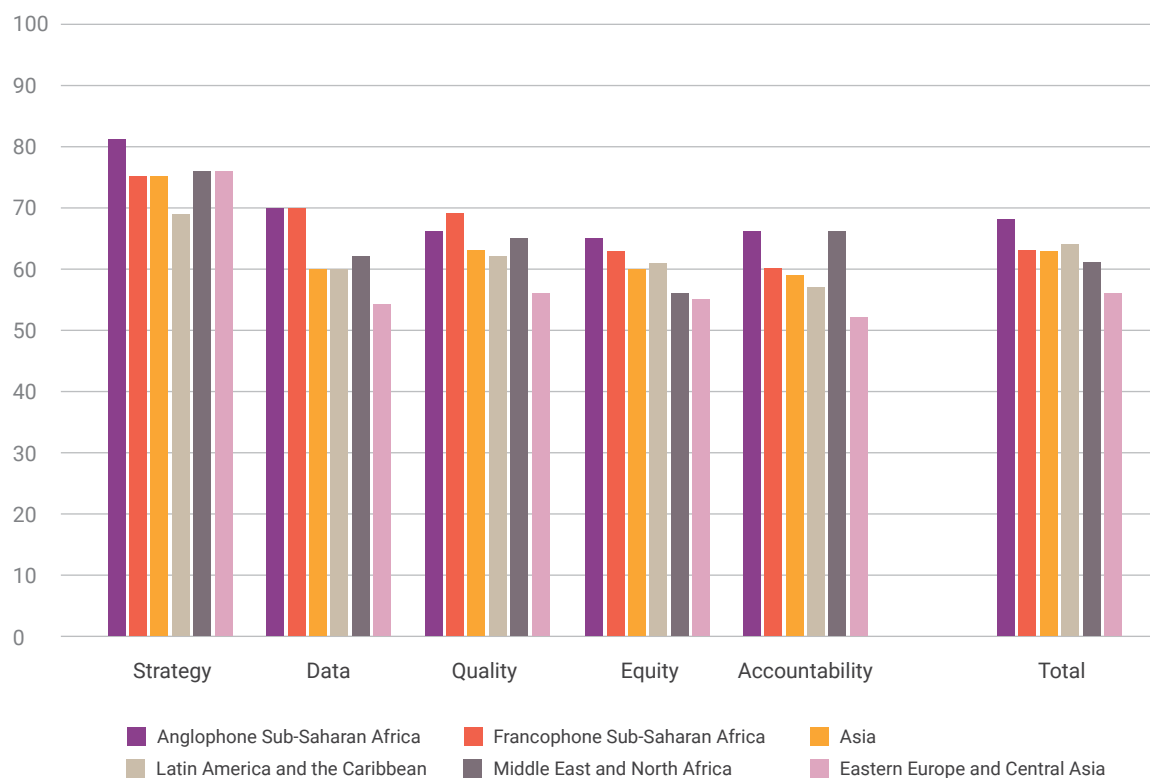
18. UNFPA, *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy* (New York, 2022).

19. Market segmentation or willingness-to-pay studies have been carried out in North Macedonia, the Republic of Moldova, Serbia, Ukraine and Kosovo. Reports on these studies are available from the UNFPA Regional Office for Eastern Europe and Central Asia or the respective UNFPA Country Offices. Also see Kristien Michielsens, Linda Campbell and Fiorella Farje De la Torre, *The Impact of COVID-19 on Sexual and Reproductive Health in Eastern Europe and Central Asia* (Ghent, Academic Network for Sexual and Reproductive Health and Rights Policy and UNFPA Regional Office for Eastern Europe and Central Asia, 2022).

20. Maureen Lewis, *Who is paying for health care in Eastern Europe and Central Asia?* (Washington, DC, World Bank, 2000); Statista, "Share of out-of-pocket (OOP) payments in health expenditure in Eastern Europe and Central Asia in 2018, by selected country". Available at <https://www.statista.com/statistics/1169575/oop-payments-in-health-spending-eastern-europe-and-central-asia-by-country/> (accessed on 30 July 2023); Teresa Janevic and others, "Individual and community level socioeconomic inequalities in contraceptive use in 10 Newly Independent States: a multilevel cross-sectional analysis", *International Journal for Equity in Health*, vol. 11, No. 69 (2012).

21. Rebecca Rosenberg, *The National Composite Index for Family Planning (NCIFP): 2017 Global Report* (Glastonbury, Connecticut, Avenir Health, 2020). Available at https://www.track20.org/download/pdf/NCIFP/NCIFP_2017_Global_Report_FINAL.pdf (accessed on 18 November 2023).

Figure 3. 2017 NCIFP by region and dimension (unweighted)



Source: Rebecca Rosenberg, *The National Composite Index for Family Planning (NCIFP): 2017 Global Report* (Glastonbury, Connecticut, Avenir Health, 2020).

The latest NCIFP report also indicated that Eastern Europe and Central Asia was the only region in the world that demonstrated a median point decrease of two points (from 58 in 2014 to 56 in 2017) in its equity score, while the equity dimension saw the smallest increase in 2014–2017 globally.²²

To determine the score for the equity dimension, the following items were rated in the NCIFP report:

- whether there were policies in place to prevent discrimination against special subgroups
- the extent to which service providers discriminate against special subgroups
- the extent to which areas of countries and territories are not easily serviced by clinics or the extent to which other service points are covered by community-based distribution programmes for the distribution of contraceptives (especially rural areas)
- the extent to which the entire population has ready access to long-acting or permanent methods of contraception
- the extent to which the entire population has ready access to short-term methods of contraception²³

22. Ibid.

23. Ibid.

UNFPA has played a leading role in ensuring access to FP services and commodities in the countries and territories of Eastern Europe and Central Asia. Currently, UNFPA's mode of engagement in middle-income countries is mostly policy advocacy with an emphasis on accountability – the dimension where the region demonstrated sufficient progress. The equity dimension, where a negative trend was observed in the countries and territories of Eastern Europe and Central Asia in 2014–2017,²⁴ depends more on the extent to which UNFPA offices can support service delivery and capacity-building, which are key to sustaining any progress and eventually getting to zero unmet need.

Low fertility

Since the International Conference on Population and Development held in Cairo in 1994, the world has undergone major changes in its demographic landscape. While countries at the time of the conference had an overriding concern about relatively high fertility rates and population growth, a growing number of countries today are facing low and falling fertility rates and slow or no population growth. Already more than half the world's population lives in countries that have fertility rates below the replacement level of 2.1 children per woman, and a large and growing share of the world's population lives in countries that have very low and falling fertility rates, below 1.6 children per woman.²⁵

Fertility rates in countries and territories in the region can be divided into two groups: Eastern Europe, where fertility is low, with a total fertility rate of about 1.6 (ranging from 1.3 to 2.1), and Central Asia, where the total fertility rate is around 2.9 (ranging from 2.5 to 3.1).²⁶

Across the entire region of Eastern Europe and Central Asia, fertility has steadily declined over the past several decades.²⁷ As in most European countries, fertility in the countries and territories of Eastern Europe is now below the level required for full replacement of the population in the long run. It is projected that the population in several countries and territories will contract by about 15 per cent by 2050. In Central Asia, the population is projected to increase slightly over the next 10 or so years, although, as substantial emigration is anticipated to continue, the projected increase is less than would be expected in light of the fertility rates.²⁸

For concerns about low and falling fertility levels and about an acceleration of population ageing, or even a decline in absolute population numbers, some countries have begun to implement pronatalist policies. Such policies have resulted in pushback against the further implementation of the Programme of Action agreed at the Cairo Conference, and have begun to undermine fundamental human rights and freedoms. For instance, some countries are less ambitious about ensuring universal and unrestricted access to family planning, some are taking sexuality education out of school

24. Ibid.

25. Tomáš Sobotka, Anna Matysiak and Zuzanna Brzozowska, "Policy responses to low fertility: how effective are they?" Working Paper No. 1, Technical Division Working Paper Series, Population & Development Branch (New York, UNFPA, 2019).

26. UNFPA, *State of World Population 2023*.

27. Sobotka, Matysiak and Brzozowska, "Policy responses to low fertility"; Wolfgang Lutz, *Emerging population issues in Eastern Europe and Central Asia: research gaps on demographic trends, human capital and climate change* (Istanbul, UNFPA Regional Office for Eastern Europe and Central Asia, 2010).

28. Baochang Gu, "Family planning program under low fertility: where to go", *China Population and Development Studies*, vol. 5 (2021).

curricula, some are pursuing unprecedented actions to outlaw abortions, and some are putting undue pressure on women to constrain themselves to what is seen as traditional gender roles and family life.²⁹

Low fertility also naturally suggests that the childbearing period is decreasing and the contraceptive period is increasing during one's childbearing age.³⁰ In some instances, this transition is accompanied by excess use of traditional methods of contraception and abortions.³¹

Official figures for induced abortion (termination of pregnancy) are notoriously inaccurate,³² with many, if not most, believed to go unregistered. Despite an apparent significant fall in abortion rates, anecdotal evidence indicates that abortion continues to be a frequently used method of fertility regulation.³³ This is particularly the situation given that abortion medication can be easily purchased over the counter in many countries and territories.

Without prejudging pronatalist policies as such, sexual and reproductive health and rights should not be contingent on the fertility context of the respective country or territory. It is important to understand the factors that cause women and men to have fewer or more children than they want to have in order to develop policies and programmes that support women and men in achieving their fertility preferences.



Photo: UNFPA Kazakhstan/Nikolay Sudakov

29. Sobotka, Matysiak and Brzozowska, "Policy responses to low fertility"; Council of Europe, Commissioner for Human Rights, *Women's Sexual and Reproductive Health and Rights in Europe*, Issue Paper (2017).

30. Gu, "Family planning program under low fertility: where to go".

31. UNFPA Regional Office for Eastern Europe and Central Asia, *Family planning: facts & trends in Eastern Europe & Central Asia*.

32. Charles F. Westoff, "A new approach to estimating abortion rates", DHS Analytical Studies, No. 13 (Calverton, Maryland, Macro International Inc., 2008).

33. Guttmacher Institute, "Abortion rates declined significantly in developed countries but remained unchanged in developing countries", May 2016; Gilda Sedgh and others, "Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends", *The Lancet*, vol. 388, No. 10041 (July 2016).

Concerns about gender equality

Although the countries and territories of Eastern Europe and Central Asia have been trying to achieve gender equality for a long time, the political, economic and social transformations of the past 30 years have affected each country and territory in different ways.³⁴ In general, however, gender stereotypes are still prevalent in the region, where social norms often reinforce a power structure in which men are seen as breadwinners and women mainly as caretakers.

Achieving true gender equality remains a major challenge in Eastern Europe and Central Asia, even though legal protections in the region are generally strong and women are relatively well-represented in secondary education and the workforce.³⁵ It becomes even more of a challenge to achieve gender equality if compounded with vulnerabilities and discrimination perpetuated by the COVID-19 pandemic and humanitarian emergencies. Violence against women and girls remains persistent, as do inadequate and discriminatory responses to sexual violence, which puts women at higher risk of numerous sexual and reproductive health problems. Harmful traditional practices such as gender-biased sex selection, “honour” killings, bride kidnapping, and child and forced marriage also persist in various parts of the region. In addition, women and female-headed households tend to experience higher levels of poverty. To tackle these issues, the root causes of gender inequality need to be identified and addressed.³⁶

According to the World Bank, there remains a huge gap in labour force participation rates in the region: 66 per cent for men, compared with 51 per cent for women. A number of factors are keeping women out of the workforce, including “a lack of affordable and quality childcare, the double burden of domestic and professional work, access to safe transport, and pressure to conform to gender roles”.³⁷

Barriers to female leadership also persist that prevent women from advancing into senior positions. Gender attitudes affect access to, and choice of, family planning measures.³⁸

Limited national funding for family planning

Most governments of countries and territories in Eastern Europe and Central Asia provide very limited funding for family planning. Capacities for procurement of contraceptives are inadequate, including skills in product quantification and forecasting, contract administration and tracking of supplies.³⁹

Opposition to family planning has been on the rise in some countries and territories in the region, especially where fertility is close to or even below replacement level. Ageing, conflicts and the

34. World Bank, “Gender equality in Europe and Central Asia”. Available at <https://www.worldbank.org/en/region/eca/brief/gender> (accessed on 7 August 2023).

35. UNFPA Regional Office for Eastern Europe and Central Asia, *Focusing on gender equality and women's empowerment in Eastern Europe and Central Asia* (Istanbul, 2015).

36. Ibid.

37. World Bank, “Gender equality in Europe and Central Asia”.

38. UNFPA Regional Office for Eastern Europe and Central Asia, *Focusing on gender equality and women's empowerment in Eastern Europe and Central Asia*; Florence Bauer, “It's time to tear down the barriers preventing women and men from having careers, and the number of children, they want”, UNFPA Regional Office for Eastern Europe and Central Asia, 22 September 2022.

39. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*.

outmigration of young people in search of better prospects further aggravate this. In several countries and territories, there has been a backlash against the highlighting of gender issues, with civil society organizations and women's human rights groups being subjected to hostility.⁴⁰

Access to contraceptive commodities is a crucial milestone on the path to achieving the 2030 Agenda for Sustainable Development.⁴¹ In 2016, only seven countries and territories in the region provided partial state support for the provision of contraceptives; in the other 10, individuals generally had to buy contraceptives from commercial outlets.⁴² Although countries and territories in the region saw improvements in domestic family planning budgets in 2019 as compared with 2016, 7 out of 17 reported poor or very poor national financing for family planning services and commodities.⁴³ Family planning commodities are often not covered by national health insurance schemes or other national pooled funding arrangements for health care. Between 20 and 60 per cent of the health budget in low- and middle-income countries is spent on medicines but frequently does not include contraception.⁴⁴ In low- and middle-income countries, up to 80 to 90 per cent of medicines are purchased out of pocket as opposed to being paid for by the government or a health insurance scheme.⁴⁵

An approach supported by UNFPA in several Eastern European and Central Asian countries and territories is to use market segmentation and willingness-to-pay studies⁴⁶ to identify groups within populations that can and cannot afford to purchase contraceptives commercially. Market segmentation is the process of dividing a broad consumer market (in this instance women of reproductive age) consisting of existing and potential customers into subgroups of consumers based on the ability to pay for contraceptives. The studies undertaken in a limited number of countries and territories have specifically identified groups of women who cannot afford to buy contraceptives and who are the highest priority for the provision of subsidized or free contraceptives, such as people from the lowest income quintiles, the unemployed, those receiving social assistance and students.

Countries and territories in Eastern Europe and Central Asia will not be able to achieve an end to their unmet need for family planning without building supply chains that get essential commodities to the people that need them.⁴⁷ And yet many countries and territories in Eastern Europe and Central Asia have experienced challenges owing to inadequate supply systems (estimating requirements, ordering procedures and distribution systems), with frequent stockouts and wastage because of poorly functioning national supply chains, particularly due to a lack of effective logistics management

40. UNFPA Evaluation Office, *Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence, and Harmful Practices 2012-2017: Eastern Europe and Central Asia Regional Case Study* (New York, 2017); Council of Europe, Commissioner for Human Rights, *Women's Sexual and Reproductive Health and Rights in Europe*.

41. Family Planning 2030 (FP2030), "FP2030 commitments toolkit", 1 November 2021.

42. UNFPA Regional Office for Eastern Europe and Central Asia, *Advancing contraceptive choices and supplies for universal access to family planning: Regional Contraceptive Security Strategic Framework, 2017-2021* (Istanbul, 2016).

43. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*, p. 52.

44. WHO, *Access to medicines: making market forces serve the poor* (Geneva, 2017), p. 15.

45. UNICEF Supply Division and WHO Regional Office for Europe, "Medicines Procurement Practitioners Exchange Forum Report", 2018.

46. Market segmentation or willingness-to-pay studies have been carried out in North Macedonia, the Republic of Moldova, Serbia, Ukraine and Kosovo. Reports on these studies are available from the UNFPA Regional Office for Eastern Europe and Central Asia or the respective UNFPA Country Offices.

47. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*.

information systems.⁴⁸ Fifteen countries or territories in Eastern Europe and Central Asia made commitments related to family planning at the Nairobi Summit in 2019, and for these commitments to be realized they have to invest not only in the procurement of family planning supplies but also in their health supply chains.

The Government of Kyrgyzstan has committed to ensuring that 100 per cent of the population of reproductive age in the country has access to at least three modern contraceptive methods. Tajikistan has committed to ensuring the allocation of funds from the state budget for the procurement of modern contraceptives, with an annual increase depending on the budget allocated for the health sector. Uzbekistan has committed to improving the quality of sexual and reproductive health services provided for mothers by using modern, evidence-based technologies.⁴⁹ In addition, countries and territories including Georgia and Ukraine have made progress historically by improving service provision, strengthening their supply chains and diversifying their markets, which have resulted in higher contraceptive prevalence rates.⁵⁰

In an effort to strengthen supply chains, in the autumn of 2020, two countries in the Eastern Europe and Central Asia region – Kyrgyzstan and Uzbekistan – completed a high-level consensus-building and assessment exercise to assess and strengthen the resilience of their respective health-care supply chains in the context of the challenges faced during the COVID-19 pandemic.⁵¹

Low donor funding for family planning

Donor funding for family planning has increased globally over the past decade, but donor allocations plateaued in 2020 and 2021.⁵² At the same time, donor funding for FP programmes in the region of Eastern Europe and Central Asia has been minimal and is progressively decreasing.⁵³ This is happening partly because several countries and territories have graduated economically to upper-middle-income status, which presents fewer opportunities for them to obtain donor funding.

Most countries and territories in Eastern Europe and Central Asia are classified as being upper-middle-income economies, with only Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan classified as lower-middle-income economies.⁵⁴ The only countries in the region fully participating in UNFPA's Supplies Partnership are Kyrgyzstan and Tajikistan, and only Kyrgyzstan is formally committed to the Family Planning 2030 (FP2030) Initiative,⁵⁵ with the support of UNFPA.

48. UNFPA Regional Office for Eastern Europe and Central Asia and John Snow, Inc. (JSI), *Strong supply chains – a key investment for choice, health and human rights: what governments in Eastern Europe and Central Asia can do to ensure a steady supply of health commodities for universal health coverage* (Istanbul, 2022).

49. Ibid, p. 5.

50. Ibid.

51. UNFPA Regional Office for Eastern Europe and Central Asia and JSI, *Strong supply chains*, p. 8.

52. Adam Wexler, Jen Kates and Eric Lief, *Donor government funding for family planning in 2020* (San Francisco, California, KFF, 2021). Available at <https://files.kff.org/attachment/Report-Donor-Government-Funding-for-Family-Planning-in-2020.pdf> (accessed on 7 August 2023).

53. United States Agency for International Development (USAID), *An assessment of USAID reproductive health and family planning activities in the Eastern Europe and Eurasian region* (2005); Family Planning 2030, *Measurement report 2022: brief*.

54. See the World Bank classification for 2022, where low-income economies are classified as those with gross national income per capita of US\$1,035 or less; lower-middle-income economies, \$1,036–\$4,045; upper-middle-income economies, \$4,046–\$12,535. Available at https://training.iarc.who.int/wp-content/uploads/2022/11/2023_World-Bank-Country-Classification_until-July-2023.xlsx (accessed on 6 December 2023).

55. For more on the FP2030 initiative, see <https://www.fp2030.org/>.

The UNFPA Supplies Partnership – a thematic UNFPA fund that expands access to high-quality contraceptives and maternal health medicines – has criteria to identify countries and territories that are eligible for inclusion.⁵⁶ The main criteria are transparent and objectively verifiable: gross national income per capita, contraceptive prevalence rate and maternal mortality ratio. The latter two criteria are combined into an index that prioritizes the poorest countries and territories. A consequence of the application of this index is that most countries and territories in Eastern Europe and Central Asia are not eligible for direct funding for the provision of family planning commodities from UNFPA's Supplies Partnership. However, Kyrgyzstan and Tajikistan have joined Phase III of the UNFPA Supplies Partnership (2021–2030) and are eligible to obtain support for certain Partnership activities, including expanding access to new and lesser-used contraceptive methods.

As countries and territories transition from donor dependence to self-sustainability, smaller countries and territories will face the challenges of a fragmented market and the complexities of contract management, which could further threaten the supply security of low-demand products. Harmonized supply chains in pooled procurement mechanisms or registration are viable mitigation measures that could be crucial in overcoming these access barriers.

Growing HIV incidence

The HIV epidemic in Eastern Europe and Central Asia has grown by 30 per cent since 2010, reflecting insufficient political commitment and domestic investment in national AIDS responses across much of the region.⁵⁷ Eastern Europe and Central Asia is the only region in the world with annual growth in the number of HIV infections,⁵⁸ with a staggering 72 per cent increase in new infections since 2010.⁵⁹ During the last decade, the HIV epidemic in the region has shifted from being driven by injecting drug use to sexual transmission, which accounts for almost 70 per cent of all new infections.⁶⁰ Ninety-nine per cent of all new HIV infections in Eastern Europe and Central Asia are registered among key populations and their sexual partners.⁶¹

Insufficient access to sterile injecting equipment and the unavailability of opioid substitution therapy have historically limited efforts to prevent HIV infections among people who inject drugs. Armed conflicts have disrupted the provision of testing, prevention and treatment services in several areas of the region.⁶²

According to UNAIDS, key populations in the region face “a broadly threatening environment” – for example, approximately one fifth of people living with HIV in both Kazakhstan and Kyrgyzstan have

56. UNFPA, *Welcome to the UNFPA Supplies Partnership 2021–2030: uniting for transformative action in family planning and mental health* (New York, 2020).

57. UNAIDS, “Global HIV & AIDS statistics – fact sheet”, 2021. Available at <https://www.unaids.org/en/resources/fact-sheet> (accessed on 7 August 2023).

58. Sophie Cousins, “Fighting the HIV epidemic in Eastern Europe and Central Asia”, *The Lancet Child and Adolescent Health*, vol. 3, No. 8 (August 2019), pp. 522–523.

59. UNAIDS, *Global AIDS Monitoring 2020: Indicators for Monitoring the 2016 Political Declaration on Ending AIDS* (Geneva, 2019).

60. Ibid.

61. Ibid.

62. UNAIDS, *Miles to go: the response to HIV in Eastern Europe and Central Asia* (Geneva, 2019).

reported being denied health services. Moreover, health-care workers in some countries commonly disclose patients' HIV status without their consent.⁶³

Although HIV testing continues to increase overall in Eastern Europe and Central Asia, testing among key populations – drug users, men who have sex with men and individuals with sexually transmitted infections – decreased from 4.5 per cent of all annual tests conducted in 2010 to 3.2 per cent in 2016. Another challenge to combating the spread of HIV in the region is late diagnosis.⁶⁴

An assessment of barriers preventing people from marginalized communities from accessing comprehensive family planning services and commodities in UNFPA's Eastern Europe and Central Asia region showed that women living with HIV reported the most affordability barriers (61.1 per cent) and psychosocial accessibility barriers (38 per cent). Affordability barriers were reported as most prominent in Kyrgyzstan, the Republic of Moldova and Tajikistan.⁶⁵ In addition, the stigma and discrimination associated with HIV are also barriers to accessing family planning services.⁶⁶



Photo: UNFPA North Macedonia/Tomislav Georgiev

63. Ibid, p. 5.

64. Ibid, p. 7.

65. Michielsen, Campbell and Farje De la Torre, *The Impact of COVID-19 on Sexual and Reproductive Health in Eastern Europe and Central Asia*.

66. Tallulah Grant-Maidment, Katharina Kranzer and Rashida A. Ferrand, "The effect of integration of family planning into HIV services on contraceptive use among women accessing HIV services in low and middle-income countries: a systematic review", *Frontiers in Global Women's Health*, vol. 3 (2022).

Impact of COVID-19 pandemic on use of family planning

UNFPA has noted that the COVID-19 pandemic constitutes the largest global public health crisis in a century⁶⁷ and a major threat for the attainment of its three transformative results. UNFPA's engagement in countries has covered the continuum of preparedness, response and early recovery, with the ultimate aim of saving lives and building back better through more resilient societies and communities.⁶⁸ A priority for UNFPA during the COVID-19 epidemic has been to ensure that women's decision-making about resolving their unmet need for family planning remains at the centre of SRHR efforts, including community engagement.⁶⁹

Health and social systems across the globe are struggling to cope with the effects of the COVID-19 pandemic. The situation is especially challenging in humanitarian, fragile and low-income-country contexts, where health and social systems are already weak. As countries and territories were mobilizing scarce resources to combat COVID-19, services to provide family planning in Eastern Europe and Central Asia were at risk of being sidelined, with some countries (such as Uzbekistan) being forced to divert the funds committed to procure family planning commodities to address the immediate needs of health workers for personal protective equipment, surgical masks and hygiene products.⁷⁰

The governments of Eastern Europe and Central Asia had to respond quickly to prevent the spread of COVID-19 and to treat those who were infected.⁷¹ Responses to the pandemic – including lockdowns, measures to ensure physical distancing and travel restrictions – also affected the use of family planning services.⁷²

In addition, the pandemic also disrupted supply chains and the production of essential components used to make contraceptive methods, such as condoms.⁷³ This made it critical that authorities not underestimate the need for timely and comprehensive investment in resilient supply chains for essential life-saving public health commodities from the manufacturer to the last mile before reaching the end user in need.⁷⁴

These issues had an impact on access to family planning in the countries and territories of Eastern Europe and Central Asia, with women and girls from marginalized communities being affected the most.⁷⁵

67. UNFPA, *Coronavirus disease (COVID-19) pandemic: UNFPA global response plan* (New York, 2020), p. 1.

68. Ibid, p. 3.

69. Ibid, p. 8.

70. UNFPA Regional Office for Eastern Europe and Central Asia, *Annual Report* (Istanbul, 2020) (unpublished).

71. Taylor Riley and others, "Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries", *International Perspectives on Sexual and Reproductive Health*, vol. 46 (2020), p. 73.

72. Ibid.

73. Ibid.

74. UNFPA Regional Office for Eastern Europe and Central Asia and JSI, *Strong supply chains*.

75. Michielsen, Campbell and Farje De la Torre, *The Impact of COVID-19 on Sexual and Reproductive Health in Eastern Europe and Central Asia*.

Access and quality-of-service issues

The Sustainable Development Agenda and its Leaving No One Behind framework provide a unique opportunity to curb inequalities, confront discrimination and fast-track progress for those furthest behind. Despite considerable progress, the needs of vulnerable communities have been traditionally underrepresented in national policies and programmes targeting sexual and reproductive health and rights in Eastern Europe and Central Asia. Social taboos and prejudices concerning women's and adolescent girls' sexuality, sexual and reproductive health, and access to contraception are even more of a challenge when compounded with other vulnerabilities and forms of discrimination such as those linked with HIV status, sexual orientation, gender identity, disability or intimate partner violence, and the COVID-19 pandemic has further aggravated existing vulnerabilities.

To understand how vulnerabilities and discriminatory practices have affected access to sexual and reproductive health services, the UNFPA Regional Office for Eastern Europe and Central Asia conducted an assessment of the barriers that people from marginalized communities faced in accessing comprehensive family planning services and commodities in the region before and during the COVID-19 pandemic.⁷⁶ The purpose of the assessment was to shed light on perceived access barriers to, and utilization of, comprehensive family planning services by women living with HIV, women and girls living with disabilities, and survivors of intimate partner violence.

The results showed that across all countries and territories, the main access barrier reported was affordability (52.2 per cent), as women reported not being able to afford the costs of services and commodities. Next were psychosocial factors related to family, community or provider attitudes (32.3 per cent), service quality (30.9 per cent), geographic accessibility (30.3 per cent), cognitive accessibility (28.2 per cent) and administrative accommodation (16 per cent).⁷⁷

In many respects, family planning services continue to suffer from the historical legacy of how these services were organized and provided several decades ago.⁷⁸ The medical system in the region used to be heavily reliant on formal policies and health structures, and on rigid clinical protocols, many of which were outdated, restrictive or simply did not address family planning and reproductive health issues. For example, there was reluctance to prescribe hormonal contraception because of a widespread lack of understanding and outdated views of its benefits and limited side effects.⁷⁹

Among older and more senior health-care workers providing family planning services, there often remains a preference to prescribe intrauterine devices as the first-line contraceptive. In addition, especially among these groups of providers, there is suspicion of the efficacy and side effects of hormonal contraception.⁸⁰ The new generation of health workers are better equipped to provide

76. UNFPA Regional Office for Eastern Europe and Central Asia, *Assessment of Access Barriers of People from Marginalized Communities to Comprehensive Family Planning Services and Commodities in the UNFPA Eastern Europe and Central Asia Region* (unpublished).

77. Ibid.

78. UNFPA Regional Office for Eastern Europe and Central Asia, *Advancing contraceptive choices and supplies for universal access to family planning*.

79. IPPF and UNFPA Regional Office for Eastern Europe and Central Asia, *Key factors influencing contraceptive use in Eastern Europe and Central Asia*.

80. Ibid.

advice on a choice of appropriate contraceptives for different people, as a result of evidence-based knowledge of available modern contraceptive methods and their benefits and limited side effects. Health worker competency in evidence-based family planning has increased over recent decades, with substantial support for training in modern technology.⁸¹ UNFPA, WHO, and many international and local NGOs have supported training for a range of family planning health workers in the region. This training has been designed to improve technical and social competency as well as skills directed at improving the quality of family planning services.⁸²



81. Karolina Socha-Dietrich, "Empowering the health workforce to make the most of the digital revolution", OECD Health Working Papers, No. 129 (Paris, Organisation for Economic Co-operation and Development, 2021).

82. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*; UNFPA Regional Office for Eastern Europe and Central Asia, *Virtual Contraceptive Consultation* (Istanbul, 2016).

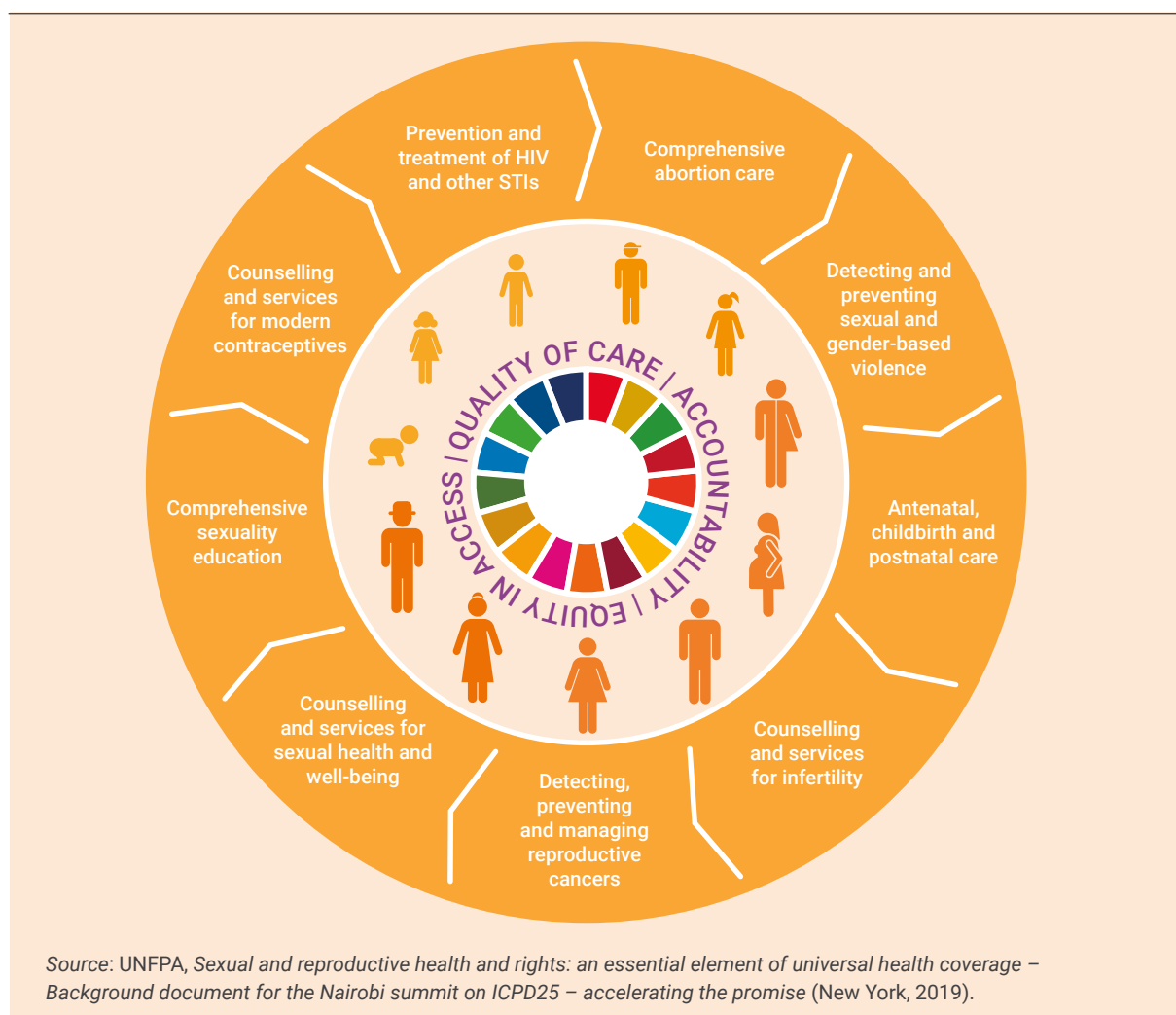
Principles

The Roadmap takes into account a series of interrelated principles that are fundamental to achieving the UN Sustainable Development Goals and that underpin the UNFPA Strategic Plan 2022–2025 and its three transformative results.

Universal health coverage

According to WHO, universal health coverage means that everyone can obtain a full range of essential health services across the life course without facing financial hardship.⁸³

Figure 4. A comprehensive definition of sexual and reproductive health and rights



83. WHO, "Universal health coverage (UHC)", 5 October 2023.

The UN Sustainable Development Goals (SDGs) focus on achieving universal health coverage.⁸⁴ SDG target 3.7 calls on States to ensure by 2030 “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”,⁸⁵ and SDG target 3.8 calls on States to “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”.⁸⁶ These two SDG targets are closely linked, with universal access to sexual and reproductive health being foundational for universal health coverage.⁸⁷

The delivery of these services requires strong, integrated, supportive and people-centred health systems as well as an adequate number of competent health-care workers with the optimal skills mix at the facility, outreach and community levels, and who are equitably distributed, adequately supported, accountable and transparent, and enjoy decent working conditions. UHC strategies enable everyone to access the services that address the most significant causes of disease and death and ensure that the quality of those services is sufficient to improve the health of the people who receive them. Health service interventions should be evidence-based and should strive for innovation, efficiency, quality and positive results.

At its core, modern family planning helps women to have the number of children they desire at the time they choose over the course of their life by preventing unintended pregnancies. UNFPA's *State of World Population 2022* report indicates that every year almost half of all pregnancies are unintended. Between 2015 and 2019, there were roughly 121 million unintended pregnancies globally each year. Around the world, an estimated 257 million women who wanted to avoid pregnancy were not using safe, modern methods of contraception. In 47 countries, about 40 per cent of sexually active women were not using any contraceptive methods to avoid pregnancy. Nearly a quarter of all women were not able to say no to sex (where data were available). Contraceptive use was 53 per cent lower among women who had experienced intimate partner violence. Over 60 per cent of unintended pregnancies and almost 30 per cent of all pregnancies ended in abortion.⁸⁸

In humanitarian emergencies, such as the ongoing war in Ukraine, many women lose access to contraception and/or experience sexual violence. Some studies have shown that over 20 per cent of refugee women and girls will face sexual violence.⁸⁹

84. United Nations, Department of Economic and Social Affairs, Sustainable Development, “The 17 Goals”. Available at <https://sdgs.un.org/goals> (accessed on 8 August 2023).

85. Ibid.

86. Ibid.

87. UNFPA, *Sexual and reproductive health and rights: an essential element of universal health coverage*.

88. UNFPA, *State of World Population 2022: Seeing the Unseen*.

89. Alexander Vu and others, “The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis”, *PLoS Currents* (March 2014).

The following principles are key to universal health coverage, as they impact both the delivery of sexual and reproductive health services and the realization of individuals' sexual and reproductive rights:

- Equity in access: individuals in need of services can access them irrespective of their ability to pay, socioeconomic status, geographic location, ethnicity, education or gender, and they are empowered to use these services.
- Quality of care: commodities and facilities are of good quality, and services are delivered in a safe, effective, timely, efficient, integrated, equitable and people-centred manner, based on care standards and treatment guidelines, and taking into account people's experiences and perceptions of care, including affordability and acceptability.
- Accountability: sexual and reproductive health and rights are underpinned by human rights and political, financial and performance accountability, with inclusiveness and transparency at all levels of the health system, and ensuring that rights holders' views and demands are captured and taken into account in planning and implementation.⁹⁰

A fundamental characteristic of universal health coverage is that people are able to access essential health care, and particularly family planning, without suffering financial hardship. Realistic financing arrangements and a systemic approach to reproductive health commodity security can assist in making contraceptives available and affordable, reducing inefficiencies and ensuring value for money.⁹¹

It is important that government budgets for family planning be optimized in pursuit of moving from funding to financing.⁹² Absolutely crucial to achieving universal health coverage regarding access to contraceptives is the implementation of policies that cover the efficient procurement and supply of contraceptives.⁹³ This can include procurement driven by needs-based quantification and forecasting.⁹⁴ Where such quantification and forecasting is not possible, or where governments use their own mechanisms for deciding on quantities of contraceptives to be procured, these procedures can be strengthened by objectively analysing misalignments.⁹⁵ They can be assisted by implementing rigorous registration arrangements for contraceptives and implementing measures to ensure effective supply management.⁹⁶

90. UNFPA, *Sexual and reproductive health and rights: an essential element of universal health coverage*, p. 11.

91. HIP Partnership, "Supply chain management: investing in the supply chain is critical to achieving family planning goals", 2022. Available at <https://www.fphighimpactpractices.org/briefs/supply-chain-management/> (accessed on 8 August 2023).

92. HIP Partnership, "Domestic public financing: building a sustainable future for family planning programs". Available at <https://www.fphighimpactpractices.org/briefs/domestic-public-financing/> (accessed on 8 August 2023).

93. Bakali Mukasa and others, "Contraception supply chain challenges: a review of evidence from low- and middle-income countries", *The European Journal of Contraception & Reproductive Health Care*, vol. 22, No. 5 (October 2017).

94. See, for example, Susanna Binzen, Timothy Johnson and Alicia Ruiz, *Estimating future contraceptive requirements using the CastCost contraceptive forecast and cost estimate spreadsheet* (Atlanta, Georgia, USAID and Centers for Disease Control and Prevention, 2010); UNFPA, *Welcome to the UNFPA Supplies Partnership 2021–2030*.

95. Family Planning 2020 (FP2020), "Assessing misalignments in the procurement of contraceptives: improving procurement practices to achieve the goals of FP2020", 2016.

96. Reproductive Health Supplies Coalition, "The WHO PQ collaborative procedure for accelerated registration". Available at <https://www.rhsupplies.org/activities-resources/webinars/the-who-pq-collaborative-procedure-for-accelerated-registration-62/> (accessed on 8 August 2023); WHO, "Ensuring contraceptive security through effective supply chains", July 2017; UNFPA Regional Office for Eastern Europe and Central Asia, "Strategic partnerships". Available at <https://eeca.unfpa.org/en/strategic-partnerships> (accessed on 8 August 2023); UNFPA, *Sexual and reproductive health and rights*; FP2020, "Assessing misalignments in the procurement of contraceptives".

Providing sexual and reproductive health and family planning as part of universal health coverage requires implementation of an interrelated number of policies extending beyond the health sector and involving a multi-stakeholder partnership that is concerned not only with the demand for contraception, supply chain issues and the availability of adequate numbers of appropriately trained health workers⁹⁷ but also with the integration of family planning at the primary health-care level. The latter remains the most equitable, cost-effective way to address comprehensive health needs close to people's homes and communities and ensures linkages between family planning and other SRH or broader health services.⁹⁸

Ensuring that vulnerable communities have access to sexual and reproductive health and rights as part of universal health coverage presents considerable challenges, and this access can often be achieved only by subsidizing services for these communities.⁹⁹



Photo: UNFPA Uzbekistan

97. HIP Partnership, "Task sharing family planning services to increase health workforce efficiency and expand access: a strategic planning guide" (Washington, DC, 2019); HIP Partnership, "Use of the WHO guidelines & tools alongside service delivery High Impact Practices in family planning", 2019.

98. WHO, *Primary health care on the road to universal health coverage: 2019 monitoring report – executive summary* (Geneva, 2019); Carmel Martin and Joachim Sturmberg, "Universal health (UHC) and primary health care (PHC)—a complex dynamic endeavor", *Journal of Evaluation in Clinical Practice*, vol. 28, No. 2 (April 2022); Catherine Nyambura, "Universal Health Care Day: centering family planning as an essential element of UHC", FP2030.

99. UNFPA, *Gender Equality Strategy 2018–2021* (New York, 2019). Available at https://www.unfpa.org/sites/default/files/pub-pdf/19-132-UNFPA_GenderStrategy-EN.pdf (accessed 8 August 2023).

Multisectoral cooperation

A multisectoral approach is recognized as fundamental because many reproductive health problems are due to a complex set of issues. Without close collaboration between different sectors, they cannot be solved. A multisectoral approach refers to deliberate collaboration among various stakeholder groups (e.g. government, civil society and private sector) and sectors (e.g. health, environment and economy) to jointly achieve a policy outcome. An example of this approach can be seen with respect to combating gender-based violence (GBV) and responding to the needs of survivors in a coordinated fashion through cooperation between health providers and police forces.¹⁰⁰

A crucial example of cooperation with other, non-health, sectors to improve reproductive health can be seen in the involvement of the formal and non-formal education sector in Kenya:

Informing adolescents about appropriate and acceptable behaviours, and ways to protect themselves against unwanted and unprotected sex, has proved problematic Education programmes for in and out of school adolescents are lacking, there is controversy around providing services to sexually active adolescents Unbiased and accurate information and services must be provided if adolescents are to delay becoming sexually active, to resist pressures to engage in non-consensual sex, and to protect themselves against unintended pregnancies and infections if they do have sex. Moreover, strategies for providing such information and services need to be acceptable to the community and sustainable over time.¹⁰¹

Countries can take concrete steps towards universal health coverage and universal access to quality SRHR interventions through multisectoral cooperation. Such steps include mobilizing stakeholders within and beyond the health sector, analysing SRHR needs among all people and throughout the life course, mapping the resources available and system constraints, and prioritizing and progressively implementing interventions at various levels of the health system and beyond for ensuring access to an essential package of SRHR interventions.¹⁰²

Human rights-based approach

A human rights-based approach to ensuring that policies and programmes take account of the specific circumstances of all people is a cornerstone of UNFPA's work. This type of approach is a conceptual framework of sustainable development that is normatively based on international human rights standards and principles and operationally aimed at promoting and protecting these rights.

Under a human rights-based approach, plans, policies and processes of development are anchored in a system of rights and corresponding obligations established by international law, including all civil, cultural, economic, political and social rights, and the right to development. A human rights-based approach requires human rights principles (equality and non-discrimination, participation,

100. UNFPA Regional Office for Eastern Europe and Central Asia and East European Institute for Reproductive Health, *Multi-sectoral response to GBV: an effective and coordinated way to protect and empower GBV victims/survivors* (Istanbul, UNFPA Regional Office for Eastern Europe and Central Asia, 2015).

101. Ian Askew and others, "A multi-sectoral approach to providing reproductive health information and services to young people in Western Kenya: the Kenya adolescent reproductive health project", FRONTIERS Final Report (Washington, DC, Population Council, 2004).

102. UNFPA, *Sexual and reproductive health and rights: an essential element of universal health coverage*.

accountability) to guide UN development cooperation, and focus on capacity development of both ‘duty-bearers’ to meet their obligations and ‘rights-holders’ to claim their rights.¹⁰³

A human rights–based approach aims to support better and more sustainable development outcomes by analysing and addressing the inequalities, discriminatory practices and unjust power relations that are often at the heart of development problems.¹⁰⁴

The following are the key mutually reinforcing components of UNFPA’s human rights–based approach:¹⁰⁵

- equality and non-discrimination: making progress towards social justice and ending discrimination in all its forms: establishing who has been excluded and why, the barriers faced by marginalized and excluded groups, and how to ensure the realization of sexual and reproductive rights for all
- quality: meeting human rights standards in sexual and reproductive health services, information and education human rights standards guide all of UNFPA’s work in sexual and reproductive health and rights, gender-based violence and data
- accountability: identifying responsibilities of key actors and enforcing rights mechanisms at all levels to monitor and redress violations of sexual and reproductive health and rights

Adhering to these three components is a prerequisite for attaining universal access to sexual and reproductive health and rights and universal health coverage.¹⁰⁶

The ICPD25 Summit, held in Nairobi in November 2019, further emphasized the urgent need to address the unequal power dynamics and stigma that underpin discrimination and violence and that can be entrenched in law, policies and practice; the importance of championing inclusion in all forms, in particular discrimination against women; and the need to ensure accountability for the right to sexual and reproductive health.¹⁰⁷

It is essential that programmes to end the unmet need for family planning by 2030 follow the human rights–based approach described in recent UNFPA documents.¹⁰⁸

Specific guidance is available from UNFPA and the What Works Association on how such an approach can be implemented.¹⁰⁹

103. UNFPA, *Elevating rights and choices for all: guidance note for applying a human rights based approach to programming* (New York, 2020), p. 9.

104. UNFPA, “The human rights-based approach”. Available at <https://www.unfpa.org/human-rights-based-approach> (accessed on 8 August 2023).

105. UNFPA, *Elevating rights and choices for all*.

106. UNFPA, *Sexual and reproductive health and rights: an essential element of universal health coverage*.

107. Palladium and What Works Association, *Human rights-based approach to voluntary family planning training package: facilitator’s guide* (Washington, DC, 2021).

108. FP2030, UNFPA and What Works Association, *The comprehensive human rights-based, voluntary family planning program framework: brief* (Washington, DC, FP2030, 2021); UNFPA and What Works Association, *Programme Assessment Tool for a Human Rights-Based Approach to Voluntary Family Planning (HRBA to FP)* (New York, UNFPA, 2021). Available at http://www.whatworksassociation.org/uploads/5/7/8/3/57837239/hrba_to_fp_prog_assess_tool_9-21.pdf (accessed on 18 November 2023); UNFPA, *Strengthening the Human Rights-Based Approach to Family Planning at UNFPA: An Assessment* (New York, 2020).

109. UNFPA and What Works Association, *Programme Assessment Tool for a Human Rights-Based Approach to Voluntary Family Planning*.

Autonomy, choice and gender equality

Bodily autonomy means that people have the power and agency to make choices over their bodies and futures, without violence or coercion.¹¹⁰ This means that people can decide when to have sex – and with whom – and when to have children. It also means the freedom to choose to use self-care or to see a health worker whenever needed. The attainment of bodily autonomy is crucial to reducing the unmet need for family planning.¹¹¹

Gender equality is a human right and is closely related to autonomy. Women have a right to decide when to become pregnant and how many children to have. They are also entitled to access family planning. Gender equality and family planning in practical terms mean having an adequate, steady supply chain of diverse, high-quality contraceptive commodities. This helps women to exercise real choice over their bodies, as opposed to settling for what is available or what a health worker or counsellor thinks is best.¹¹²

The UNFPA Gender Equality Strategy focuses on empowering women and adolescent girls and reaffirms UNFPA's commitments to supporting the realization of international commitments and resolutions, including the Convention on the Elimination of All Forms of Discrimination against Women and the report *ICPD beyond 2014: The UNECE Region's Perspective*.¹¹³



110. UNFPA, *State of World Population 2021: My Body Is My Own – Claiming the Right to Autonomy and Self-Determination* (New York, 2021).

111. UNFPA, "Bodily autonomy: a cornerstone for achieving gender equality and universal access to sexual and reproductive health and rights", Technical Brief, April 2021.

112. Leigh Senderowicz, "Contraceptive autonomy: conceptions and measurement of a novel family planning indicator", *Studies in Family Planning*, vol. 51, No. 2 (2020).

113. UNFPA, *Gender Equality Strategy 2018–2021*; UNECE, *ICPD beyond 2014: The UNECE Region's Perspective* (United Nations publication, 2013).

The “leave no one behind” approach

“Leave no one behind” (LNOB) is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals. It represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, to end discrimination and exclusion, and to reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole.

In order to leave no one behind, health systems need to be people-centred¹¹⁴ and resilient in terms of six building blocks¹¹⁵ that are relevant to ending the unmet need for family planning:

- delivery of effective, safe and quality personal and non-personal health interventions to those that need them, when and where they are needed, with a minimum waste of resources
- a well-performing health workforce that works in responsive ways and is fair and efficient in order to achieve the best health outcomes possible
- a well-functioning health information system
- a health system that ensures equitable access to essential medical commodities, including contraceptives of assured quality, safety, efficacy and cost-effectiveness, with scientifically sound and cost-effective use
- a health financing system that raises adequate funds for health in ways that ensure that people can use needed services
- leadership and governance, which involve ensuring that policy frameworks and effective oversight are in place

UNFPA’s ambition in the medium term is to transform disempowerment and exclusion into genuine agency and inclusion in maternal health, family planning and steps to tackle gender-based violence and harmful practices.¹¹⁶

UNFPA expects to be able to achieve this ambition by applying a human rights-based approach to leaving no one behind and reaching the furthest behind.¹¹⁷ In order to achieve this ambition, UNFPA must ensure that quality services, including family planning are available, accessible and acceptable to everyone by making funding available for organizations working with those who are furthest behind.¹¹⁸

It is necessary to clarify between two phrases that are often used interchangeably: “leaving no one behind” and “reaching the furthest behind”. The idea of leaving no one behind includes all groups

114. WHO, *People-centred health care: a policy framework* (Geneva, 2013); WHO Regional Office for Europe, *The European Framework for Action on Integrated Health Services: an overview* (Copenhagen, 2016). Available at <https://iris.who.int/bitstream/handle/10665/372341/WHO-EURO-2016-6521-46287-66955-eng.pdf?sequence=1> (accessed on 18 November 2023).

115. The six building blocks are adapted from WHO, *Everybody’s business: strengthening health systems to improve health outcomes – WHO’s framework for action* (Geneva, 2007), p. vi. Available at https://iris.who.int/bitstream/handle/10665/43918/9789241596077_eng.pdf?sequence=1 (accessed on 18 November 2023).

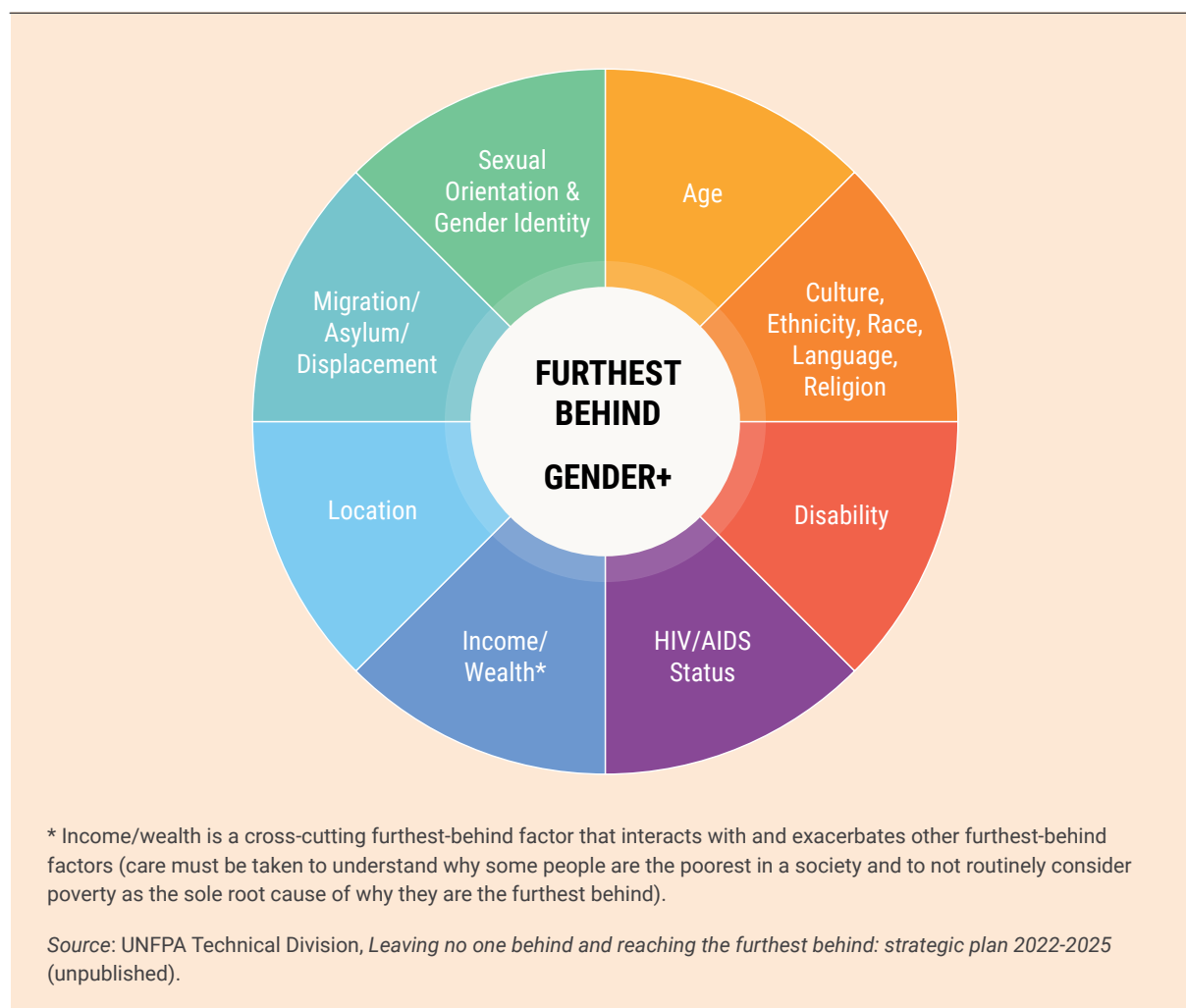
116. UNFPA Technical Division, *Leaving no one behind and reaching the furthest behind: strategic plan 2022-2025* (unpublished) .

117. Ibid.

118. Ibid.

excluded from progress, including those affected due to their gender alone. The notion of reaching the furthest behind focuses on situations where gender and other exclusionary factors work together to create a disadvantage (the so-called gender-plus approach). Accelerating progress towards the transformative results necessitates a renewed emphasis on addressing furthest-behind factors. Doing so will make it possible to better reach those who are most distant from the three transformative results.¹¹⁹

Figure 5. The gender-plus approach: UNFPA's global core furthest-behind factors



The eight global core furthest-behind factors (Figure 5) will be complemented by regional and country-specific factors to enable countries to select a smaller number to focus on in each context. For instance, the gender-plus approach distinguishes income and wealth as a cross-cutting factor that was identified as the key factor negatively affecting affordable access to comprehensive family planning services and commodities in UNFPA's LNOB study.¹²⁰

119. Ibid.

120. UNFPA Regional Office for Eastern Europe and Central Asia, *Assessment of Access Barriers*.

Quality of family planning services

Every woman and adolescent girl should be able to choose from and use a range of quality family planning methods, no matter where they live.¹²¹ To improve access to an expanded choice of methods and to improve uptake, the number of contraceptive products that meet international quality standards must increase. The necessary improvements, from manufacturer to end user, include a larger base of suppliers, quality-assured products, regulatory frameworks and robust supply chain systems that reach the last mile to leave no one behind.¹²² Unimpeded access to quality-assured services and commodities must be guaranteed in all settings, including during emergencies, such as the COVID-19 pandemic, as well as in conflicts, and must cover refugees and internally displaced people, migrants and asylum seekers, even when they are en route to their final destination. Systems to provide family planning need to be resourceful and resilient.¹²³

To succeed in achieving universal access to family planning, a system needs an uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Successful systems provide contraceptive security – that is, they ensure that “people are able to choose, obtain, and use high-quality modern contraceptives ... whenever they want or need them”.¹²⁴ Offering a full range of contraceptive options is also important. Contraceptive security requires planning and commitment on several levels to ensure that the necessary contraceptives, equipment and other supplies are always available. These are crucial components and are necessary for a successful family planning programme.

The quality of family planning care goes far beyond pharmaceutical products to cover the adequacy of services, including the training and competency of family planning providers.¹²⁵

Integration of family planning into health and non-health programmes

Novel approaches are needed to extend access to family planning services to women and couples who want to limit or space their childbearing but are not currently using contraceptives. Such approaches should include gender equality programmes. The integration of family planning with other health services is one such approach as a means of fulfilling the unmet need for family planning. However, the integration of family planning services with other services can present logistical challenges but has often been successful with programmes for HIV/AIDS and other sexually transmitted infections (STIs).¹²⁶ Family planning services have been successfully integrated into micro-financing programmes and other women-focused initiatives.¹²⁷

121. UNFPA, “UNFPA Supplies Partnership”. Available at <https://www.unfpa.org/unfpa-supplies-partnership> (accessed on 27 November 2023).

122. UNFPA, “Availability of good quality, human rights-based family planning services: exercising choice”, Brief, June 2019.

123. Zulfiqar A. Bhutta and others, “Optimising child and adolescent health and development in the post-pandemic world”, *The Lancet*, vol. 399, No. 10337 (May 2022).

124. James Gribble, *Contraceptive security: a toolkit for policy audiences* (Washington, DC, Population Reference Bureau, 2010).

125. WHO, *Medical Eligibility Criteria for Contraceptive Use*, 5th ed. (Geneva, 2015).

126. C. J. Briggs and P. Garner, “Strategies for integrating primary health services in middle- and low-income countries at the point of delivery”, *Cochrane Database of Systematic Reviews*, No. 2 (2006); FP2030, “Integrated family planning and HIV services for youth: applying ECHO study findings in the COVID-19 pandemic”, May 2021.

127. Mahesh Karra and others, “Community-based financing of family planning in developing countries: a systematic review”, *Studies in Family Planning*, vol. 47, No. 4 (2016).

It is particularly important that access to family planning be made easy and have a specific focus on other services for adolescents and youth, couples who marry early, married adolescents and first-time parents as well as unmarried youth.¹²⁸

Family planning services need to be integrated into general post-partum care programmes¹²⁹ and post-abortion care, of which there are many successful examples.¹³⁰

In order to end the unmet need for family planning as part of efforts to strengthen sexual and reproductive health and rights, interventions are needed that go

beyond the health sector to address the structural barriers – embedded in social norms, laws and policies – that prevent individuals from realizing their sexual and reproductive health and rights. [Addressing these structural barriers] requires placing particular focus on the needs of marginalized groups, including through addressing the multiple and intersecting forms of discrimination that prevent them from realizing their rights.¹³¹

Innovative partnerships

Successful sustainable development requires dynamic and inclusive strategic partnerships with a variety of stakeholders. This particularly applies to family planning. It is essential to develop partnerships that create shared opportunities and support for universal access to sexual and reproductive health and rights, including family planning, and improve lives, particularly of adolescents and youth. Such stakeholders can include public–private partnerships with, for instance, pharmaceutical manufacturing companies and pharmacies from the private sector, social franchising (marketing),¹³² foundations, parliamentarians, civil society, academia and scientific institutions. UNFPA also partners with individuals and multi-stakeholder initiatives.¹³³ In addition, joining with community organizations and activist groups and taking a whole-of-society approach can considerably enhance efforts to end the unmet need for family planning by 2030.¹³⁴

Accountability for results

Over the last 25 years, a host of global normative frameworks, standards and guidelines have been put in place to foster respect for, and the protection and fulfilment of, people's sexual and reproductive health and rights.¹³⁵ Among these are the UN Committee on Economic, Social and Cultural Rights and the Sustainable Development Goals, which outline the need to improve the availability of, and

128. Margaret E. Kruk and others, "Improving health and social systems for all children in LMICs: structural innovations to deliver high-quality services", *The Lancet*, vol. 399, No. 10337 (May 2022).

129. HIP Partnership, "Family planning and immunization integration: reaching postpartum women with family planning services" (Washington, DC, 2021).

130. Douglas Huber and others, "Postabortion care: 20 years of strong evidence on emergency treatment, family planning, and other programming components", *Global Health: Science and Practice*, vol. 4, No. 3 (2016).

131. IPPF, "The climate crisis and sexual and reproductive health and rights", Position Paper (London, 2021).

132. HIP Partnership, "Social franchising: improving quality and expanding contraceptive choice in the private sector".

133. UNFPA, "Strategic partnerships". Available at <https://www.unfpa.org/strategic-partnerships> (accessed on 9 August 2023).

134. WHO Regional Office for Europe, *Governance snapshot: whole-of-society approach: the Coalition of Partners for Strengthening Public Health Services in the European Region* (Copenhagen, 2019).

135. Victoria Boydell and others, "Building a transformative agenda for accountability in SRHR: lessons learned from SRHR and accountability literatures", *Sexual and Reproductive Health Matters*, vol. 27, No. 2 (2019).

access to, a full range of sexual and reproductive health services, a crucial element of which is family planning, and to ensure people's rights to make their own choices about their sexuality and reproduction and to receive non-discriminatory care. In this regard, WHO has provided specific guidance on the importance of scaling up innovations and accountability and on how this can be accomplished.¹³⁶

Strengthening partnerships, including with civil society, and the voices of those communities that are furthest behind is important to approaching universal health coverage and efforts to leave no one behind. Institutionalizing accountability in SRHR systems, regulatory structures and oversight mechanisms is crucial to ending unmet need for family planning.¹³⁷

Family planning in emergency and conflict situations

In the past decade, humanitarian needs have expanded at an unprecedented pace. Violent conflicts are causing widespread mortality, morbidity, displacement and devastation. The increasingly visible effects of climate change are compounding risks and exacerbating vulnerabilities. The increase in natural disasters, such as floods, typhoons, hurricanes and tsunamis, has had devastating effects on communities. Even before COVID-19, nearly 168 million people were estimated to be in need of humanitarian assistance and protection, or about 1 in 45 people globally – the highest number in decades. Emergencies – whether from natural hazards or conflict – threaten the capacity of governments to respond and recover.¹³⁸ They can cause long-term damage to health systems, even those that may have been operating at a relatively high capacity. Precious development gains can be lost, and the effects of poverty and inequality intensified.

The climate crisis presents existential threats to the achievement of sexual and reproductive health and rights and specifically to ending the unmet need for family planning.¹³⁹ These threats include a reduction in, or the elimination of, available services and an increase in sexual and gender-based violence. These impacts are expected to worsen as climate change becomes more severe.¹⁴⁰ It is imperative that the recommendations of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Glasgow in November 2021, be implemented.¹⁴¹

Unfortunately, humanitarian needs are likely to continue and even increase, and it is important that plans be implemented to provide care for those affected, and this includes ensuring access to family planning services across the humanitarian and development continuum.¹⁴² However, it is important that plans be available to prepare for and ameliorate the adverse consequences of possible emergency and humanitarian crises, including those arising from the COVID-19 pandemic. Guidance

136. WHO, *WHO concise guide to implementing and scaling up family planning service improvements* (Geneva, 2018).

137. UNFPA, *Leaving no one behind and reaching the furthest behind*.

138. United Nations Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2021* (Geneva, 2020).

139. IPPF, "The climate crisis and sexual and reproductive health and rights".

140. *Ibid*, p. 2.

141. United Nations Framework Convention on Climate Change, Conference of the Parties, Decision -/CMA.3, Glasgow, 2021.

142. FP2020, IPPF, JSI, Women's Refugee Commission and UNFPA, *Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies – Field Test Version* (Washington, DC, FP2020, 2020).

on undertaking assessments for minimum initial service requirements for sexual and reproductive health services in emergency situations is available.¹⁴³ UNFPA undertook field readiness assessments, conducted by the Inter-Agency Working Group on Reproductive Health in Crises, for Eastern Europe and Central Asia in 2013, 2017 and 2021, to provide minimum vital sexual and reproductive health services from the onset of a human-made or natural disaster.¹⁴⁴ Investing in robust and resilient reproductive health commodity supply chains is crucial to ensuring the availability of contraceptives during peacetime and when crisis strikes.¹⁴⁵

Tailoring the Roadmap to each country or territory context

A fundamental aspect of the Roadmap is that it is based on the specific needs of the countries and territories of Eastern Europe and Central Asia to end their unmet need for family planning. To ensure that these specific needs were taken into account, a bottom-up needs assessment took place in 2021 involving a representative range of decision makers and key actors from the region, who had opportunities to give their opinions on their needs regarding family planning and on how ending their respective country's or territory's unmet need for family planning could be achieved.

These country- and territory-specific needs were identified in the overall context of the Commitment Statement at the Nairobi Summit in celebration of the 25th anniversary of the International Conference on Population and Development¹⁴⁶ to meet sustainable development targets by 2030:

To uphold the human rights of all people, including their right to sexual and reproductive health, and to accelerate all efforts in support of gender equality and the empowerment of women and girls, with a particular emphasis on the most vulnerable and disadvantaged among us, to ensure that no one is left behind;

To intensify system-wide efforts to eliminate all preventable maternal and child mortality and morbidities, to eradicate gender-based violence against women, girls and youth, and to eliminate the unmet need for family planning that constrains the rights and wellbeing of millions of women and young people and limits their potential;

To support investments in the capabilities of adolescents and youth that uphold their rights, and create the necessary conditions through which they can fulfill their potential by guaranteeing access to quality education and appropriate skills at every level, including access to comprehensive sexuality education and youth-friendly services that ensure their health and empowerment, as a necessary precondition for the realization of the demographic dividend, upon which the inclusive economic growth and sustainability of much of the world depends;

143. Inter-Agency Working Group on Reproductive Health in Crises, "Minimum initial service package for sexual and reproductive health in crisis situations", November 2020; IPPF in collaboration with the Inter-Agency Working Group on Reproductive Health in Crises and UNFPA, *MISP readiness assessment: assessing readiness to provide the minimum initial service package (MISP) for sexual and reproductive health in emergencies* (2020). Available at https://fp2030.org/sites/default/files/ready_to_save_lives/MISP_readiness_assessment.pdf (accessed on 9 August 2023).

144. UNFPA Regional Office for Eastern Europe and Central Asia and IPPF, *Assessment of countries' readiness to provide Minimum Initial Service Package for SRH during a humanitarian crisis in the Eastern Europe and Central Asia Region* (2014).

145. UNFPA Regional Office for Eastern Europe and Central Asia and JSI, *Strong supply chains*.

146. United Nations, Secretary-General, "United Nations Commitment Statement at Nairobi Summit in celebration of the 25th anniversary of the International Conference on Population and Development (ICPD)", 12 November 2019.

To support national governments in the full and accelerated implementation of the ICPD agenda, in line with national implementation of the Sustainable Development Goals, by leveraging synergies across the UN system, including through enhanced alignment and coordination in the work of the United Nations Country Teams as a result of the UN Reform process;

To ensure that no one is left behind, and that we reach the furthest behind first, through the timely and coordinated production and dissemination of disaggregated data, to further support national governments in the elaboration of data-driven policies, strategies and programmes geared towards the fulfilment of the ICPD agenda as a critical contribution to the 2030 Agenda and its SDGs.¹⁴⁷



Photo: UNFPA Georgia/Dina Oganova

147. Ibid.

Strategic frameworks

The 2030 Agenda, the Sustainable Development Goals and UNFPA's three transformative results

UNFPA aims to achieve three world-changing results by 2030, the deadline for achieving the Sustainable Development Goals.¹⁴⁸ These three transformative results are concerned with ending maternal deaths, gender-based violence and all harmful practices, and the unmet need for family planning.

The causes of unmet need for family planning are largely known. The possible solutions to ending the unmet need for family planning are equally established to a great extent. In 2019, UNFPA published a report that included analyses of the resource requirements needed globally to end the unmet need for family planning by 2030.¹⁴⁹ This, for the first time, set out the total resources needed to end the unmet need for family planning and estimated the total global investment required for family planning at approximately US\$68.5 billion between 2020 and 2030. To achieve this level of investment, total resources from all sources will have to increase from about \$6.3 billion annually in 2020 to about \$10.8 billion annually by 2030, equivalent to a global price tag for ending unmet need of \$0.002 (just one fifth of one cent) per person per day between 2020 and 2030. Clearly the expenditures required to scale up family planning to end the unmet need are large, but net savings are likely to be realized. With reduced requirements for maternal health care and delivery, child health care, education and other services, the anticipated savings will be many times larger than the expenditure on family planning.¹⁵⁰

In September 2015, the UN Secretary-General launched a multi-stakeholder movement, called Every Woman Every Child, to implement the United Nations' Global Strategy for Women's, Children's and Adolescents' Health in support of the Sustainable Development Goals framework.¹⁵¹ Of the 70 countries that were given specific commitments for support from the Every Woman Every Child movement, and implicitly for family planning, three are in the Eastern Europe and Central Asia region: Kyrgyzstan, Tajikistan and Uzbekistan.

In 2012, following a summit on family planning held in London, more than 20 governments and international agencies, including UNFPA, made commitments to address the policy, financing and delivery of contraceptive information, services and supplies, as well as sociocultural barriers hindering women's access to such information, service and supplies. The summit established an organization,

148. UNFPA, "UNFPA transformative results". Available at <https://www.unfpa.org/data/transformative-results> (accessed on 9 August 2023).

149. UNFPA, *Costing the three transformative results: the cost of the transformative results UNFPA is committed to achieving by 2030* (New York, 2020), ch. 2.

150. Ibid, p. 19.

151. Every Woman Every Child, *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform* (2015).

Family Planning 2020 (FP2020), which has since been superseded by FP2030,¹⁵² that aims to help meet the above-mentioned commitments. This important initiative has documented substantial progress in reducing unmet need for family planning in low-income countries and in ensuring that more women and girls in the world's 69 lowest-income countries have access to family planning than ever before.

FP2020's 2019 progress report¹⁵³ noted that the most recent figures showed that donor government funding for family planning had risen to \$1.5 billion in 2018, the highest level since FP2020 was launched in 2012. Seven donors increased their funding in 2018: Canada, Denmark, Germany, the Kingdom of the Netherlands, Norway, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. These increases were largely a reflection of the impact of the 2017 Family Planning Summit¹⁵⁴ and of renewed commitments on the part of several donors. Domestic government expenditures accounted for approximately 32 per cent of total expenditures on family planning in 2017. These were estimated at approximately \$3.8 billion, with international donors contributing approximately 45 per cent; domestic governments, 32 per cent; consumers, 19 per cent; and other domestic sources, 4 per cent.¹⁵⁵

In May 2021, the FP2030 initiative noted that, "as women and girls continue to suffer the worst impact of the [COVID-19] pandemic, we must accelerate our efforts to strengthen and expand family planning programs. Our community has proven that when we work together, across borders and sectors, we can truly change the course of progress on family planning. Now more than ever, we need to invest in transformative access to modern contraceptives. As we look ahead to the Decade of Action on the SDGs and the Family Planning 2030 partnership, we cannot turn our backs on women and girls. The quest for a more peaceful, prosperous, and equitable world is inextricably linked with the rights of these individuals, and their ability to shape and make their own choices about family planning. As countries are planning their new family planning commitments, donor government funding, resources, and support are crucial to continuing this essential work. We can leave no one behind."¹⁵⁶

SRH services are essential services and therefore are also included under universal health coverage.¹⁵⁷ UNFPA Country Offices should continue educating governments, civil society organizations and other partners about the fact that SRH services are part of universal health coverage. UNFPA should ensure that universal health coverage is incorporated into SRH/FP strategies and costed actions plans. UNFPA should emphasize financial protection, which is an inherent component of universal health coverage; thus, framing sexual and reproductive health and rights within universal health coverage will send a strong message about funding a package of SRHR services and protecting families from excessive costs related to sexual and reproductive health and rights and family planning.

152. See the websites of the Family Planning 2020 initiative (<http://progress.familyplanning2020.org/>) and the Family Planning 2030 initiative (<https://commitments.fp2030.org/>)

153. FP2020, *FP2020: The Arc of Progress – 2019–2020*.

154. United Nations, Department of Economic and Social Affairs, Population Division, *World family planning 2017: highlights* (New York, 2017), ST/ESA/SER.A/414.

155. FP2020, *FP2020: Women at the Center – 2018–2019*.

156. FP2030, "Statement from Family Planning 2030 on the future of family planning", 14 May 2021.

157. UNFPA Regional Office for Eastern Europe and Central Asia, *Sexual and reproductive health and rights: an essential element of universal health coverage*.

However, universal health coverage cannot be delivered by the health sector alone, which means that holistic multisectoral commitments are needed. To ensure that every person benefits from the human right to health, political leaders have to make the right choices – rational economic, financial and social choices for universal health coverage – and link universal health coverage and primary health care.

Primary health care forms the foundation of health systems, ensuring that all people stay healthy and get care when they need it. Strong primary health care is the key to achieving health for all. Primary health care is a whole-of-society approach to health and well-being that is centred on the needs and preferences of individuals, families and communities. Primary health care remains the most equitable, cost-effective way to address comprehensive health needs close to people's homes and communities. Primary health care is also a way to ensure linkages between SRH services and other services and to ensure the provision of integrated services to the population.

Expanding access to contraception and ensuring that demand for family planning is satisfied using effective contraceptive methods are essential for achieving universal access to reproductive health-care services, as called for in the 2030 Agenda for Sustainable Development. The 2030 Agenda,¹⁵⁸ reaffirmed by the countries of the United Nations Economic Commission for Europe (UNECE), which include those of Eastern Europe and Central Asia, confirmed the commitments made in the ICPD Programme of Action, adopted by 179 governments in Cairo in 1994. The ICPD Programme of Action recognized the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health care.¹⁵⁹

The World Health Organization's Regional Office for Europe has endorsed an action plan for sexual and reproductive health in an effort to achieve the 2030 Agenda for Sustainable Development in Europe and to ensure that no one is left behind,¹⁶⁰ which sets reducing unmet need for contraception as one of its objectives.

To achieve this objective, WHO has identified 31 key actions that need to be taken, including the following:

- (a) tackling, including through use of the media, existing and newly emerging myths and misconceptions about methods of contraception;
- (b) providing contraceptive services with the widest possible range of evidence-based and effective methods that are acceptable and affordable to all clients;
- (c) providing evidence-based information about available methods of contraception so that clients can make fully informed decisions;
- (d) removing any unnecessary medical barriers to contraceptive use through the application of evidence-based eligibility guidelines;
- (e) making public contraceptive services, including contraceptive commodities, accessible and free of charge for those most in need;
- (f) ensuring that maternity and induced abortion services offer comprehensive information about, and commodities for, contraception;
- (g) providing

158. UNECE, *Towards Achieving the Sustainable Development Goals in the UNECE Region: A Statistical Portrait of Progress and Challenges* (Geneva, 2020).

159. UNFPA, *Programme of Action of the International Conference on Population and Development: 20th Anniversary Edition* (New York, 2014), para. 7.3

160. WHO Regional Office for Europe, *Action plan for sexual and reproductive health towards achieving the 2030 Agenda for Sustainable Development in Europe: leaving no one behind* (Copenhagen, 2016).

contraceptive services within the context of comprehensive sexual and reproductive health services for all, especially for vulnerable, disadvantaged and hard-to-reach groups; and (h) addressing gender- and age-based barriers to contraception and using transformative approaches that empower women and involve men.¹⁶¹

The UNFPA Global Family Planning Strategy

The UNFPA Global Family Planning Strategy 2012–2020, “Choices not Chance”, aimed to achieve universal access to rights-based voluntary family planning as part of sexual and reproductive health and reproductive rights.¹⁶² Within this framework, UNFPA and its partners worked to expand access to information, services and supplies for women, men and young people; to improve quality of care; and to generate demand and meet unmet need. A key part of the strategy supported the efforts of countries to strengthen health systems for a reliable and secure supply of modern contraceptives in order to reach the poor, marginalized and underserved.¹⁶³

The “Choices not Chance” strategy set out an ambitious approach to increasing comprehensive support for countries and territories. Specifically, UNFPA planned to do the following:

- strengthen its capacity to support national efforts to strengthen comprehensive, rights-based family planning programmes
- allocate technical expertise in family planning strategically and according to countries’ and territories’ priorities
- coordinate family planning partners and resources at the national level
- promote best practices, including practical adherence to human rights–based policies and services
- analyse country situations and the needs of key populations in relation to family planning
- support countries in collecting evidence and ensure that this underpins sound decision-making for family planning
- guide promotion of a total market approach to family planning service delivery¹⁶⁴

UNFPA’s *State of World Population 2019* report documented in detail the immense challenges to ending the unmet need for family planning.¹⁶⁵ Efforts to overcome these challenges were further restrained by the COVID-19 pandemic.

UNFPA’s new Strategy for Family Planning 2022–2030, “Expanding Choices: Ensuring Rights in a Diverse and Changing World”,¹⁶⁶ extends UNFPA’s vision and broadens its role to capture the full range of fertility and contraceptive policies and services needed to end the unmet need for family planning by 2030. The Strategy is accompanied by an operational acceleration plan that contains details about implementation.

161. Ibid.

162. UNFPA, *Choices not chance: UNFPA family planning strategy 2012–2020* (New York, 2013).

163. Ibid, p. iii.

164. Ibid, pp. 7–8.

165. UNFPA, *State of World Population 2019: Unfinished Business – The Pursuit of Rights and Choices for All* (New York, 2020).

166. UNFPA, *Expanding Choices: Ensuring Rights in a Diverse and Changing World*.

Through its new Strategy, UNFPA is reframing its approach towards meeting family planning needs in the current decade. Drawing on lessons learned over the past decade, the strategy will shift UNFPA's work in key ways to drive progress towards 2030:

- Building decisive leadership for family planning as the foundation of sexual and reproductive health and rights. This vision goes beyond contraception to encompass a range of sexual and reproductive health issues – including infertility, as well as beyond a health sector response to changing social norms, laws and policies to enable all individuals to realize their reproductive intentions.
- Breaking down silos to integrate family planning across all that UNFPA does. Repositioning family planning as a foundation of health, development and economic growth through innovation, use of evidence-based high-impact practices and responding to emerging needs.
- Fostering a shift from the reliance of countries on external funding to sustainable financing, including supporting countries in investing domestic resources.¹⁶⁷



Photo: UNFPA Serbia/Egor Dubrovsky

167. Ibid.

The UNFPA Strategic Plan 2022–2025

The UNFPA Strategic Plan for 2022–2025 is the second in a series of three consecutive strategic plans aimed at attaining the three transformative results by 2030. The current Strategic Plan was approved at an Executive Board meeting in September 2021.¹⁶⁸ The fundamental issues that the Strategic Plan is based on include those highlighted in a report issued by UNFPA, Johns Hopkins University, Avenir Health, Victoria University, and the Institute of Health, Metrics and Evaluation at the University of Washington¹⁶⁹ concerned with the costing of the three transformative results and emphasized in three additional recent reports:

- the concerns raised in the *State of World Population 2019* report highlighting unfinished business regarding the uptake of family planning
- the importance of strengthening the human rights–based approach to family planning¹⁷⁰
- accelerating the promise,¹⁷¹ specifically regarding meeting all unmet need for family planning

How these issues will be dealt with was reviewed in recent presentations to UNFPA’s Executive Board in August 2020,¹⁷² December 2020¹⁷³ and February 2021.¹⁷⁴

The first outcome of the Strategic Plan concentrates on reducing the unmet need for family planning. It states that, by 2025, the reduction in the unmet need for family planning will have accelerated.

This outcome will contribute directly to achieving SDG 3 (good health and well-being) and SDG 5 (gender equality and women’s empowerment). More specifically, the outcome will contribute to target 3.7, on universal access to sexual and reproductive health-care services, including family planning. Achieving target 3.7 will also contribute to achieving the Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030.¹⁷⁵

Over the past decade there has been an increasing appreciation of the importance of strengthening the enabling environment and addressing gaps in both supply-side and demand-side family planning interventions. UNFPA has realized that the unmet need for family planning will not end by 2030 unless the following five so-called accelerators, outlined in the Strategic Plan 2022–2025, are implemented:

- prioritization of the integration of family planning into sexual and reproductive health and reproductive rights policies, programmes and equitable health financing schemes
- investment in rights-based, people-centred, integrated family planning services, including

168. Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, “The UNFPA strategic plan, 2022–2025”, 14 July 2021, DP/FPA/2021/8.

169. UNFPA, *Costing the three transformative results: the cost of the transformative results UNFPA is committed to achieving by 2030* (New York, 2020).

170. UNFPA, *Strengthening the Human Rights-Based Approach to Family Planning at UNFPA: An Assessment* (New York, 2020).

171. Jennifer Butler and others, *Accelerating the Promise: The Report on the Nairobi Summit on ICPD25* (New York, UNFPA, 2019).

172. UNFPA, “The Roadmap to the UNFPA Strategic Plan 2022–2025: Executive Board Informal Briefing”, 2020. Available at https://www.unfpa.org/sites/default/files/event-pdf/UNFPA_StrategicPlan_2020-2025_Roadmap_Aug_10_2020_-_vf.pdf (accessed on 9 August 2023).

173. UNFPA, “UNFPA Strategic Plan 2022–2025: Executive Board Workshop”, 8 December 2020. Available at https://www.unfpa.org/sites/default/files/event-pdf/SP_workshop_EBoard_final.pdf (accessed on 9 August 2023).

174. UNFPA, “UNFPA Strategic Plan 2022–2025: A call to action: critical pathways for accelerating towards the achievement of the three transformative results”, 26 February 2021. Available at https://www.unfpa.org/sites/default/files/event-pdf/Executive_Board_Feb_workshop_-_vffs2.pdf (accessed on 19 November 2023).

175. Every Woman Every Child, *The Global Strategy for Women’s, Children’s and Adolescents’ Health* (2016–2030).

products that are offered based on informed choice and free of constraints, coercion, discrimination and violence

- strengthened health data systems
- prioritization of the demand for women's and young people's access to family planning services by addressing harmful sociocultural norms and promoting young people's agency and bodily autonomy
- emphasis on the rights of marginalized populations and those in humanitarian and post-humanitarian situations¹⁷⁶

The Strategic Plan 2022–2025 highlights that UNFPA will continue to advocate and support the integration of family planning into reproductive, maternal, newborn, child and adolescent health programmes and policies. This will be accomplished by doing the following:

- integrating family planning as a core element of UHC benefit packages
- supporting policies that facilitate access to a broad contraceptive method mix and regulatory frameworks
- facilitating financing and financial protection arrangements to attain sustainable financing for family planning¹⁷⁷

UNFPA will also expand the leadership and participation of young people in sexual and reproductive health policy development and other decision-making bodies.

The discontinuation of contraceptive methods is lower where there is an informed choice, options and access. UNFPA will continue to invest in and advocate for people-centred, high-quality family planning services and products at the facility and community levels by focusing on the following:

- expanding equitable access to high-quality family planning products and services
- expanding the method mix and choice
- expanding rights-based and skills-based family planning training to strengthen service provider capacity
- strengthening accountability by increasing the number, scope and effectiveness of client feedback mechanisms¹⁷⁸

The UNFPA Strategic Plan for 2022–2025 states that, as a global leader in supplying contraceptives and sexual and reproductive health commodities, UNFPA will continue to focus on strengthening resilient supply chains to reach the last mile with contraceptives. UNFPA will also strengthen its market intelligence in terms of procurement options and capacity. It will continue investing in green procurement practices and to consider its Supplies Partnership as the main vehicle for accelerating

176. Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, "The UNFPA strategic plan, 2022-2025", para. 48.

177. Ibid, para. 49.

178. Ibid, para. 50.

progress in countries with the highest rates of unmet need for family planning.¹⁷⁹

To end the unmet need for family planning by 2030, UNFPA and partners must address the global humanitarian and fragility landscape. UNFPA will leverage and advocate for the systemic implementation of the updated minimum initial services package, which positions family planning as a life-saving intervention. It will put more effort into integrating family planning into disaster risk reduction and climate response strategies, including national adaptation programmes of action.¹⁸⁰

UNFPA will expand its support of demand-side interventions for family planning by empowering women and girls to decide on their reproductive life. Apart from strengthening the policy environment and scaling up high-quality services and care, UNFPA will also do the following:

- continue to support comprehensive sexuality education both in and out of schools
- expand its work with men and boys
- strengthen partnerships beyond the health sector to include the private sector and civil society actors¹⁸¹

UNFPA will also scale up interventions for addressing discriminatory gender and sociocultural norms regarding family planning, including in low-fertility settings. The availability and analysis of georeferenced and disaggregated data are critical for accelerating progress towards ending the unmet need for family planning. UNFPA will therefore expand the analysis and assess demand-side interventions by strengthening relevant data systems. It will expand the development of evidence-based investment cases to demonstrate the impact of family planning on socioeconomic development under various demographic scenarios.¹⁸²

UNFPA will continue to support the implementation and strengthening of surveys and data systems, including the 2020 round of population and housing census, civil registration and vital statistics data systems, demographic and health surveys, and other relevant data collection mechanisms, to improve on data-driven family planning programming and decision-making. Surveys and data systems help make sure that everyone is counted and thus has access to family planning and other sexual and reproductive health services. The Strategic Plan will support the scaling up of data in humanitarian settings.¹⁸³ UNFPA will also continue to work with UNICEF to scale up civil registration and vital statistics data systems.

In response to the lessons learned in the COVID-19 pandemic, UNFPA will scale up self-care interventions (i.e. self-awareness, self-screening and self-management), including self-injection interventions, which can be delivered rapidly to large numbers of people by non-specialists with minimal training. UNFPA will also support virtual delivery modes, such as mobile learning, to disseminate information and services.¹⁸⁴

179. Ibid, para. 52.

180. Ibid, para. 53.

181. Ibid, para. 54.

182. Ibid, para. 56.

183. Ibid, para. 55.

184. Ibid, para. 51.

The 25 recommended actions for ending the unmet need for family planning by 2030

The 25 recommended actions for ending unmet need¹⁸⁵ are the primary output of a series of consultations on UNFPA's transformative result to end the unmet need for family planning as a foundation for achieving the 2030 Agenda for Sustainable Development and in support of realizing the ICPD vision of universal access to sexual and reproductive health and rights. The 25 actions were endorsed by the global Consultation on Ending Unmet Need for Family Planning, held from 17 to 20 June 2019 in Antalya, Türkiye. This event was hosted by the UNFPA Regional Office for Eastern Europe and Central Asia, with more than 100 participants from 42 countries representing governments, donors, implementing partners, civil society, academia, faith-based organizations and UN agencies, including UNFPA staff from country and regional offices and headquarters. The actions were further endorsed in the commitments made by the international Nairobi Summit on ICPD25,¹⁸⁶ held in November 2019. These 25 recommended actions will serve as the framework for the selection of new focus areas of a proposed regional family planning strategy.

The 25 recommended actions are grouped into six areas that cover the main issues that are fundamental to ending the unmet need for family planning. In many ways the elaboration of these recommended actions is ground-breaking, as it sets out the full range of what has to be accomplished to end the unmet need for family planning.

These 25 actions¹⁸⁷ cover the following:

- A. Create enabling environments for human rights-based family planning as an integral part of sexual and reproductive health and rights. This covers the following five actions:
 - A-1. Ensure focused rights-based interventions to meet the needs of all groups, in particular marginalized and underserved persons.
 - A-2. Use evidence-based advocacy, promote the adoption, implementation and monitoring of laws and regulations to guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people.
 - A-3. Build the case for investing in family planning as a key development driver, and advocate for strong political commitment for domestic resource mobilization through the development of evidence-based business cases.
 - A-4. Create a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational, with an agreed roadmap tailored to country or territory context.
 - A-5. Ensure a health system strengthening approach to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage.

185. UNFPA, *UNFPA's consultation on ending unmet need for family planning*, Issue No. 1, Antalya, Türkiye, 17–20 June 2019.

186. United Nations, Nairobi Summit (ICPD+25), 12–14 November 2019, Nairobi, Kenya. Available at <https://www.un.org/en/conferences/population/nairobi2019> (accessed on 9 August 2023).

187. The 25 actions listed here are adapted from UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*.

- B. Expand demand-side interventions aligned with the individual's reproductive health intentions. This includes the following three actions:
 - B-6. Analyse and assess ongoing demand-side activities, including in multisectoral programmes.
 - B-7. Ensure a strategic approach, including a theory of change as one tool, to inspire regional-, national- and subnational-level scale-up and systematization of demand-side interventions.
 - B-8. Adopt a broader view on generating demand for family planning to ensure gender equality and human rights that includes addressing opposition to family planning.
- C. Ensure the availability of good-quality, human rights–based family planning services. This covers the following five actions:
 - C-9. Ensure rights literacy among all stakeholders and revise policies and guidelines, including family planning costed implementation plans to incorporate rights.
 - C-10. Integrate family planning services as part of essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services, and integrate family planning into non-health programmes.
 - C-11. Undertake rights- and skills-based family planning training to strengthen service provider capacity for counselling, client–provider exchange and service delivery in both clinical and community settings.
 - C-12. Monitor services using indicators that measure adherence to rights principles and use data to improve knowledge of the profile of those with unmet need.
 - C-13. Ensure that policies and mechanisms are in place to strengthen accountability.
- D. Improve the availability and reliable supply of good-quality contraceptives. This deals with the following five actions:
 - D-14. Explore options to add to the contraceptive basket to allow more choices for women.
 - D-15. To increase options for procurement, expand the number of suppliers for each method of contraception, and negotiate with all suppliers.
 - D-16. Overcome bottlenecks in registration to increase procurement options for countries of both innovator and generic products.
 - D-17. For more effective and efficient supply chains, identify key areas where UNFPA has scope to provide support.
 - D-18. Ensure reliable access to contraceptives and life-saving maternal health medicines to the last mile.
- E. Provide family planning in humanitarian and fragile contexts. This covers the following three actions:
 - E-19. Ensure that sexual and reproductive health, including family planning, is integrated into

national and subnational disaster risk reduction strategies as well as into preparedness, response and contingency plans.

- E-20. Advocate for sustained, multi-year and flexible financing for family planning across the humanitarian development nexus with a focus on preparedness and transition phases.
- E-21. Reinforce quality of care as the foundation for integrated and universal sexual and reproductive health package of services, throughout a strong health system that guarantees the availability of contraceptives to the last mile.
- F. Meet young people's need for contraception as part of adolescent sexual and reproductive health and rights. This includes the following four actions:
 - F-22. Ensure an enabling policy and legal landscape that facilitates the full participation of young people for equitable and universal access to good-quality and integrated comprehensive sexual and reproductive health information and services that are responsive to all adolescents and youth to fulfil their rights and choices.
 - F-23. Build the capacity and professional commitment of service providers to deliver rights-based information and services for sexual and reproductive health, particularly contraceptive services, that are responsive and relevant to the specific needs of adolescents and youth.
 - F-24. Facilitate a multisectoral response to address holistically the needs of adolescents and youth, including key populations.
 - F-25. Generate good-quality disaggregated data on adolescent and youth sexual and reproductive health and rights, including among very young adolescents aged 10–14, to better understand their needs.



The UNFPA Regional Contraceptive Security Strategic Framework 2017–2021

The Contraceptive Security Strategic Framework (CSSF) 2017–2021 for UNFPA's Eastern Europe and Central Asia region¹⁸⁸ was launched in large part due to recognition of the fact that the availability of modern contraceptives in much of the region is limited. The limited supply of, or access to, modern contraceptives is a major factor in the continuing unmet need for family planning. However, limited access is regrettably a deliberate policy in certain countries and territories. Because of the economic and societal effects of population decline, some policymakers in Eastern Europe consider the birth rate in their countries or territories too low and would like to support policies that restrict access to modern contraception in order to raise the birth rate.¹⁸⁹

However, evidence from countries and territories that have even well-thought-out pronatalist policies indicates that such policies have a limited or no effect on the number of children couples eventually have but might result in delaying some pregnancies.¹⁹⁰

The causes of population decline have to be addressed through effective policies on low fertility and other population and health issues, such as high rates of mortality and outmigration among men. Pronatalist policies should focus on improving the socioeconomic conditions necessary for couples and individuals to have children, while ensuring that family planning is always rights-based, voluntary, and never imposed on individuals and families.

The Contraceptive Security Strategic Framework was directed at achieving systematic and scaled-up support for countries and territories in the region as they worked to achieve universal access to modern contraception as part of coverage of sexual and reproductive health care and reproductive rights. This includes HIV prevention and treatment, with rights-based family planning as a key element of this integrated approach.

The Strategic Framework was intended to provide strategic guidance to UNFPA staff at the Regional Office and Country Office levels, as well as to counterparts at the regional and national levels. The framework was aimed at informing harmonized UNFPA programming at the country or territory level in the areas of repositioning family planning, advancing contraceptive security, streamlining coordinated technical assistance at the regional and global levels, and strengthening South–South cooperation and resource-mobilization opportunities for family planning advocacy. It also embraced progress made in the Eastern Europe and Central Asia region in securing equitable access to family planning commodities by strengthening public–private partnerships and sustainable domestic financing mechanisms.

The Contraceptive Security Strategic Framework recognized that a fundamental reason for the low use of contraceptives and high unmet need for family planning was – and remains – in regional supply issues. These continue to be a major barrier that hinders women and couples in manifesting their choices regarding family planning. It used a people-centred and human rights–based perspective and

189. UNFPA Regional Office for Eastern Europe and Central Asia, *Advancing contraceptive choices and supplies for universal access to family planning*.

189. Council of Europe, Commissioner for Human Rights, *Women's Sexual and Reproductive Health and Rights in Europe*.

190. Sobotka, Matysiak and Brzozowska, "Policy responses to low fertility".

placed the demand for commodities at the heart of its approach. It provided a roadmap for continued progress on the ICPD Programme of Action, which affirms that access to quality family planning commodities is crucial for securing reproductive rights globally and vital for fulfilling the promise of the Sustainable Development Goals and Agenda 2030.

The Strategic Framework recognized that contraceptive security requires the right contraceptives, in the right quantities, in the right condition, delivered to the right place, at the right time and at the right cost. The framework concentrated on supply issues; however, it made clear that contraceptive security cannot be achieved without attention being given to demand issues as well.¹⁹¹

The process of developing the Contraceptive Security Strategic Framework was initiated by UNFPA's Regional Office for Eastern Europe and Central Asia, based on country and territory priorities, and was developed during 2016 through a process that involved direct consultations with Country Offices, national counterparts and interested groups; an extensive review of documents dealing both with general issues of contraceptive security and with those specific to the region; a questionnaire completed by Country Offices in conjunction with the Public–Private Partnership for Universal Access to Family Planning Workshop held in Istanbul in October 2015, which identified issues and challenges as well as the priorities of countries and territories. A second questionnaire was completed by the regional advisors from the UNFPA Regional Office for Eastern Europe and Central Asia and staff from Country Offices in June 2016, in which they covered the current situation and identified challenges and key interventions. The development of the Contraceptive Security Strategic Framework followed a methodology that was designed to be inclusive.

Five crucial focus areas (the five Cs) were identified for specific attention to achieve the Contraceptive Security Strategic Framework's goal of ensuring that all people in Eastern Europe and Central Asia have universal access to modern contraceptive methods by 2021. The five Cs include the following focus areas:

- commitment at the national level for rights-based family planning and contraceptive security
- capital for sustainable contraceptive security programmes
- coordination and cooperation between partners to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives
- capacities at the national level for developing and delivering a sustainable contraceptive security programme
- client demand at the local level¹⁹²

The Strategic Framework identified an explicit set of outputs and key interventions, arguing that measuring inputs and outputs (linking results and resources) would also support accountability for results and value for money. Tracking performance, capturing trends and demonstrating impact would be instrumental for reporting to management and donors.

191. UNFPA Regional Office for Eastern Europe and Central Asia, *Advancing contraceptive choices and supplies for universal access to family planning*, p. 10.

192. The five Cs presented here are adapted from UNFPA Regional Office for Eastern Europe and Central Asia, *Advancing contraceptive choices and supplies for universal access to family planning*, p. 24.

In 2020, an assessment of the implementation of the Strategic Framework was undertaken.¹⁹³ A dedicated progress matrix was developed and operationalized as an online survey to collate data about the implementation of key interventions related to family planning and reproductive health commodity security. This addressed country- and territory-specific priorities outlined in the Contraceptive Security Strategic Framework for 2017–2021 and for each of the six thematic streams that categorize UNFPA's 25 recommended actions to get to zero unmet family planning need by 2030. These were agreed at the global Consultation on Ending Unmet Need for Family Planning, held in June 2019 in Antalya, Türkiye.¹⁹⁴

All countries and territories in the Eastern Europe and Central Asia region responded to the survey. Where possible, progress data (from 2016 until 2020) on key indicators were collected in respect of each of the CSSF focus areas (outputs). Based on the responses to the progress matrix survey, the UNFPA Regional Office for Eastern Europe and Central Asia selected the most effective, innovative and scalable interventions for further in-depth exploration.

The main recommendations¹⁹⁵ from the assessment can be summarized as follows:

1. There must be adequate and sufficient evidence about how health policies and procedures impede access to family planning and reproductive health commodities in order to address obstacles and remove barriers. Policy documents require a costed action plan and a strong monitoring and evaluation framework from the beginning to ensure proper annual financing of planned interventions and enable the assessment of progress towards set targets.
2. Targets are necessary to ensure sustainable momentum, bringing together all relevant stakeholders from both public and private sectors in platforms or coordinating committees is invaluable. Different stakeholders bring different knowledge and insights for problem-solving.
3. Innovative ways of ending the unmet need for family planning should be learned from the experiences of similar countries and territories dealing with these issues.
4. Expanding demand for and ensuring the availability of human rights-based family planning requires sustained creativity and innovation in approaches and strategies.
5. Working with people in communities helps make government policies and funding more responsive and accountable to real needs for rights-based access. The civil society sector can be a very important ally; involving it from the start can strengthen progress through complementary networks.
6. Anticipating family planning needs in non-traditional situations or settings creates an opportunity to reach people who might otherwise not receive services to which they have a right. In areas of conflict, times of crisis or emergency situations, the need for rights-based family planning does not diminish. Indeed, sustained advocacy is key to ensuring that family planning and reproductive health are on countries' preparedness agenda and in their response plan.

193. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*.

194. UNFPA, *UNFPA's consultation on ending unmet need for family planning*.

195. UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia*, pp. 13–14.

The Eastern Europe and Central Asia regional programme 2022–2025

An underlying concern expressed in the Eastern Europe and Central Asia regional programme (2022–2025) is the uneven access to, and use of, modern contraception and the relatively high unmet need for family planning that disproportionately affects vulnerable populations such as people with disabilities, young people, marginalized groups and those living in fragile and conflict-affected settings. Unprotected sex has been one of the main challenges, leading to growing numbers of sexually transmitted infections, including HIV and HPV, as well as high numbers of unintended pregnancies and induced abortions.¹⁹⁶

UNFPA's Executive Board approved a regional programme (2022–2025) for UNFPA's region of Eastern Europe and Central Asia at its meeting in September 2021.¹⁹⁷ This regional programme aims to accelerate by 2025 the reduction in the unmet need for family planning and earmarked \$8.6 million as indicative resources for this outcome. The programme will advance policy dialogue for integrating and sustaining essential SRH services packages under universal health coverage (maternal and child health, family planning, cervical cancer, prevention of sexually transmitted infections and HIV, infertility and adolescent and youth-friendly sexual and reproductive health services), and will strengthen human rights-based approaches to reproductive health commodity security by expanding access to a choice of family planning methods for all, with a focus on those most vulnerable and marginalized. It is expected that the countries and territories in the region will successfully apply this Roadmap for ending the unmet need for family planning to prioritize family planning and reproductive health commodity security in sexual and reproductive health and reproductive rights policies, strategies and costed action plans in line with the 25 recommended actions.

196. UNFPA, UNFPA strategic plan, 2022-2025, Annex 4. Eastern Europe and Central Asia regional programme (2022-2025). Available at https://www.unfpa.org/sites/default/files/board-documents/DP.FPA_2021.8_-_strategic_plan_2022-2025_-_Annex.5_-_Eastern_Europe_and_Central_Asia_-_Final_-_21Jul21.pdf (accessed on 19 November 2023).

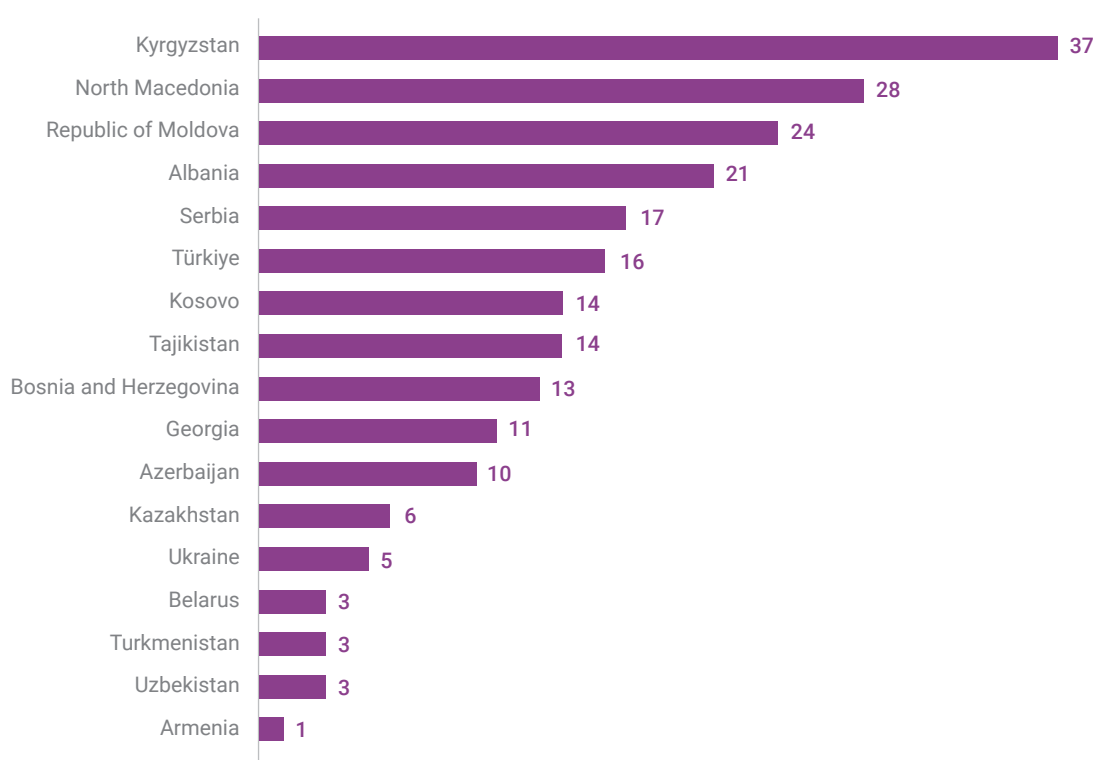
197. Ibid.

Priorities and needs of the countries and territories of Eastern Europe and Central Asia

In 2021, UNFPA's Regional Office for Eastern Europe and Central Asia and the East European Institute for Reproductive Health conducted an assessment of the strategic priorities of the countries and territories of Eastern Europe and Central Asia in the area of family planning in relation to the 25 recommended actions for ending the unmet need for family planning by 2030. Data were collected online through a questionnaire sent to the countries and territories of Eastern Europe and Central Asia with support provided by UNFPA Country Offices. A representative range of decision makers and key informants in each country and territory were asked to prioritize the actions of greatest strategic importance in their specific circumstances. This bottom-up exercise of assessing countries' and territories' priorities and needs took place from 15 September to 2 December 2021.

Overall, 226 responses were received from the 17 countries and territories in the region, ranging from 1 in Armenia to 37 in Kyrgyzstan.

Figure 6. Number of respondents, by country or territory



Source: Compiled by the author.

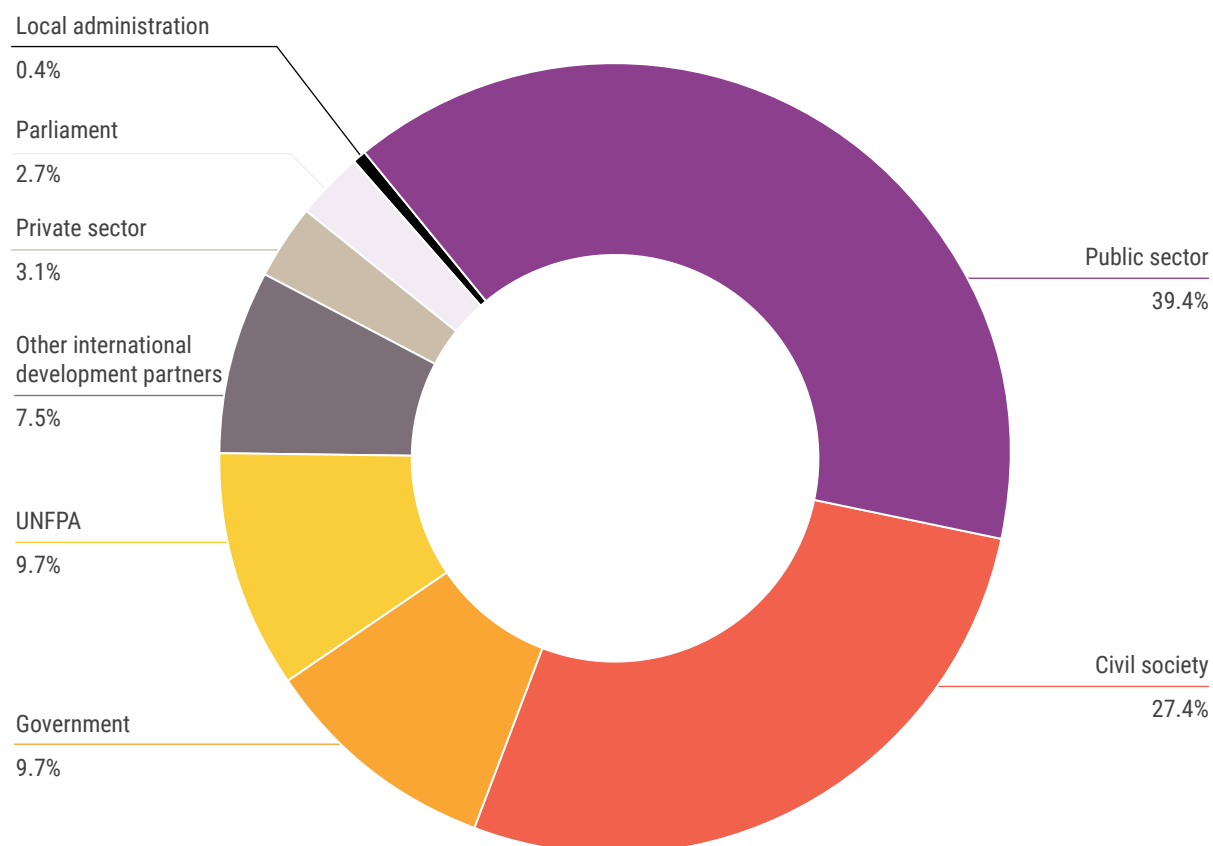
The questionnaire sought input from parliamentary representatives, government officials in relevant departments, reproductive health workers in the public sector, local officials, relevant personnel working for community-based organizations, pharmacists and relevant workers in the private sector, professionals at UNFPA Country Offices and staff at other international development agencies.

Table 1. Breakdown of assessment respondents

	Parliament	Government	Public sector	Local administration	Civil society	Private sector	UNFPA	Other international development partners	Total
Albania	0	4	6	0	6	0	3	2	21
Armenia	0	0	1	0	0	0	0	0	1
Azerbaijan	0	0	6	0	2	0	2	0	10
Belarus	0	0	2	1	0	0	0	0	3
Bosnia and Herzegovina	0	2	8	0	0	1	2	0	13
Georgia	0	1	2	0	3	1	2	2	11
Kazakhstan	0	0	1	0	3	0	1	1	6
Kyrgyzstan	3	1	15	0	12	1	0	5	37
North Macedonia	1	4	11	0	9	1	0	2	28
Republic of Moldova	0	2	13	0	4	1	2	2	24
Serbia	0	2	6	0	7	0	1	1	17
Tajikistan	0	0	8	0	4	0	1	1	14
Türkiye	0	0	4	0	8	2	1	1	16
Turkmenistan	0	1	1	0	0	0	1	0	3
Ukraine	0	1	1	0	1	0	2	0	5
Uzbekistan	0	0	0	0	1	0	2	0	3
Kosovo	2	4	4	0	2	0	2	0	14
Total	6	22	89	1	62	7	22	17	226

Source: Compiled by the author.

Figure 7. Breakdown of respondents by constituency



Source: Compiled by the author.

The responses were aggregated and analysed to identify the family planning strategic priorities of the countries and territories of Eastern Europe and Central Asia.

Importance of reaching the goal of ending the unmet need for family planning by 2030

Across the region, respondents from all the countries and territories of Eastern Europe and Central Asia considered ending the unmet need for family planning by 2030 to be important (see Figure 8). The level of importance of ending the unmet need for family planning by 2030 for each country and territory, in comparison with other sexual and reproductive health and rights goals, was assessed to be “extremely important or very important” by 92.5 per cent of respondents, “moderately important” by 7.5 per cent and “not important at all or slightly important” by none of the respondents.

Figure 8. Overall assessment of the importance of ending the unmet need for family planning by 2030



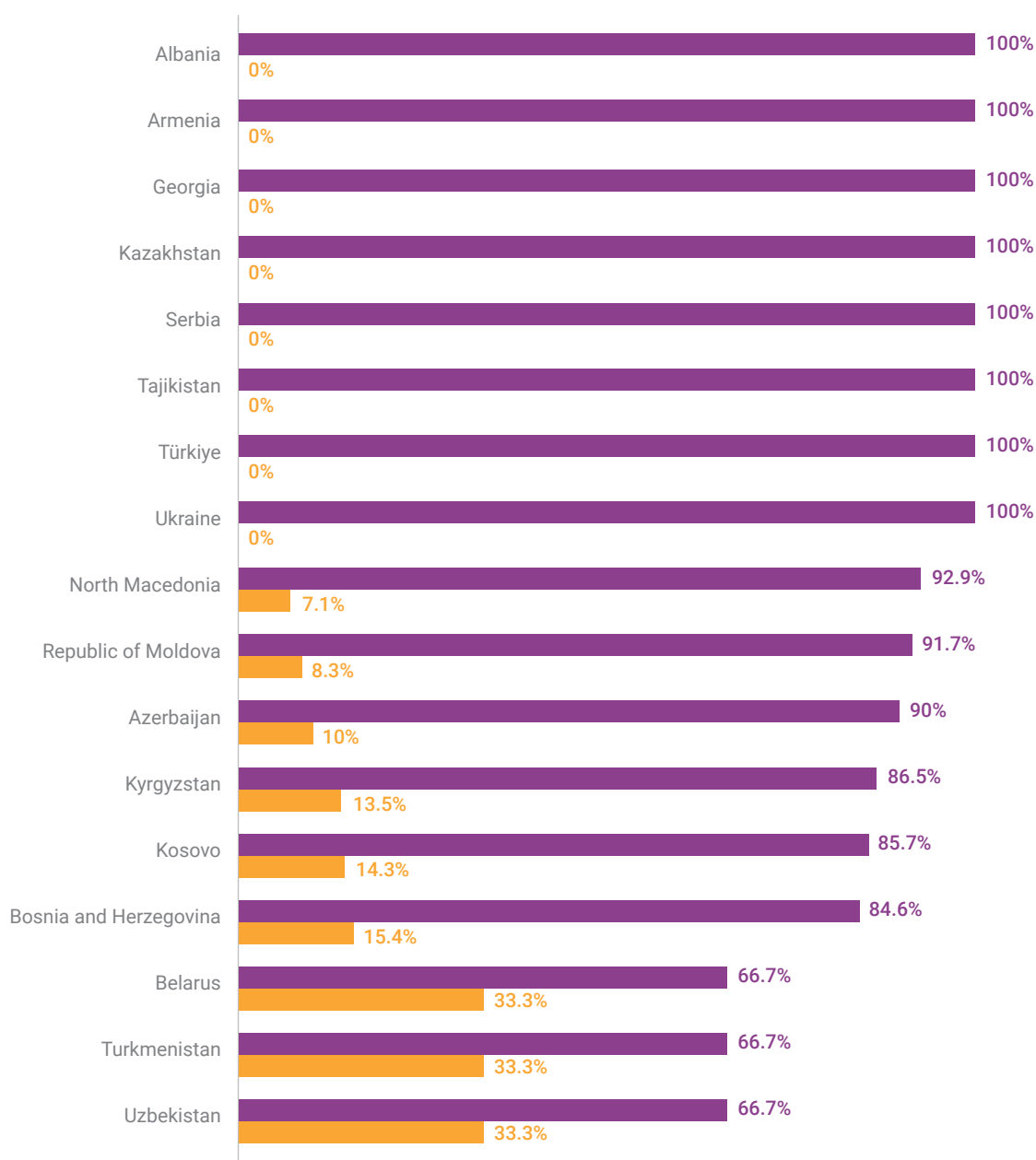
Source: Compiled by the author.



Photo: UNFPA Kosovo/Arben Llapashtica

The importance of ending the unmet need for family planning by 2030 was different for each country and territory in the Eastern Europe and Central Asia region. All the respondents in eight countries (Albania, Armenia, Georgia, Kazakhstan, Serbia, Tajikistan, Türkiye and Ukraine) said the goal was a highly important component of reproductive health services. In three countries (Belarus, Turkmenistan and Uzbekistan), one third of the respondents appeared to be slightly more equivocal about its importance, saying it was only moderately important. This distribution may have been affected by the fact that these were the countries with the fewest responses.

Figure 9. Assessment of the importance of ending the unmet need for family planning by 2030, by countries and territories in Eastern Europe and Central Asia

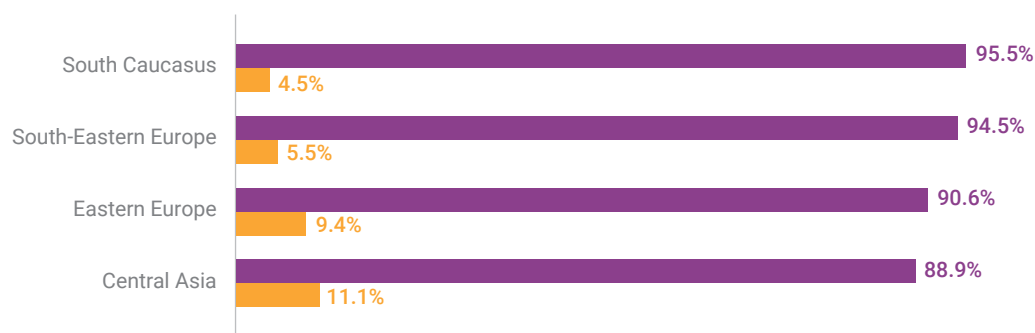


Source: Compiled by the author.

■ Extremely important or very important ■ Moderately important

The degree to which ending the unmet need for family planning was considered a priority was broadly similar across the four clusters of countries and territories in Eastern Europe and Central Asia.

Figure 10. Assessment of the importance of ending the unmet need for family planning by 2030, by countries and territories in Eastern Europe and Central Asia

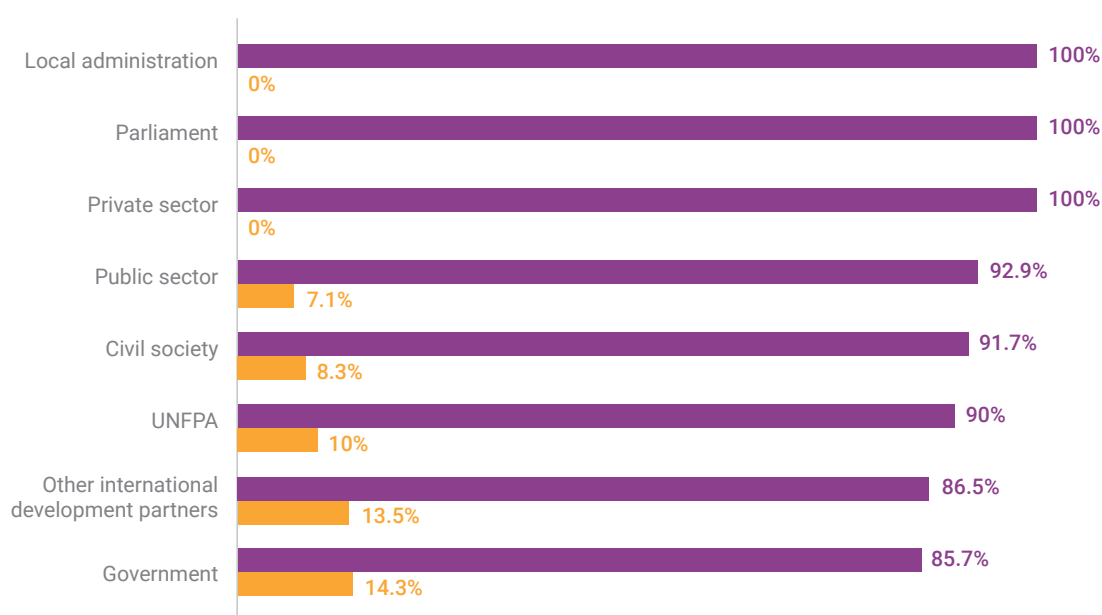


Source: Compiled by the author.

Extremely important or very important Moderately important

The various constituencies of respondents had differences of opinion concerning the importance of reaching the goal, with parliamentarians, local administrative officials and private sector personnel such as pharmacists considering it highly important, while government officials and other international development partners considered it somewhat less important.

Figure 11. Assessment of the importance of ending the unmet need for family planning by 2030, by respondent constituencies



Source: Compiled by the author.

Extremely important or very important Moderately important

Priorities of the countries and territories of Eastern Europe and Central Asia

The respondents in each country and territory were asked to rank the 25 recommended actions to end the unmet need for family planning in order of priority for their country or territory. Nine of the 10 highest-ranked actions refer to creating enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights. Countries’ and territories’ priorities confirm that, as outlined in UNFPA’s Strategic Plan, priority must be given to integrating family planning into sexual and reproductive health and reproductive rights policies and programmes and to integrating family planning as a core element of the UHC benefit package in order to reduce the unmet need for family planning at a faster rate.

Table 2. Top 10 priority actions identified by the countries and territories of Eastern Europe and Central Asia

Actions for ending unmet need for family planning by 2030 ¹⁹⁸	Very high or high priority
1.1. Ensure focused rights-based interventions to meet the needs of all groups, in particular marginalized and underserved persons.	93.8%
2.1. Promote the adoption, implementation and monitoring of laws and regulations to guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services for all people.	93.8%
10.1. Integrate family planning services as part of essential reproductive, maternal, newborn, child and adolescent health packages and STI and HIV services.	92.9%
2.2. Ensure that laws and regulations that guarantee equal access to contraceptives and comprehensive sexual and reproductive health information, education and services include specific measures to meet the needs of marginalized groups.	90.3%
5.1. Ensure a health system strengthening approach to maximize the efficiency and effectiveness of family planning programmes and to position family planning as an integral part of universal health coverage.	89.8%
19.2. Ensure that sexual and reproductive health, including family planning, is integrated into universal health coverage (UHC).	89.8%
1.2. Ensure availability and analysis of disaggregated data at national and subnational level.	88.5%
9.1. Ensure rights literacy among all stakeholders.	88.1%
4.1. Create a sustainability strategy as an integral part of every rights-based family planning programme, national and subnational, with an agreed roadmap tailored to country or territory context.	87.6%
18.1. Ensure reliable access to contraceptives and life-saving maternal health medicines to the last mile.	87.2%

Source: Compiled by the author.

198. Respondents were given a number of statements about each of the 25 recommended actions to end the unmet need for family planning by 2030. For example, statements about action 1 were numbered 1.1, 1.2, 1.3, etc. The numbers in Table 2 thus refer to the statements that were presented to the respondents.

Of the six technical areas covered by the recommended actions for ending the unmet need for family planning by 2030, Area A (“Create enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights”) was ranked as most important, while Area D (“Improve the availability and reliable supply of good-quality contraceptives”) was ranked as least important, but over two thirds of respondents still considered it a very high or high priority.

Table 3. Priority areas for action identified by the countries and territories of Eastern Europe and Central Asia

Action area for ending unmet need for family planning by 2030	Very high or high priority
Area A. Create enabling environments for human rights–based family planning as an integral part of sexual and reproductive health and rights.	90%
Area B. Expand demand-side interventions aligned with the individual’s reproductive health intentions.	83%
Area C. Ensure the availability of good-quality, human rights–based family planning services.	83%
Area D. Improve the availability and reliable supply of good-quality contraceptives.	68%
Area E. Provide family planning in humanitarian and fragile contexts.	83%
Area F. Meet young people’s need for contraception as part of adolescent sexual and reproductive health and rights.	85%

Source: UNFPA Regional Office for Eastern Europe and Central Asia, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia: Thematic Briefs on Family Planning and Reproductive Health Commodity Security* (Istanbul, 2022).

The expected level of involvement of respondents’ respective institutions in order to end the unmet need for family planning by 2030 in their respective country or territory was considered “very high” or “high” by 80.1 per cent of the respondents, “medium” by 15.0 per cent of the respondents and “very low” or “low” by only 4.0% of the respondents.

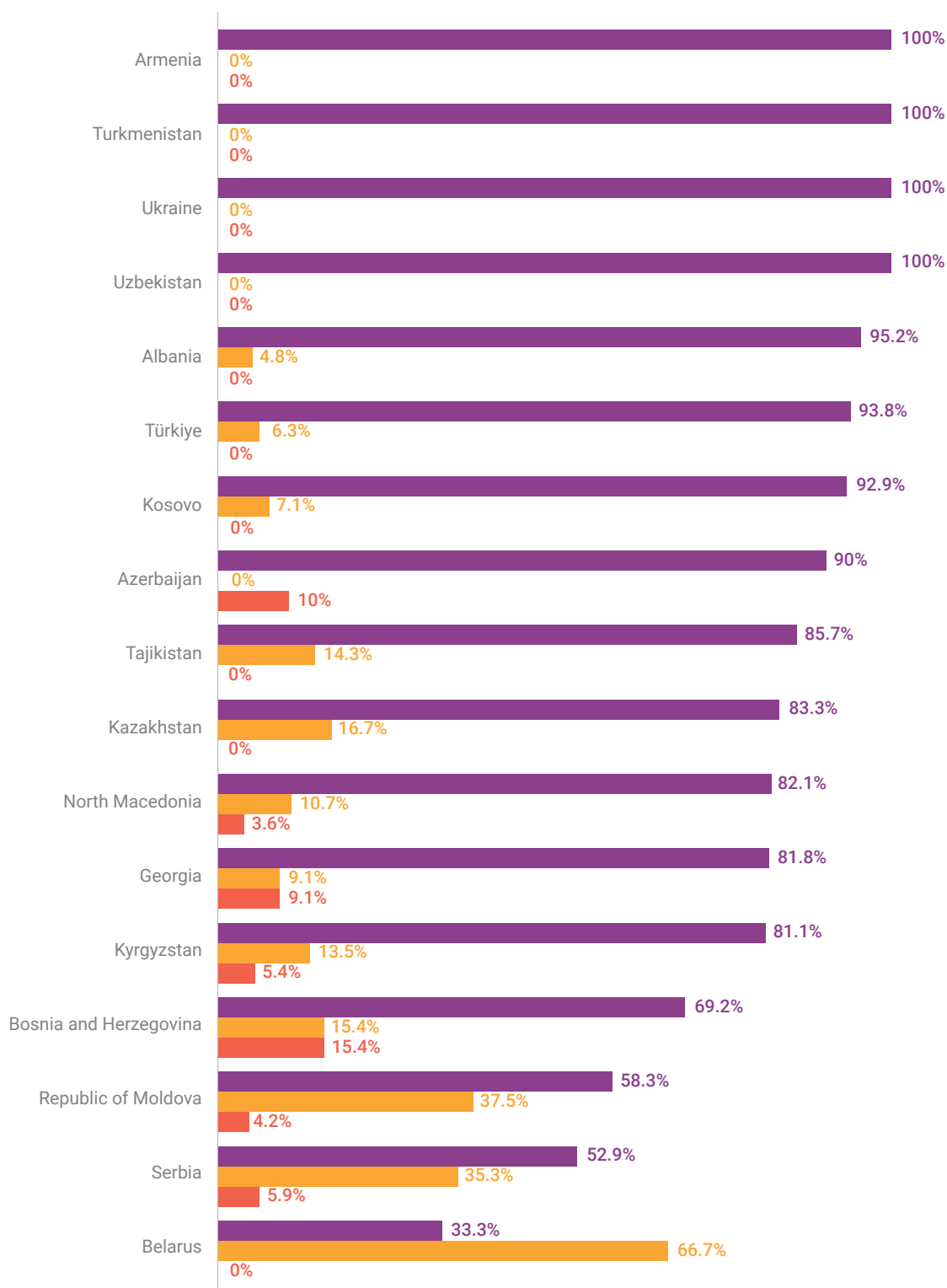
Figure 12. Overall expected level of involvement of respondents’ institutions in ending the unmet need for family planning by 2030 in their respective country or territory



Source: Compiled by the author.

The opinion of the respondents regarding the extent to which their institutions should be involved in achieving the goal varied among the region's countries and territories.

Figure 13. Expected level of involvement of respondents' institutions in ending the unmet need for family planning, by countries and territories in Eastern Europe and Central Asia

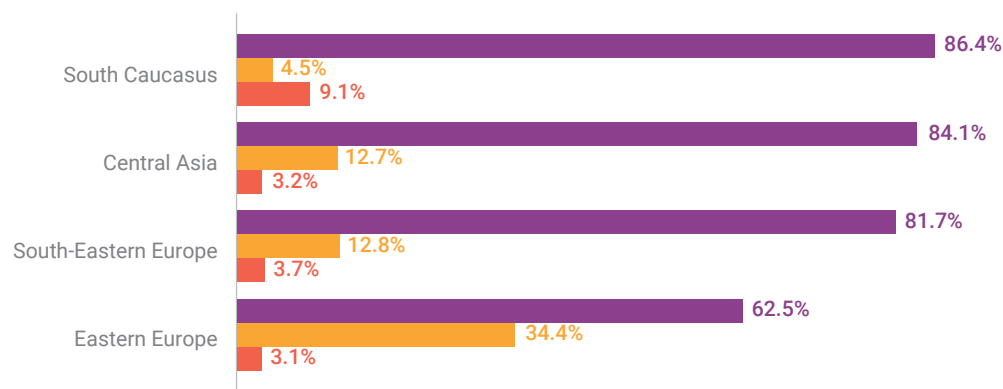


Source: Compiled by the author.

Very high or high involvement Medium involvement Very low or low involvement

The respondents in the Eastern Europe cluster were less certain than those from other clusters that their organization should be involved in activities to end the unmet need for family planning.

Figure 14. Level of involvement of respondents' institutions in ending the unmet need for family planning, by clusters of countries and territories in Eastern Europe and Central Asia



Source: Compiled by the author.

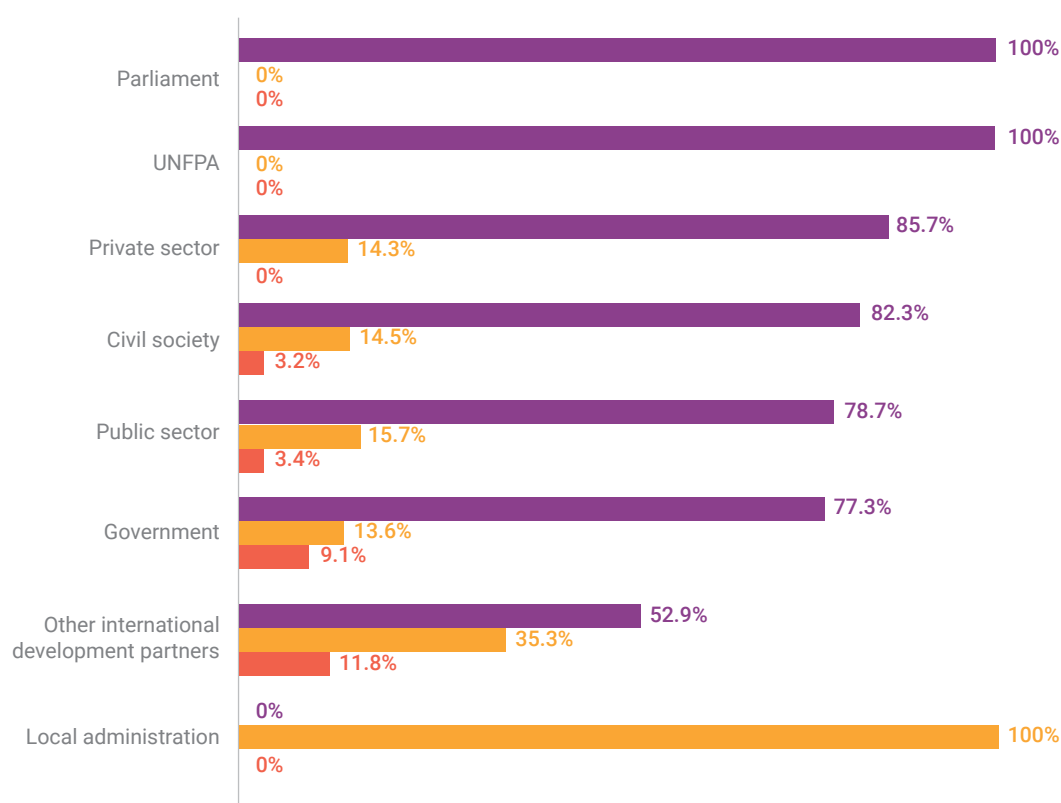
Very high or high involvement Medium involvement Very low or low involvement



Photo: UNFPA Türkiye/Yasin Güngör

Various groups or constituencies ranked the level of expected involvement of their institutions differently. As might be expected, all those working for UNFPA agreed that they should be involved in ending the unmet need for family planning. It is also reassuring that parliamentarians strongly supported family planning policies and activities. However, many of those working in government and local administration were less enthusiastic about their support. This may signify the need for capacity-building for government and local administrative staff. More targeted technical and practical support and guidance on how to integrate family planning into universal health coverage should be developed and rolled out. Also, follow-up is needed with local administrators to ensure that the policies and administrative decisions are implemented at the primary health-care level.

Figure 15. Expected level of involvement of respondents' institutions in ending the unmet need for family planning, by respondent constituencies



Source: Compiled by the author.

Very high or high involvement Medium involvement Very low or low involvement

Needs of the countries and territories of Eastern Europe and Central Asia

Respondents were also asked to identify, in their opinion, the most important needs of their country or territory in order to achieve the priority actions they had identified.

A wide range of needs were expressed, from general support to very specific needs. For the purpose of this strategic roadmap, these needs were grouped into the following categories:

- A. Advocacy for policy change
- B. Demand-side needs, human rights and leaving no one behind
- C. Supply-side needs, building the capacities of systems and people

The categories of countries' and territories' needs were matched against the areas covered by the 25 recommended actions.

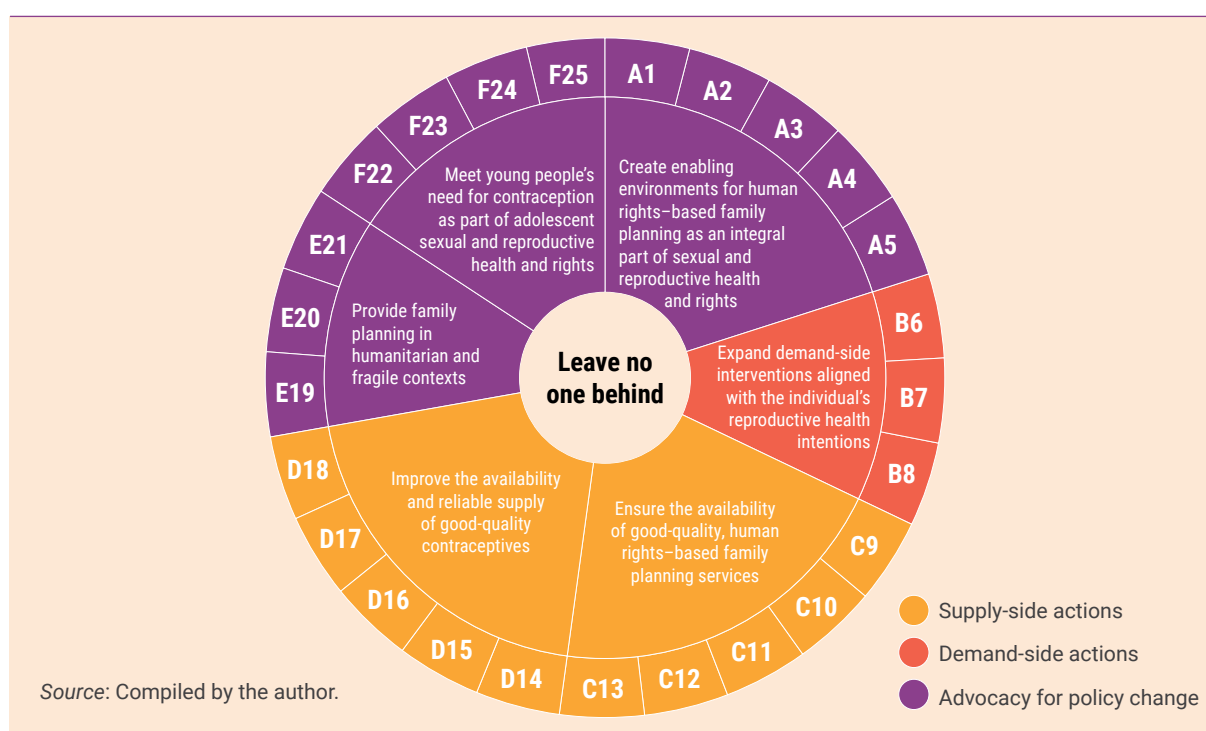
Category A corresponds to Area A of the 25 actions ("Create enabling environments for human rights-based family planning as an integral part of sexual and reproductive health and rights").

Category B corresponds to Area B ("Expand demand-side interventions aligned with the individual's reproductive health intentions").

Category C corresponds to Areas C and D ("Ensure the availability of good-quality, human rights-based family planning services" and "Improve the availability and reliable supply of good-quality contraceptives").

People in humanitarian and fragile contexts (Area E) and young people (Area F), as specific cross-cutting groups, are included throughout all three categories of actions.

Figure 16. Conceptual framework for the distribution of needs for action in Eastern Europe and Central Asia in relation to the 25 recommended actions to end the unmet need for family planning by 2030



The needs expressed by the countries and territories were divided roughly equally among the three categories.

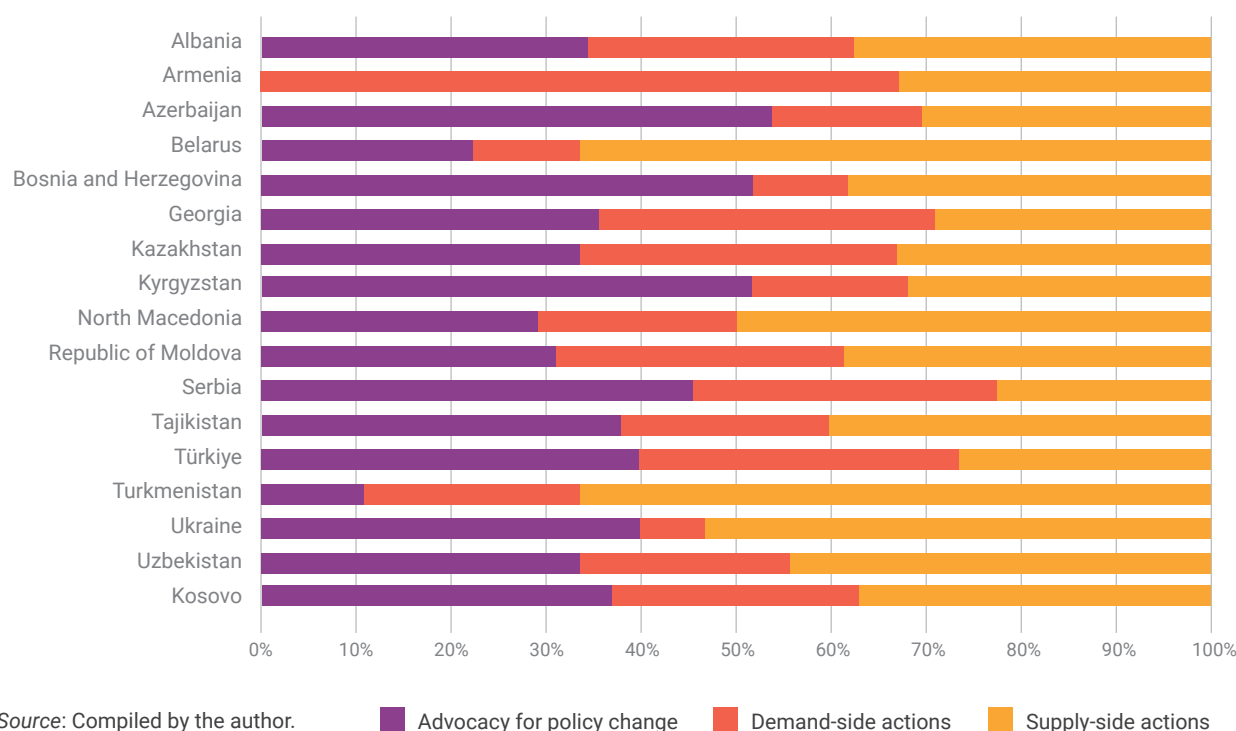
Figure 17. Distribution of the needs expressed by the countries and territories of Eastern Europe and Central Asia



Source: Compiled by the author.

The countries and territories differed in terms of the priority they assigned to the three broad categories of needs. Although the diversity of the responses makes quantification difficult, the respondents from Azerbaijan, Bosnia and Herzegovina, and Kyrgyzstan identified advocacy as their main need; the respondents from Belarus, Turkmenistan and Ukraine identified supply-side actions as their main need; and the respondents from Armenia identified demand-side actions as their main need.

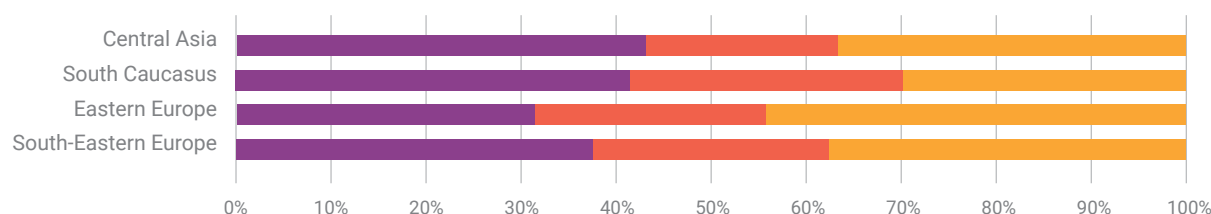
Figure 18. The most important needs in Eastern Europe and Central Asia, by country or territory



Source: Compiled by the author.

The need for supply-side actions was greatest in Eastern Europe, while the remaining clusters expressed greater need for advocacy for policy change.

Figure 19. The most important needs of the countries and territories of Eastern Europe and Central Asia, by clusters of countries and territories



Source: Compiled by the author.

■ Advocacy for policy change ■ Demand-side actions ■ Supply-side actions

Overall, the responses confirm that it will not be possible to accelerate the reduction in the unmet need for family planning in Eastern Europe and Central Asia unless the following priorities are addressed:

- meeting the demand for women's and young people's access to family planning services by addressing harmful sociocultural norms and promoting the rights of individuals and groups furthest behind
- integrating family planning into sexual and reproductive health and reproductive rights policies and programmes as well as the UHC benefit package
- investing in human rights-based, people-centred, inclusive and integrated high-quality family planning services, including products and services



Photo: UNFPA Georgia/Dina Oganova

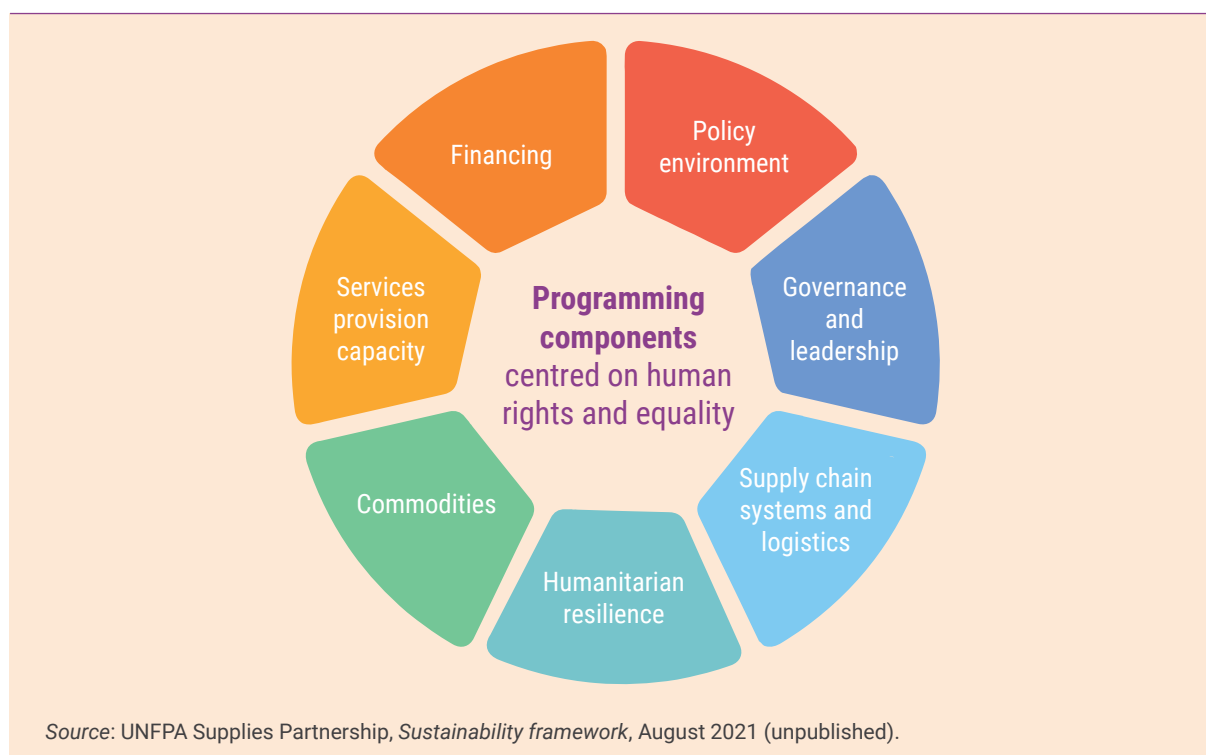
Operationalization of the Roadmap

A basic principle of the approach taken in the Roadmap is that national stakeholders in the countries and territories of Eastern Europe and Central Asia will decide on how to implement the Roadmap in a way that is appropriate to their circumstances, and UNFPA offices at different levels (country, regional, global) will assist with this. The operationalization of the Roadmap will take account of the circumstances of each country and territory, including national FP policies and programmes and their particular needs and priorities as well as local expertise and good practices.

UNFPA will focus on the availability of reproductive health commodities as a necessary condition for improving access to contraception, and will encourage higher levels of sustainable domestic public financing. At the same time, UNFPA will work on building resilient health systems capable of delivering quality human rights-based family planning services in an efficient and sustainable way.

In order to assist the UNFPA Country Offices, government partners and key stakeholders in making informed decisions around sustainability and to monitor progress across the sustainability continuum, the UNFPA Supplies Partnership Sustainability Framework will be used.¹⁹⁹

Figure 20. The UNFPA Sustainability Framework programming components



199. UNFPA Supplies Partnership, *Sustainability Readiness Assessment Tool: guidance note for UNFPA Country Offices and partners*, 2022.

This framework recognizes that sustainable family planning programmes are contextually interlinked with the political and socioeconomic ecosystem and require new thinking on how to collaborate with partners to achieve goals. Building on existing evidence around sustainable family planning programmes and leveraging the experience from previous phases, the framework is centred around seven dynamic programming components for action and evaluation.

Table 4. The dynamic programming components and their sustainability elements of the UNFPA Supplies Partnership Sustainability Framework

Programming component	Sustainability elements
Policy environment	<ul style="list-style-type: none"> • Laws, policies and regulatory mechanisms supporting increased availability of quality family planning services and commodities. • Governments committed to creating an enabling environment to increase and sustain domestic financing for family planning and expand engagement of other sectors.
Governance and leadership	<ul style="list-style-type: none"> • Downstream-led accountability mechanisms in place, supporting and enabling multiple actors including private sector and civil society organizations in a coordinated effort, enhancing efficiency and equity of human rights-based family planning services provision.
Financing	<ul style="list-style-type: none"> • Family planning programmes have the capacity to secure the timely availability of predictable, multi-year domestic resources prioritized for high-impact family planning programme interventions, guaranteeing affordable, equitable access to family planning services across the entire health system. • As the family planning programme moves towards sustainability, there are incremental increases in allocations for commodities in national plans and budgets in order to meet demand.
Supply chain systems and logistics	<ul style="list-style-type: none"> • The relevant authorities continue to leverage and are completing the integration and institutionalisation of supply chain management processes and systems. Last Mile Assurance mechanisms are in place, optimizing the availability of contraceptive products at all levels, at all times.
Commodities	<ul style="list-style-type: none"> • A broad range of high-quality contraceptive methods is available through public sector distribution channels. • Contraceptive methods are accessible, affordable and utilized when needed, including by the most vulnerable populations. • The national drug regulatory authority ensures product quality, in adherence with international standards for available products.
Capacity to provide services	<ul style="list-style-type: none"> • Skilled health-care providers are available at all levels and provide human rights-based family planning services as part of an integrated package of sexual and reproductive health services in the context of universal health coverage. • The health workforce meet clinical and service delivery standards, and quality is systematically monitored and regulated by national health authorities.

Programming component	Sustainability elements
Health systems' resilience to humanitarian crisis and disasters	<ul style="list-style-type: none"> • Health systems incorporate a disaster risk reduction approach to family planning programmes and integrate sexual and reproductive health, including family planning, as an integral part of national response plans and humanitarian frameworks. • Health systems have the capacity to respond to crises and disasters and have mechanisms in place to mitigate and reduce the risk of a disruption of health services provision.

Source: UNFPA Supplies Partnership, *Sustainability framework*, August 2021 (unpublished).

Tools for assessing sustainability, setting priorities and tracking progress

The UNFPA Sustainability Framework along with its programming components and elements were laid out in the Sustainability Readiness Assessment Tool (SRAT) developed by UNFPA to provide a quick overview of the sustainability of a particular family planning programme, by identifying a set of trajectories through predefined milestones. The SRAT uses a structured self-administered questionnaire to assess each of the programmatic areas and produces a consolidated sustainability score.

UNFPA's Regional Office for Eastern Europe and Central Asia developed the online Prioritization and Progress Tracking Tool (PPTT) to assist UNFPA Country Offices, government partners and key stakeholders in making informed decisions around sustainability and to monitor progress across the sustainability continuum. The PPTT was developed to help countries and territories plan and track implementation of the strategic objectives and interventions determined annually by the multi-stakeholder country and territory teams and, ultimately, to help them address the needs expressed during the 2021 assessment. The tool was inspired by and built based on the SRAT, which was adjusted slightly to account for regional specificity. This tool will make it possible to gauge country, territory and regional progress in ending the unmet need for family planning by 2030, by focusing on common challenges and finding creative ways to address them.

The PPTT involves a consensus process with the key stakeholders for family planning in the country or territory in question. This process has two parts: (1) determining the country's or territory's consolidated sustainability score for the current year; and (2) determining the key priorities for the next year and tracking progress from the previous year.

By using the PPTT, the UNFPA Regional Office for Eastern Europe and Central Asia and the Country Offices in the region will be able to monitor progress towards achieving the programme goals in more objective terms on an annual basis and agree on key milestones for focused action in the upcoming year. This mechanism will also strengthen coordination among stakeholders, guide them through the process to identify the key priority areas and their milestones, and build alignment around investments in systems.

Bibliography

Askew, Ian, and others. A multi-sectoral approach to providing reproductive health information and services to young people in Western Kenya: the Kenya adolescent reproductive health project. FRONTIERS Final Report. Washington, DC: Population Council, 2004.

Bauer, Florence. It's time to tear down the barriers preventing women and men from having careers, and the number of children, they want. UNFPA Regional Office for Eastern Europe and Central Asia, 22 September 2022.

Bhutta, Zulfiqar A., and others. Optimising child and adolescent health and development in the post-pandemic world", *The Lancet*, vol. 399, No. 10337 (May 2022), pp. 1759–1761.

Binzen, Susanna, Timothy Johnson and Alicia Ruiz. *Estimating future contraceptive requirements using the CastCost contraceptive forecast and cost estimate spreadsheet*. Atlanta, Georgia: USAID and Centers for Disease Control and Prevention, 2010.

Boydell, Victoria, and others. Building a transformative agenda for accountability in SRHR: lessons learned from SRHR and accountability literatures. *Sexual and Reproductive Health Matters*, vol. 27, No. 2 (2019), pp. 64–75.

Briggs, C. J., and P. Garner. Strategies for integrating primary health services in middle- and low-income countries at the point of delivery. *Cochrane Database of Systematic Reviews*, No. 2 (2006).

Butler, Jennifer, and others. *Accelerating the Promise: The Report on the Nairobi Summit on ICPD25*. New York: UNFPA, 2019.

Centers for Disease Control and Prevention and ORC Macro. *Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report*. Atlanta, Georgia: Centers for Disease Control and Prevention, 2003.

Coll, Carolina V. N., and others. Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health survey. *BMJ Global Health*, vol. 5, No. 1 (2020).

Council of Europe, Commissioner for Human Rights. *Women's Sexual and Reproductive Health and Rights in Europe*. Issue Paper. 2017.

Cousins, Sophie. Fighting the HIV epidemic in Eastern Europe and Central Asia. *The Lancet Child and Adolescent Health*, vol. 3, No. 8 (August 2019), pp. 522–523.

Evans, David B., Justine Hsu and Ties Boerma. Universal health coverage and universal access. *Bulletin of the World Health Organization*, vol. 91, No. 8 (August 2013), pp. 546–546A.

Every Woman Every Child. *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform*. 2015.

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services. The UNFPA strategic plan, 2022-2025. 14 July 2021. DP/FPA/2021/8.

Family Planning 2020 (FP2020). Assessing misalignments in the procurement of contraceptives: improving procurement practices to achieve the goals of FP2020. 2016.

_____. *FP2020: The Arc of Progress – 2019–2020*.

_____. *FP2020: Women at the Center – 2018–2019*.

FP2020, International Planned Parenthood Federation, John Snow, Inc., Women's Refugee Commission and UNFPA. *Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies – Field Test Version*. Washington, DC: FP2020, 2020.

Family Planning 2030 (FP2030). FP2030 commitments toolkit. 1 November 2021.

_____. Integrated family planning and HIV services for youth: applying ECHO study findings in the COVID-19 pandemic, May 2021.

_____. *Measurement report 2022: brief*.

_____. Statement from Family Planning 2030 on the future of family planning, 14 May 2021.

FP2030, UNFPA and What Works Association. *The comprehensive human rights-based, voluntary family planning program framework: brief*. Washington, DC: FP2030, 2021.

Foster, Diana Greene. Unmet need for abortion and woman-centered contraceptive care. *The Lancet*, vol. 388, No. 10041 (July 2016), pp. 216–217.

Grant-Maidment, Tallulah, Katharina Kranzer and Rashida A. Ferrand. The effect of integration of family planning into HIV services on contraceptive use among women accessing HIV services in low and middle-income countries: a systematic review. *Frontiers in Global Women's Health*, vol. 3 (2022).

Gribble, James. *Contraceptive security: a toolkit for policy audiences*. Washington, DC: Population Reference Bureau, 2010.

Gu, Baochang. Family planning program under low fertility: where to go. *China Population and Development Studies*, vol. 5 (2021), pp. 61–68.

Guttmacher Institute. Abortion rates declined significantly in developed countries but remained unchanged in developing countries, May 2016.

HIP Partnership. Domestic public financing: building a sustainable future for family planning programs.

_____. Family planning and immunization integration: reaching postpartum women with family planning services. Washington, DC, 2021.

_____. *Meaningful adolescent and youth engagement and partnership in sexual and reproductive health programming: a strategic planning guide*. Washington, DC, 2022.

_____. Social franchising: improving quality and expanding contraceptive choice in the private sector.

_____. Supply chain management: investing in the supply chain is critical to achieving family planning goals, 2022.

_____. Task sharing family planning services to increase health workforce efficiency and expand access: a strategic planning guide. Washington, DC, 2019.

_____. Use of the WHO guidelines & tools alongside service delivery High Impact Practices in family planning, 2019.

Huber, Douglas, and others. Postabortion care: 20 years of strong evidence on emergency treatment, family planning, and other programming components. *Global Health: Science and Practice*, vol. 4, No. 3 (2016), pp. 481–494.

International Labour Organization. Gender equality.

International Planned Parenthood Federation (IPPF). The climate crisis and sexual and reproductive health and rights. Position Paper. London, 2021.

IPPF and United Nations Population Fund Regional Office for Eastern Europe and Central Asia. *Key factors influencing contraceptive use in Eastern Europe and Central Asia: findings from a qualitative study conducted in Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Kazakhstan, the Republic of Macedonia and Serbia – recommendations for improving access to modern contraception in the region*. Brussels, 2012.

IPPF in collaboration with the Inter-Agency Working Group on Reproductive Health in Crises and United Nations Population Fund. *MISP readiness assessment: assessing readiness to provide the minimum initial service package (MISP) for sexual and reproductive health in emergencies*. 2020.

IPPF European Network. *Access to modern contraceptive choice in Eastern Europe and Central Asia*. Brussels, 2016.

Janevic, Teresa, and others. Individual and community level socioeconomic inequalities in contraceptive use in 10 Newly Independent States: a multilevel cross-sectional analysis. *International Journal for Equity in Health*, vol. 11, No. 69 (2012).

Joint United Nations Programme on HIV/AIDS (UNAIDS). A poster exhibition highlights progress and gaps in the HIV response in Eastern Europe and Central Asia, 13 June 2022.

_____. *Global AIDS Monitoring 2020: Indicators for Monitoring the 2016 Political Declaration on Ending AIDS*. Geneva, 2019.

_____. Global HIV & AIDS statistics – fact sheet. 2021.

_____. *Miles to go: the response to HIV in Eastern Europe and Central Asia*. Geneva, 2019.

Karra, Mahesh, and others. Community-based financing of family planning in developing countries: a systematic review. *Studies in Family Planning*, vol. 47, No. 4 (2016), pp. 325–339.

Kruk, Margaret E., and others. Improving health and social systems for all children in LMICs: structural innovations to deliver high-quality services. *The Lancet*, vol. 399, No. 10337 (May 2022), pp. 1830–1844.

Lewis, Maureen. *Who is paying for health care in Eastern Europe and Central Asia?* Washington, DC: World Bank, 2000.

Lindberg, Laura D., and others. Early impacts of the COVID-19 pandemic: findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. Guttmacher Institute, June 2020.

Lutz, Wolfgang. *Emerging population issues in Eastern Europe and Central Asia: research gaps on demographic trends, human capital and climate change*. Istanbul: United Nations Population Fund Regional Office for Eastern Europe and Central Asia, 2010.

Martin, Carmel, and Joachim Sturmberg. Universal health (UHC) and primary health care (PHC)—a complex dynamic endeavor. *Journal of Evaluation in Clinical Practice*, vol. 28, No. 2 (April 2022), pp. 332–334.

Michielsen, Kristien, Linda Campbell and Fiorella Farje De la Torre. *The Impact of COVID-19 on Sexual and Reproductive Health in Eastern Europe and Central Asia*. Ghent: Academic Network for Sexual and Reproductive Health and Rights Policy and UNFPA Regional Office for Eastern Europe and Central Asia, 2022.

Mukasa, Bakali, and others. Contraception supply chain challenges: a review of evidence from low- and middle-income countries. *The European Journal of Contraception & Reproductive Health Care*, vol. 22, No. 5 (October 2017), pp. 384–390.

Nyambura, Catherine. Universal Health Care Day: centering family planning as an essential element of UHC. FP2030.

Palladium and What Works Association. *Human rights-based approach to voluntary family planning training package: facilitator's guide*. Washington, DC, 2021.

Peterman, Amber, Jennifer Bleck and Tia Palermo. Age and intimate partner violence: an analysis of global trends among women experiencing victimization in 30 developing countries. *Journal of Adolescent Health*, vol. 57, No. 6 (December 2015).

Reproductive Health Supplies Coalition. The WHO PQ collaborative procedure for accelerated registration.

Riley, Taylor, and others. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries. *International Perspectives on Sexual and Reproductive Health*, vol. 46 (2020), pp. 73–76.

Rosenberg, Rebecca. *The National Composite Index for Family Planning (NCIFP): 2017 Global Report*. Glastonbury, Connecticut: Avenir Health, 2020.

Sedgh, Gilda, and others. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. *The Lancet*, vol. 388, No. 10041 (July 2016), pp. 258–267.

Senderowicz, Leigh. Contraceptive autonomy: conceptions and measurement of a novel family planning indicator. *Studies in Family Planning*, vol. 51, No. 2 (2020), pp. 161–176.

Sobotka, Tomáš, Anna Matysiak and Zuzanna Brzozowska. Policy responses to low fertility: how effective are they? Working Paper No. 1, Technical Division Working Paper Series, Population & Development Branch. New York: United Nations Population Fund, 2019.

Socha-Dietrich, Karolina. Empowering the health workforce to make the most of the digital revolution. OECD Health Working Papers, No. 129. Paris: Organisation for Economic Co-operation and Development, 2021.

Spinelli, Matthew A., Benjamin L. H. Jones and Monica Gandhi. COVID-19 outcomes and risk factors among people living with HIV. *Current HIV/AIDS Reports*, vol. 19, No. 5 (2022), pp. 425–432.

Statista. Share of out-of-pocket (OOP) payments in health expenditure in Eastern Europe and Central Asia in 2018, by selected country.

UNICEF Supply Division and WHO Regional Office for Europe. Medicines Procurement Practitioners Exchange Forum Report. 2018.

United Nations. Nairobi Summit (ICPD+25), 12–14 November 2019, Nairobi, Kenya.

United Nations, Department of Economic and Social Affairs. Sustainable Development. The 17 Goals.

United Nations, Department of Economic and Social Affairs, Population Division. *Estimates and Projections of Family Planning Indicators 2020*. New York: United Nations, 2020.

_____. Unmet need for family planning. 2014.

_____. *World family planning 2017: highlights*. New York, 2017. ST/ESA/SER.A/414.

_____. *World family planning 2020 highlights: accelerating action to ensure universal access to family planning*. United Nations publication, 2020.

_____. *World Population Prospects 2022: Summary of Results*. New York, 2022.

United Nations, Population Division. UN Population Division Data Portal.

United Nations, Secretary-General. United Nations Commitment Statement at Nairobi Summit in celebration of the 25th anniversary of the International Conference on Population and Development (ICPD). 12 November 2019.

United Nations Commission on Life-Saving Commodities for Women and Children. Commissioners' report. September 2012.

United Nations Economic Commission for Europe. *ICPD beyond 2014: The UNECE Region's Perspective*. United Nations publication, 2013.

_____. *Towards Achieving the Sustainable Development Goals in the UNECE Region: A Statistical Portrait of Progress and Challenges*. Geneva, 2020.

United Nations Framework Convention on Climate Change. Conference of the Parties. Decision -/CMA.3. Glasgow, 2021.

United Nations Office for the Coordination of Humanitarian Affairs. *Global Humanitarian Overview 2021*. Geneva, 2020.

United Nations Population Fund (UNFPA). Availability of good quality, human rights-based family planning services: exercising choice. Brief. June 2019.

_____. Bodily autonomy: a cornerstone for achieving gender equality and universal access to sexual and reproductive health and rights. Technical Brief. April 2021.

_____. *Choices not chance: UNFPA family planning strategy 2012–2020*. New York, 2013.

_____. *Coronavirus disease (COVID-19) pandemic: UNFPA global response plan*. New York, 2020.

_____. *Costing the three transformative results: the cost of the transformative results UNFPA is committed to achieving by 2030*. New York, 2020.

_____. *Elevating rights and choices for all: guidance note for applying a human rights based approach to programming*. New York, 2020.

_____. *Expanding Choices, Ensuring Rights in a Diverse and Changing World: UNFPA Strategy for Family Planning 2022–2030*. New York, 2022.

_____. *Gender Equality Strategy 2018–2021*. New York, 2019.

_____. Minimum initial service package for sexual and reproductive health in crisis situations, November 2020.

_____. *Performance Measurement Framework Report: UNFPA Supplies Partnership Annual Report 2021*. New York, 2022.

_____. *Regional Interventions Action Plan for Eastern Europe and Central Asia 2018-2021*.

_____. *Sexual and reproductive health and rights: an essential element of universal health coverage – background document for the Nairobi summit on ICPD25 – accelerating the promise*. New York, 2019.

_____. *State of World Population 2019: Unfinished Business – The Pursuit of Rights and Choices for All*. New York, 2020.

_____. *State of World Population 2021: My Body Is My Own – Claiming the Right to Autonomy and Self-Determination*. New York, 2021.

_____. *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy*. New York, 2022.

_____. *State of World Population 2023: 8 Billion Lives, Infinite Possibilities – The Case for Rights and Choices*. New York, 2023.

_____. Strategic partnerships.

_____. *Strengthening the Human Rights-Based Approach to Family Planning at UNFPA: An Assessment*. New York, 2020.

_____. The human rights-based approach.

_____. The Roadmap to the UNFPA Strategic Plan 2022-2025: Executive Board Informal Briefing. 2020.

_____. UNFPA Strategic Plan 2022-2025: A call to action: critical pathways for accelerating towards the achievement of the three transformative results, 26 February 2021.

_____. UNFPA Strategic Plan 2022-2025: Executive Board Workshop. 8 December 2020.

_____. UNFPA Supplies Partnership.

_____. UNFPA transformative results.

_____. *UNFPA's consultation on ending unmet need for family planning*. Issue No. 1. Antalya, Türkiye, 17–20 June 2019.

_____. *Welcome to the UNFPA supplies partnership 2021–2030: uniting for transformative action in family planning and mental health*. New York, 2020.

UNFPA and What Works Association. *Programme Assessment Tool for a Human Rights-Based Approach to Voluntary Family Planning (HRBA to FP)*. New York: UNFPA, 2021.

UNFPA Evaluation Office. *Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence, and Harmful Practices 2012-2017: Eastern Europe and Central Asia Regional Case Study*. New York, 2017.

UNFPA Regional Office for Eastern Europe and Central Asia. *Adolescent pregnancy in Eastern Europe and Central Asia*. Istanbul, 2014.

_____. *Advancing contraceptive choices and supplies for universal access to family planning: Regional Contraceptive Security Strategic Framework 2017-2021*. Istanbul, 2016.

_____. *Annual Report*. Istanbul, 2020 (unpublished).

_____. *Assessment of Access Barriers of People from Marginalized Communities to Comprehensive Family Planning Services and Commodities in the UNFPA Eastern Europe and Central Asia Region*. Unpublished.

_____. *Family planning*. Istanbul, 2019.

_____. *Family planning: facts and trends in Eastern Europe and Central Asia*. Istanbul, 2019.

_____. *Focusing on gender equality and women's empowerment in Eastern Europe and Central Asia*. Istanbul, 2015.

_____. *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia: Thematic Briefs on Family Planning and Reproductive Health Commodity Security*. Istanbul, 2022.

_____. *Sexual and reproductive health and rights: an essential element of universal health coverage*. Istanbul, 2019.

_____. *Strategic partnerships*.

_____. *The right to decide: family planning in Eastern Europe and Central Asia*. Istanbul, 2012.

_____. *Virtual Contraceptive Consultation*. Istanbul, 2016.

UNFPA Regional Office for Eastern Europe and Central Asia and East European Institute for Reproductive Health. *Multi-sectoral response to GBV: an effective and coordinated way to protect and empower GBV victims/survivors*. Istanbul: UNFPA Regional Office for Eastern Europe and Central Asia, 2015.

UNFPA Regional Office for Eastern Europe and Central Asia and IPPF. *Assessment of countries' readiness to provide Minimum Initial Service Package for SRH during a humanitarian crisis in the Eastern Europe and Central Asia Region*. 2014.

UNFPA Regional Office for Eastern Europe and Central Asia and John Snow, Inc. (JSI). *Strong supply chains – a key investment for choice, health and human rights: what governments in Eastern Europe and Central Asia can do to ensure a steady supply of health commodities for universal health coverage*. Istanbul, 2022.

UNFPA Regional Office for Eastern Europe and Central Asia and WHO Regional Office for Europe. *The State of the Midwifery Workforce in Eastern Europe and Central Asia*. Istanbul, 2022.

UNFPA Supplies Partnership. *Sustainability framework*. August 2021. Unpublished.

_____. *Sustainability Readiness Assessment Tool: guidance note for UNFPA Country Offices and partners*. 2022.

UNFPA Technical Division. *Leaving no one behind and reaching the furthest behind: strategic plan 2022-2025*. Unpublished.

United States Agency for International Development (USAID). *An assessment of USAID reproductive health and family planning activities in the Eastern Europe and Eurasian region*. 2005.

Vu, Alexander, and others. The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. *PLoS Currents* (March 2014).

Westoff, Charles F. A new approach to estimating abortion rates. DHS Analytical Studies, No. 13. Calverton, Maryland: Macro International Inc., 2008.

Wexler, Adam, Jen Kates and Eric Lief. *Donor government funding for family planning in 2020*. San Francisco, California: KFF, 2021.

World Bank. *Gender Equality in Europe and Central Asia*.

World Health Organization (WHO). *Access to medicines: making market forces serve the poor*. Geneva, 2017.

_____. *Ensuring contraceptive security through effective supply chains*, July 2017.

_____. *Everybody's business: strengthening health systems to improve health outcomes – WHO's framework for action*. Geneva, 2007.

_____. *Medical Eligibility Criteria for Contraceptive Use*, 5th ed. Geneva, 2015.

_____. *People-centred health care: a policy framework*. Geneva, 2013.

_____. *Primary health care on the road to universal health coverage: 2019 monitoring report – executive summary*. Geneva, 2019.

_____. *Sexual and reproductive health and rights: infographic snapshot*.

_____. The Global Health Observatory. Unmet need for family planning (%).

_____. Universal health coverage (UHC), 5 October 2023.

_____. *WHO concise guide to implementing and scaling up family planning service improvements*. Geneva, 2018.

WHO Regional Office for Europe. *Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind*. Copenhagen, 2016.

_____. *Governance snapshot: whole-of-society approach: the Coalition of Partners for Strengthening Public Health Services in the European Region*. Copenhagen, 2019.

_____. *The European Framework for Action on Integrated Health Services: an overview*. Copenhagen, 2016.

_____. *The European Health Report 2021: Taking Stock of the Health-Related Sustainable Development Goals in the COVID-19 Era with a Focus on Leaving No One Behind*. Copenhagen, 2022.

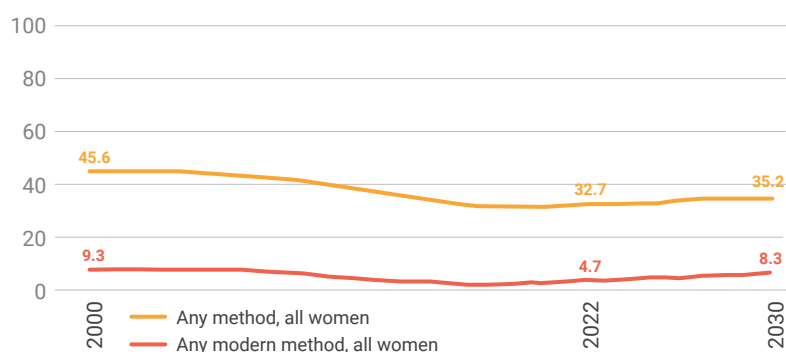
Annex: Country profiles

Data to inform family planning prioritization

Albania

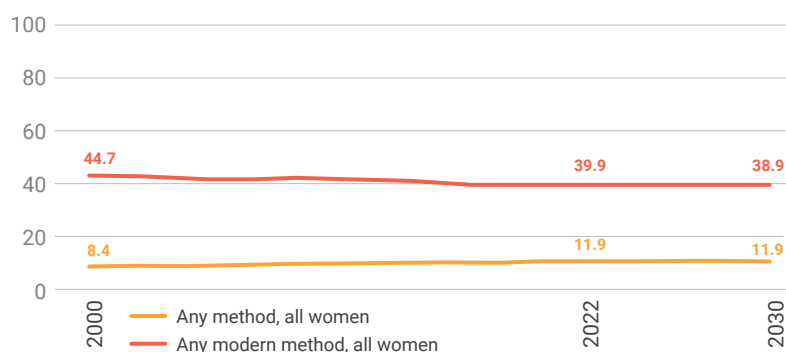
Contraceptive prevalence rate

All women	
32.7% Any method, 2022	4.7% Any modern method, 2022
Women married or in union	
44.3% Any method, 2022	5.3% Any modern method, 2022



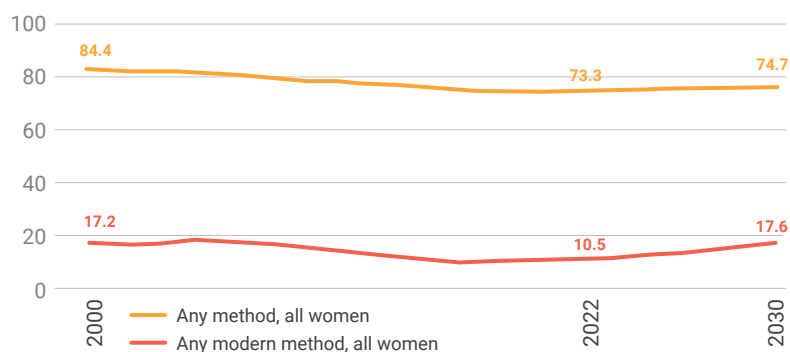
Unmet need for family planning

All women	
11.9% Any method, 2022	39.9% Any modern method, 2022
Women married or in union	
16.3% Any method, 2022	55.3% Any modern method, 2022



Demand satisfied for family planning

All women	
73.3% Any method, 2022	10.5% Any modern method, 2022
Women married or in union	
73.1% Any method, 2022	8.8% Any modern method, 2022



Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
660,000 Number of women of reproductive age (15–49) in 2022	28.7% Percentage of women of reproductive age in 2022 who were under 25	1.38 Total fertility rate in 2022	3.9 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

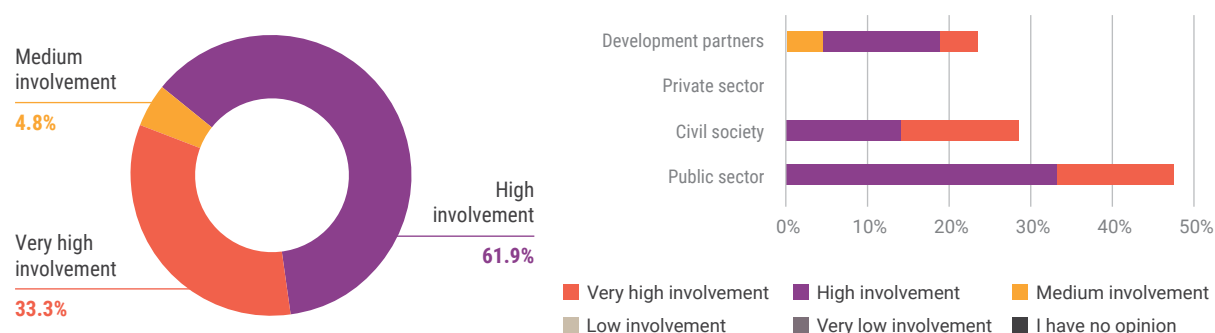
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

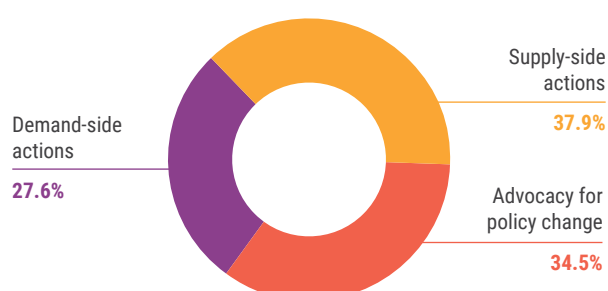
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



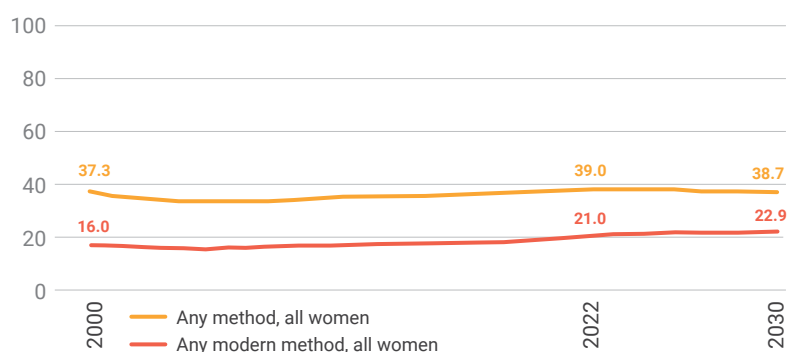
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Armenia

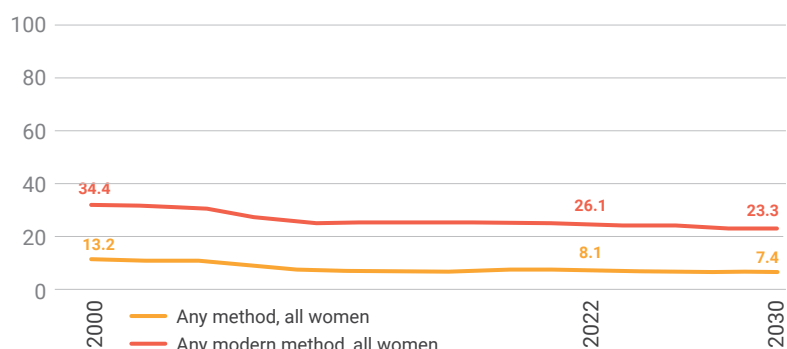
Contraceptive prevalence rate

All women	
39.0% Any method, 2022	21.0% Any modern method, 2022
Women married or in union	
59.4% Any method, 2022	31.7% Any modern method, 2022



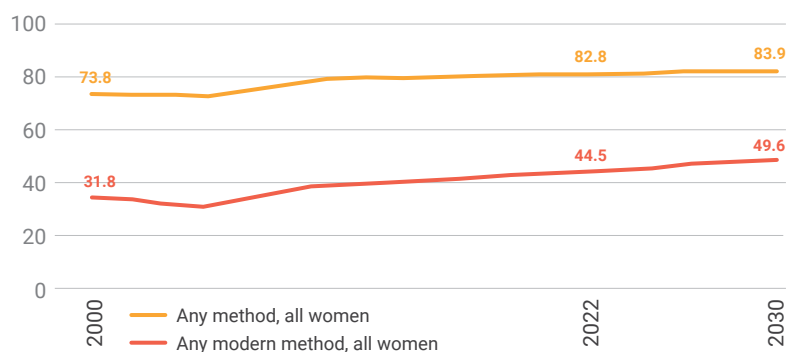
Unmet need for family planning

All women	
8.1% Any method, 2022	26.1% Any modern method, 2022
Women married or in union	
12.2% Any method, 2022	40.0% Any modern method, 2022



Demand satisfied for family planning

All women	
82.8% Any method, 2022	44.5% Any modern method, 2022
Women married or in union	
82.9% Any method, 2022	44.2% Any modern method, 2022



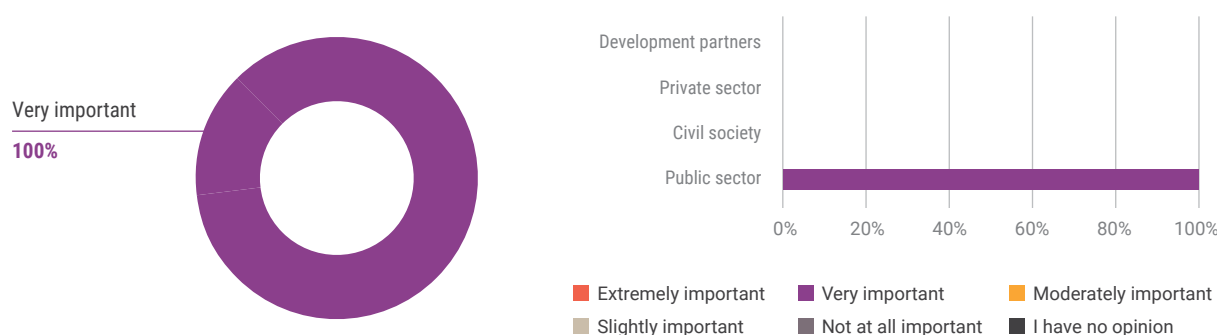
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
716,000 Number of women of reproductive age (15–49) in 2022	21.8% Percentage of women of reproductive age in 2022 who were under 25	1.57 Total fertility rate in 2022	2.2 INFORM Index Rating: Access to health care Med INFORM Index Rating: Risk of humanitarian crisis

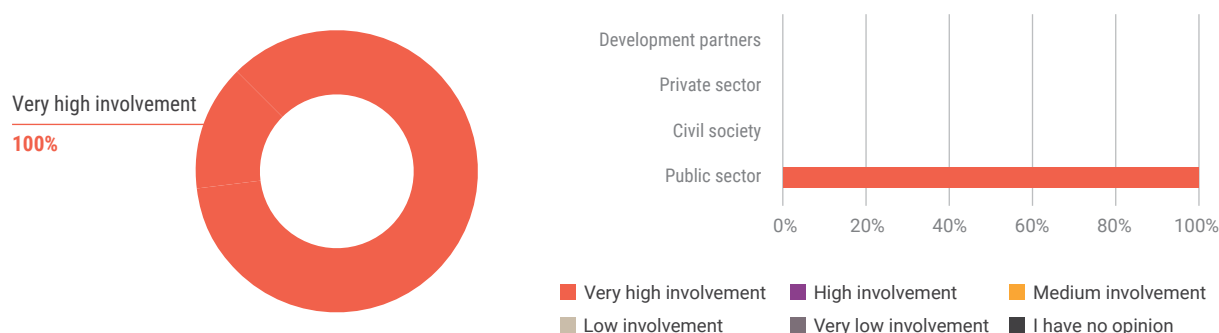
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



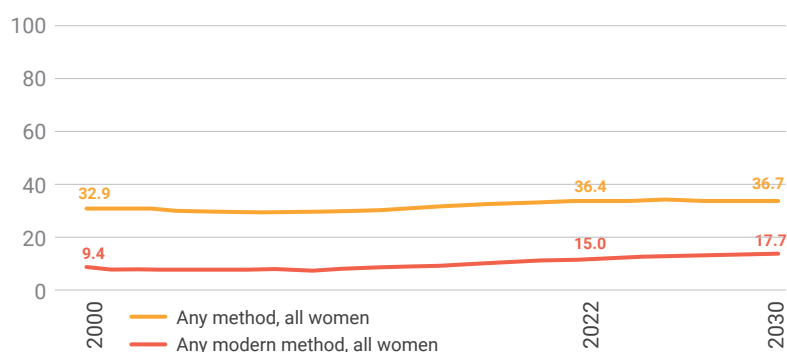
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Azerbaijan

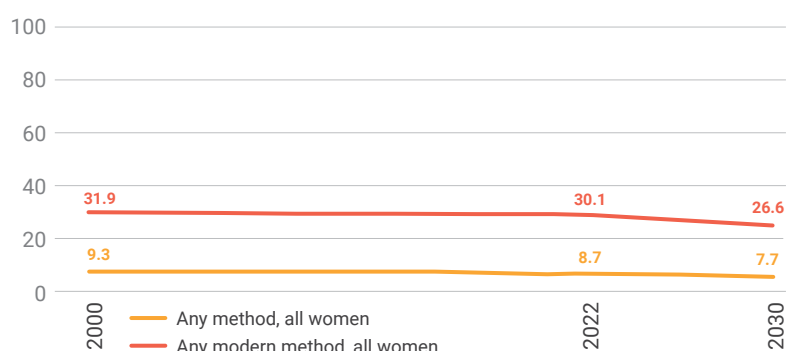
Contraceptive prevalence rate

All women	
36.4% Any method, 2022	15.0% Any modern method, 2022
Women married or in union	
56.8% Any method, 2022	23.0% Any modern method, 2022



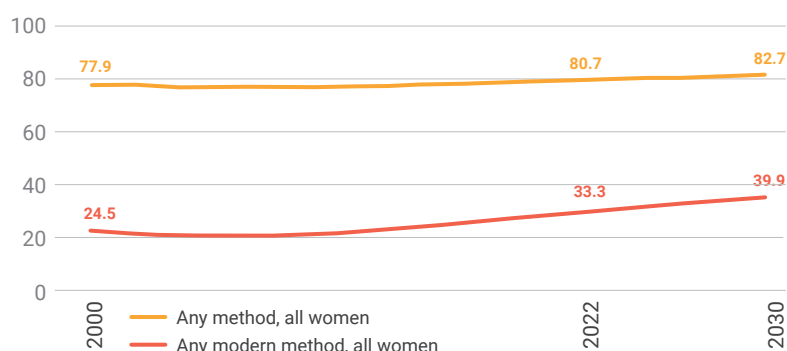
Unmet need for family planning

All women	
8.7% Any method, 2022	30.1% Any modern method, 2022
Women married or in union	
13.5% Any method, 2022	47.3% Any modern method, 2022



Demand satisfied for family planning

All women	
80.7% Any method, 2022	33.3% Any modern method, 2022
Women married or in union	
80.8% Any method, 2022	32.7% Any modern method, 2022



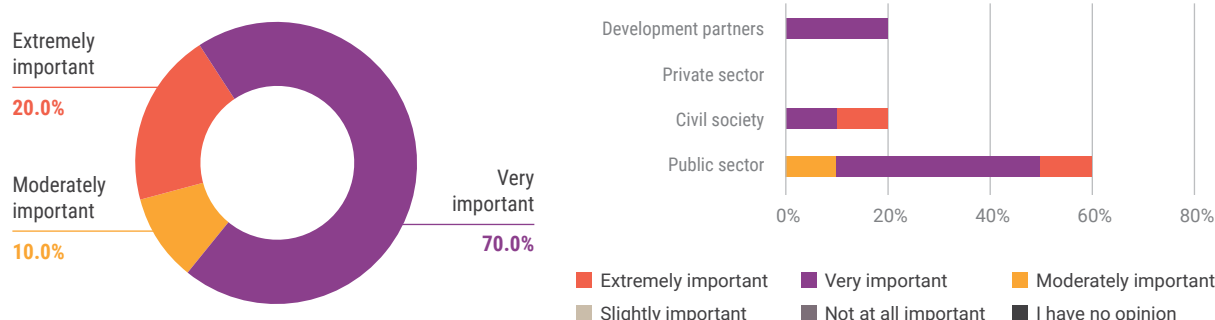
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
2,698,000 Number of women of reproductive age (15–49) in 2022	24.3% Percentage of women of reproductive age in 2022 who were under 25	1.66 Total fertility rate in 2022	3.3 INFORM Index Rating: Access to health care High INFORM Index Rating: Risk of humanitarian crisis

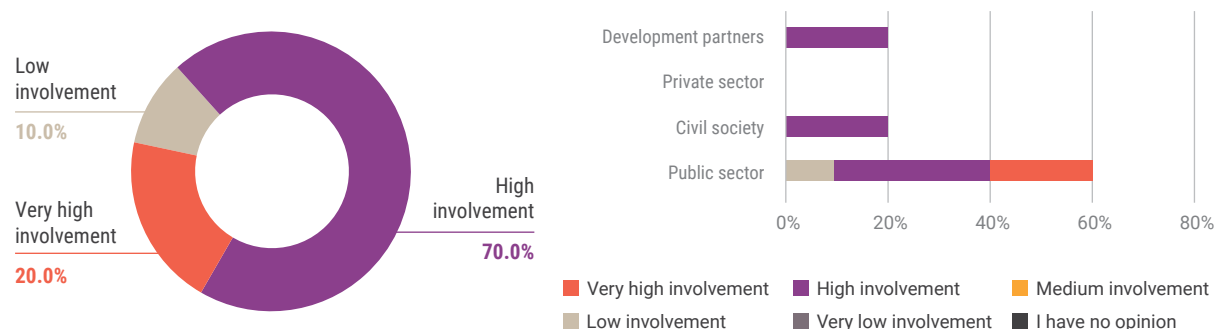
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

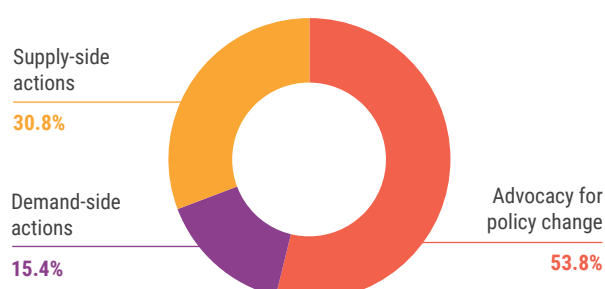
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



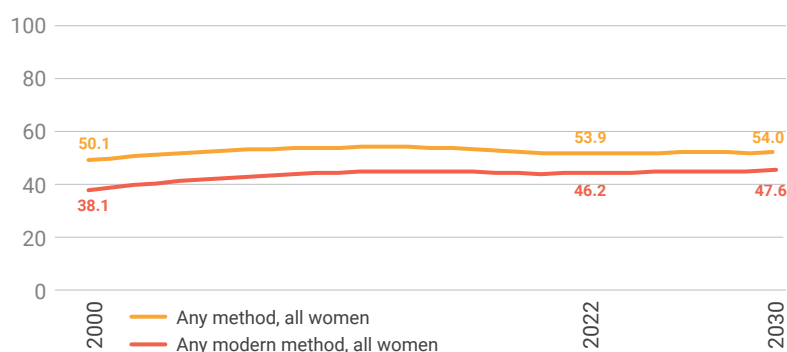
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Belarus

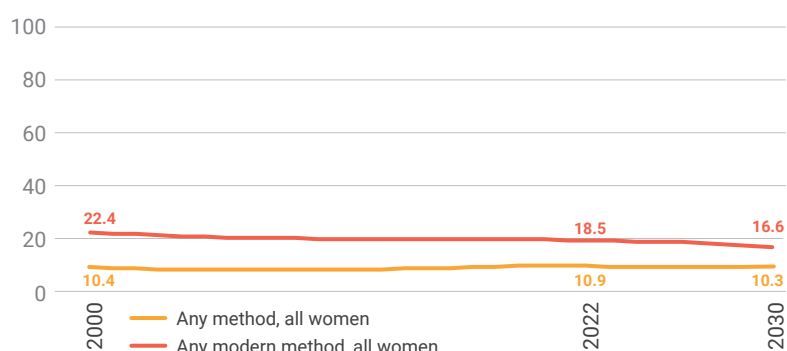
Contraceptive prevalence rate

All women	
53.9% Any method, 2022	46.2% Any modern method, 2022
Women married or in union	
62.3% Any method, 2022	53.4% Any modern method, 2022



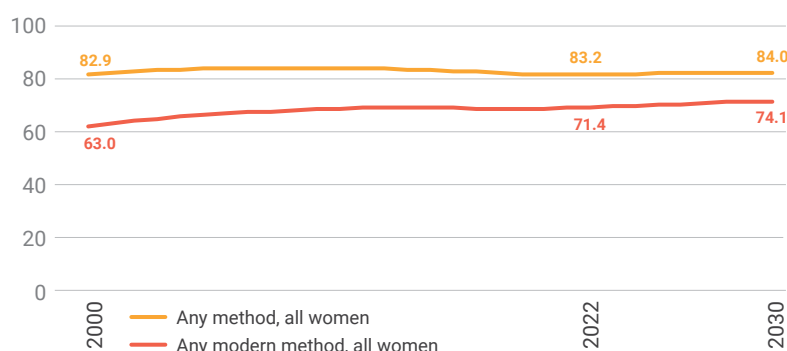
Unmet need for family planning

All women	
10.9% Any method, 2022	18.5% Any modern method, 2022
Women married or in union	
10.8% Any method, 2022	20.7% Any modern method, 2022



Demand satisfied for family planning

All women	
83.2% Any method, 2022	71.4% Any modern method, 2022
Women married or in union	
85.2% Any method, 2022	71.7% Any modern method, 2022



Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
2,208,000 Number of women of reproductive age (15–49) in 2022	21% Percentage of women of reproductive age in 2022 who were under 25	1.49 Total fertility rate in 2022	1.6 Very Low INFORM Index Rating: Access to health care INFORM Index Rating: Risk of humanitarian crisis

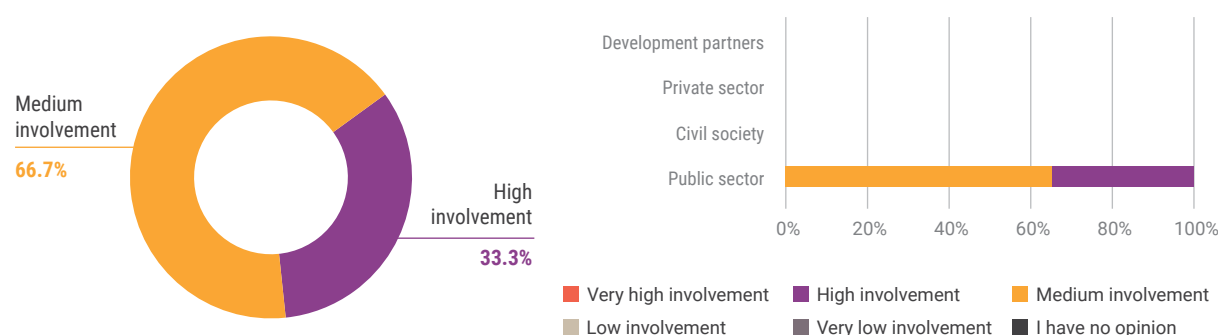
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



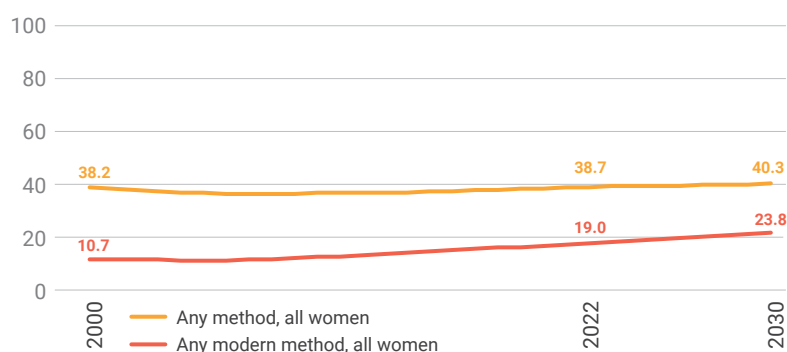
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Bosnia and Herzegovina

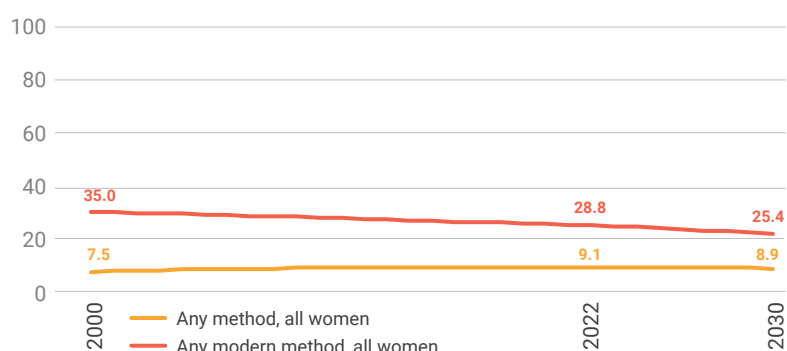
Contraceptive prevalence rate

All women	
38.7% Any method, 2022	19.0% Any modern method, 2022
Women married or in union	
49.9% Any method, 2022	20.9% Any modern method, 2022



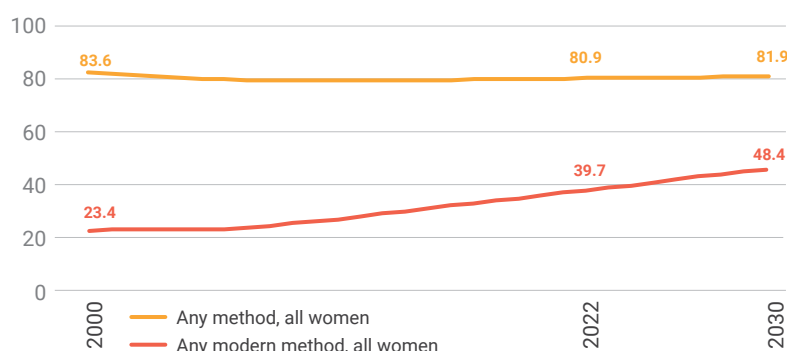
Unmet need for family planning

All women	
9.1% Any method, 2022	28.8% Any modern method, 2022
Women married or in union	
13.1% Any method, 2022	42.0% Any modern method, 2022



Demand satisfied for family planning

All women	
80.9% Any method, 2022	39.7% Any modern method, 2022
Women married or in union	
79.3% Any method, 2022	33.3% Any modern method, 2022



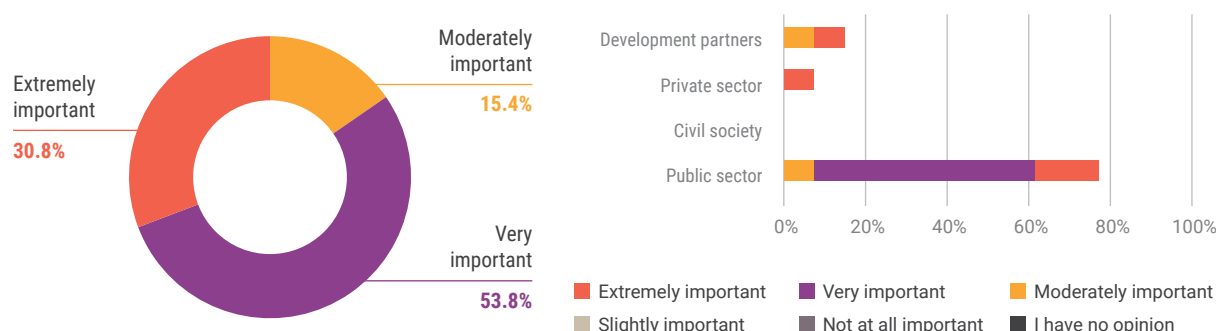
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
712,000 Number of women of reproductive age (15–49) in 2022	23.9% Percentage of women of reproductive age in 2022 who were under 25	1.35 Total fertility rate in 2022	3.6 INFORM Index Rating: Access to health care Med INFORM Index Rating: Risk of humanitarian crisis

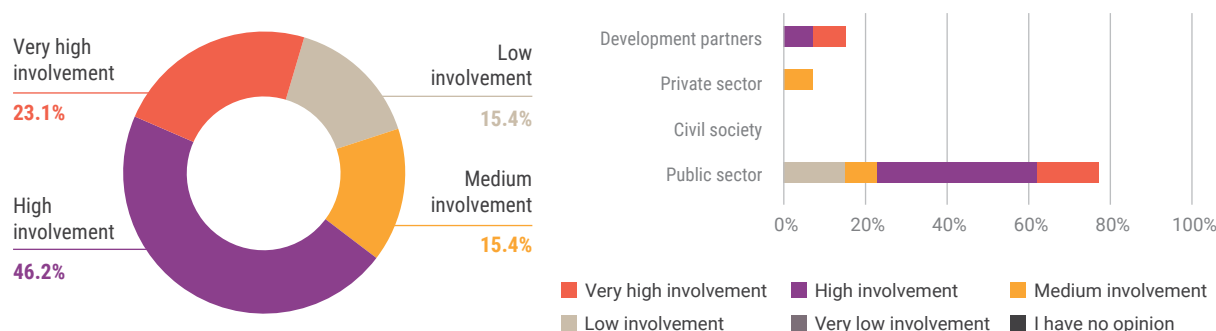
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

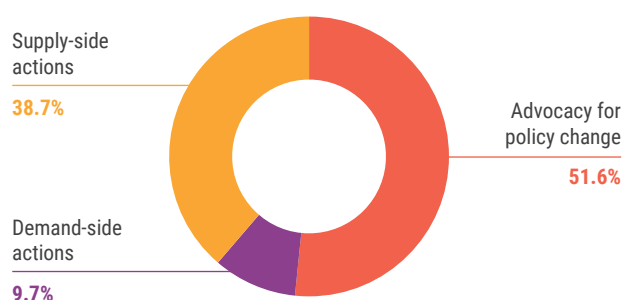
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



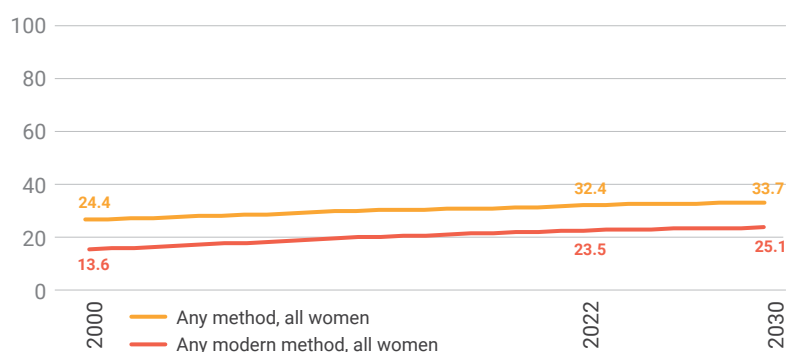
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Georgia

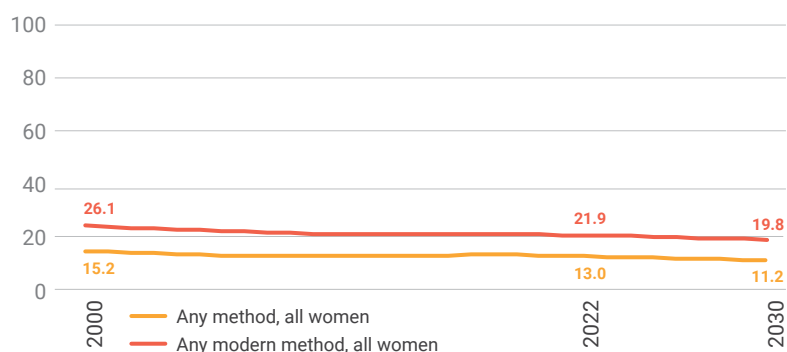
Contraceptive prevalence rate

All women	
32.4% Any method, 2022	23.5% Any modern method, 2022
Women married or in union	
46.7% Any method, 2022	33.7% Any modern method, 2022



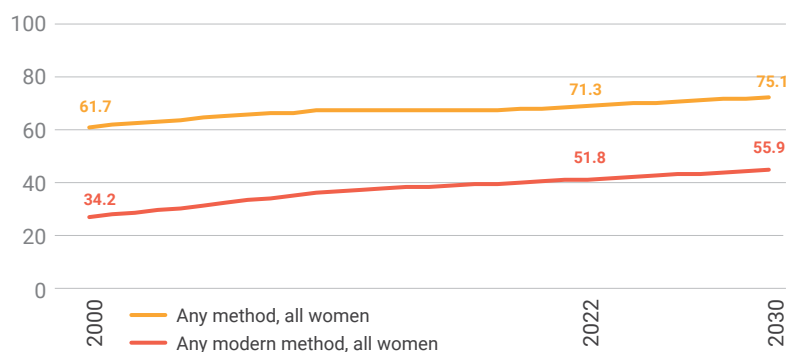
Unmet need for family planning

All women	
13.0% Any method, 2022	21.9% Any modern method, 2022
Women married or in union	
18.3% Any method, 2022	31.3% Any modern method, 2022



Demand satisfied for family planning

All women	
71.3% Any method, 2022	51.8% Any modern method, 2022
Women married or in union	
71.8% Any method, 2022	51.8% Any modern method, 2022



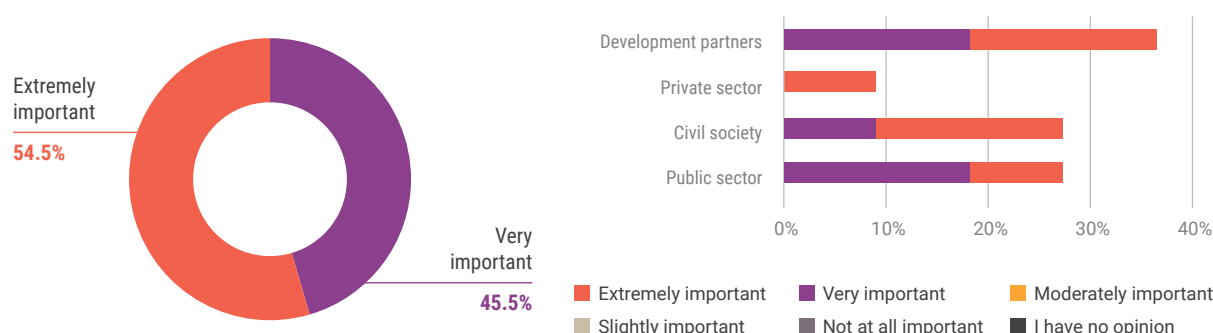
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
852,000 Number of women of reproductive age (15–49) in 2022	23.8% Percentage of women of reproductive age in 2022 who were under 25	2.06 Total fertility rate in 2022	2.5 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

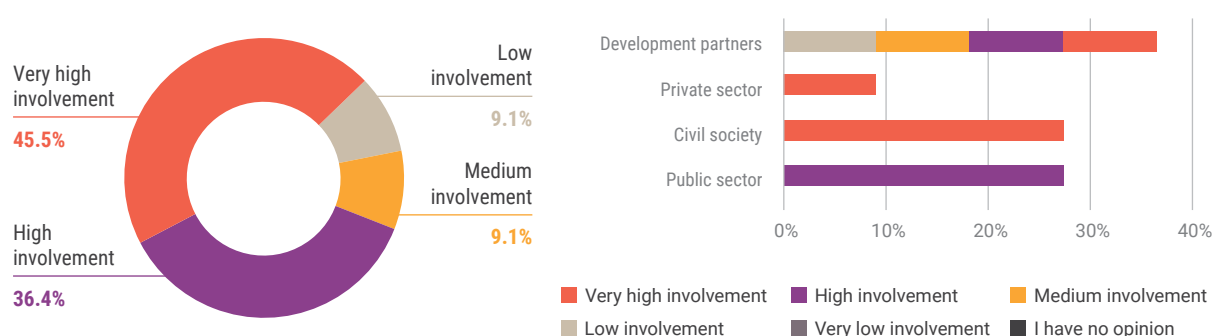
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

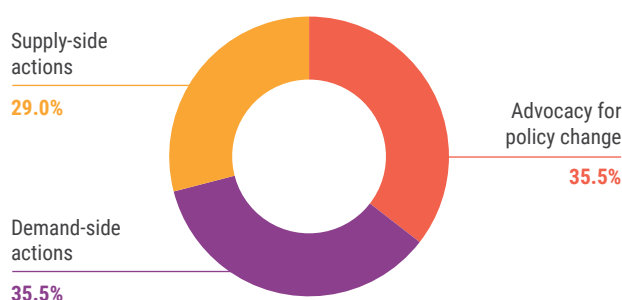
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



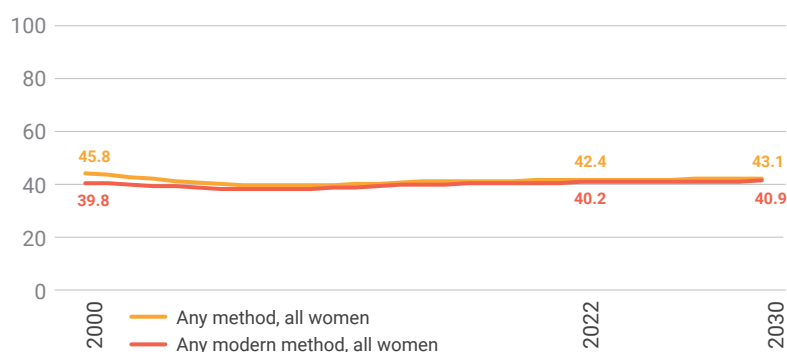
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Kazakhstan

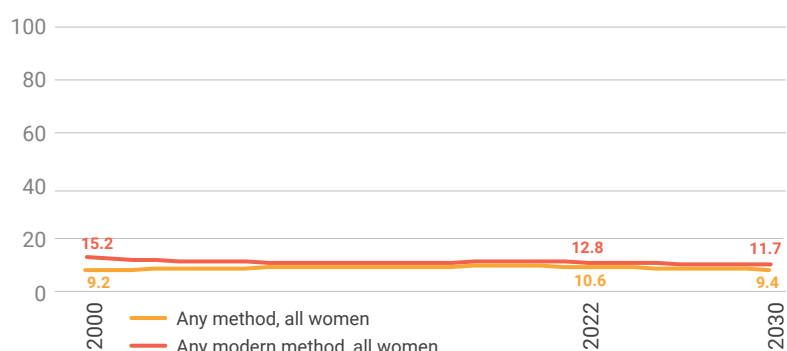
Contraceptive prevalence rate

All women	
42.4% Any method, 2022	40.2% Any modern method, 2022
Women married or in union	
53.4% Any method, 2022	50.6% Any modern method, 2022



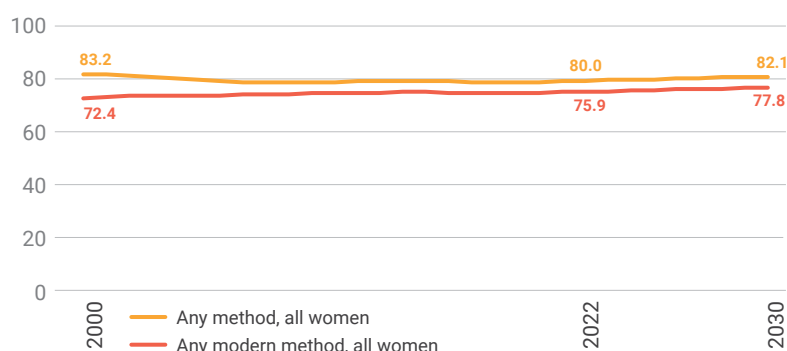
Unmet need for family planning

All women	
10.6% Any method, 2022	12.8% Any modern method, 2022
Women married or in union	
14.4% Any method, 2022	17.3% Any modern method, 2022



Demand satisfied for family planning

All women	
80.0% Any method, 2022	75.9% Any modern method, 2022
Women married or in union	
78.7% Any method, 2022	74.6% Any modern method, 2022



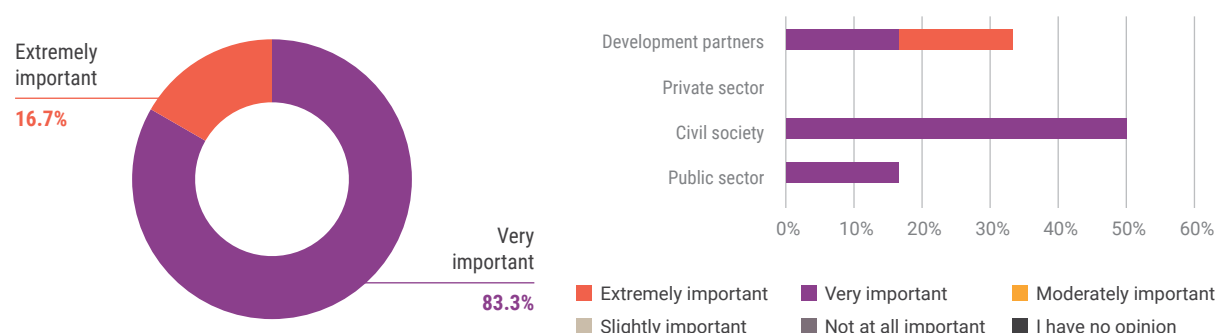
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
4,647,000 Number of women of reproductive age (15–49) in 2022	26.5% Percentage of women of reproductive age in 2022 who were under 25	3.05 Total fertility rate in 2022	2.8 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

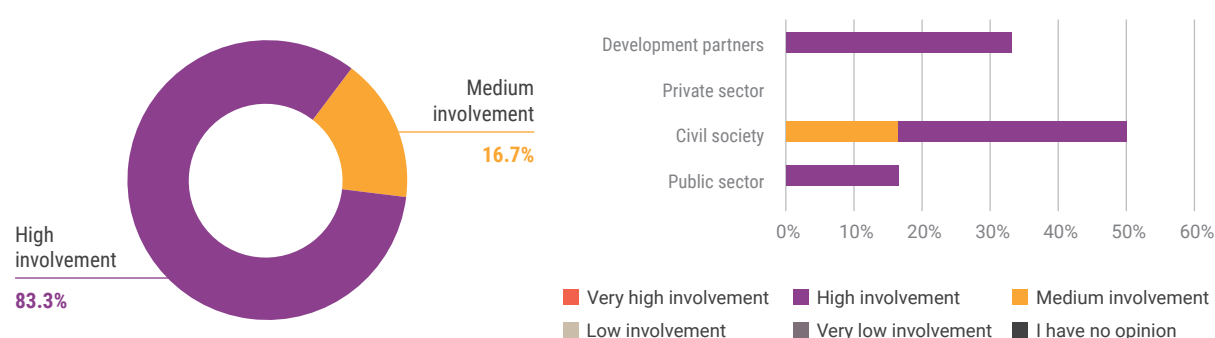
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

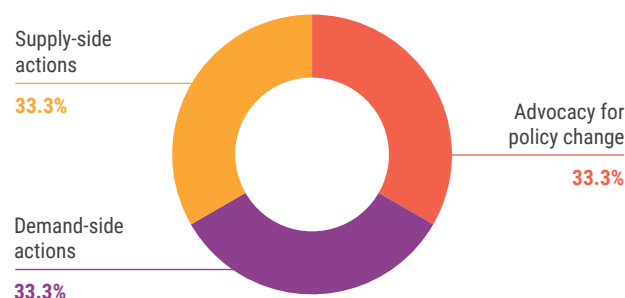
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



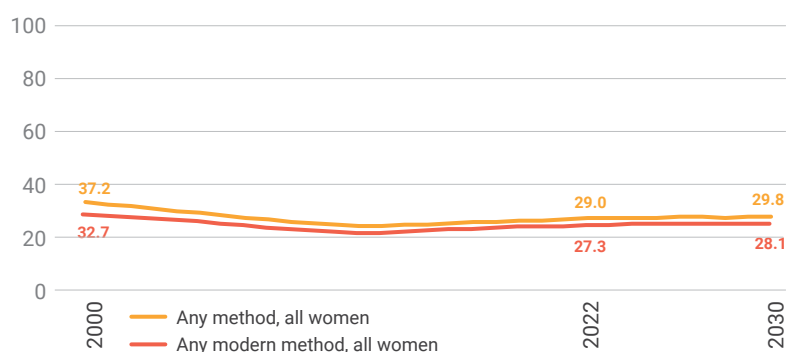
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Kyrgyzstan

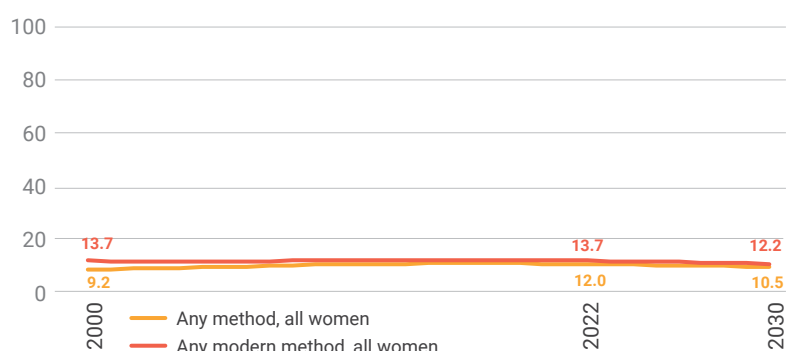
Contraceptive prevalence rate

All women	
29.0% Any method, 2022	27.3% Any modern method, 2022
Women married or in union	
41.7% Any method, 2022	39.2% Any modern method, 2022



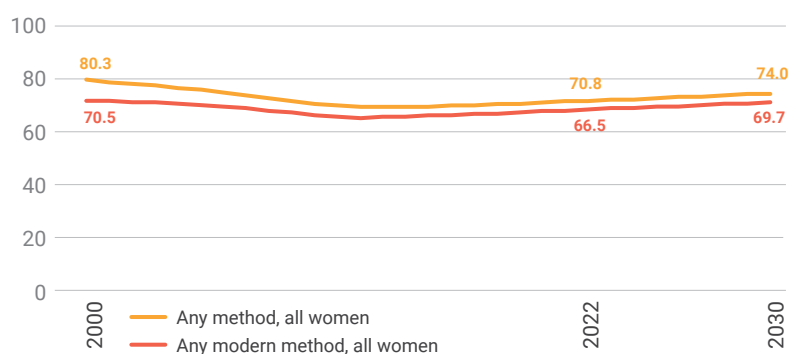
Unmet need for family planning

All women	
12.0% Any method, 2022	13.7% Any modern method, 2022
Women married or in union	
17.5% Any method, 2022	20.0% Any modern method, 2022



Demand satisfied for family planning

All women	
70.8% Any method, 2022	66.5% Any modern method, 2022
Women married or in union	
70.4% Any method, 2022	66.2% Any modern method, 2022



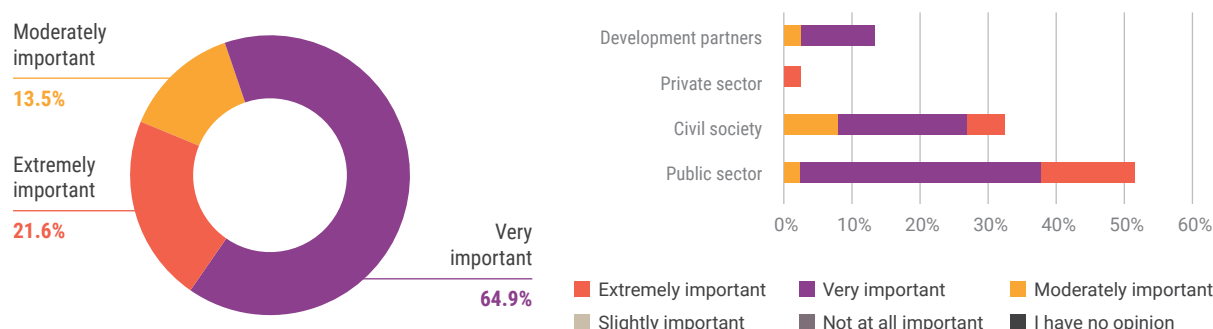
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
1,669,000 Number of women of reproductive age (15–49) in 2022	31.2% Percentage of women of reproductive age in 2022 who were under 25	2.95 Total fertility rate in 2022	4.2 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

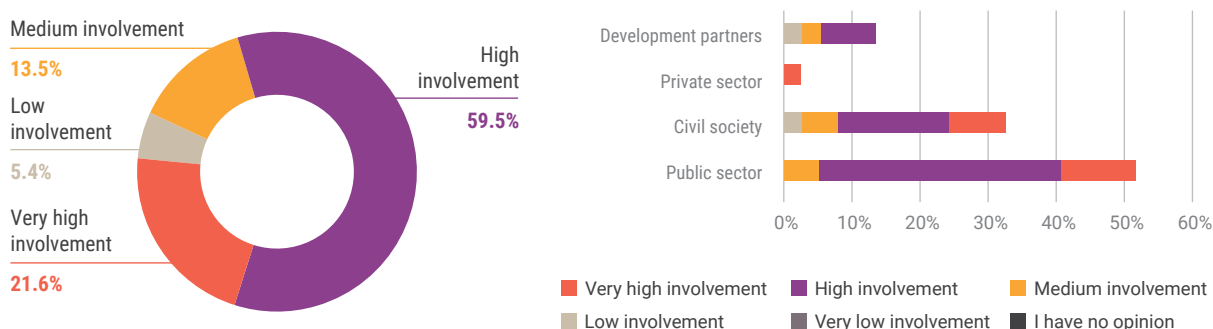
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

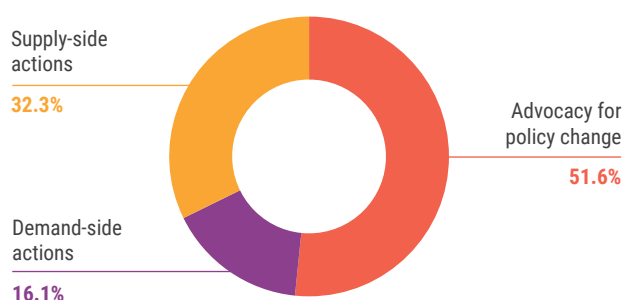
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



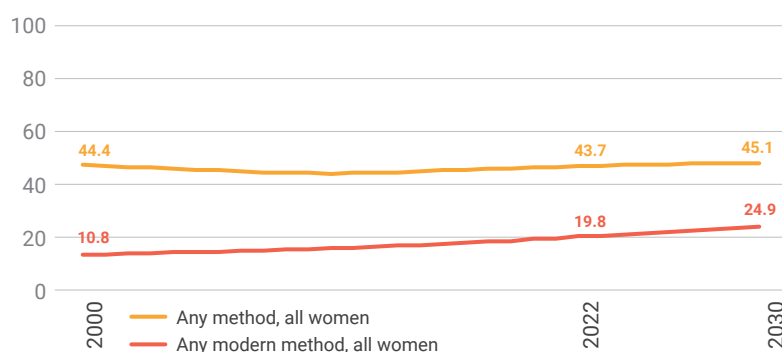
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



North Macedonia

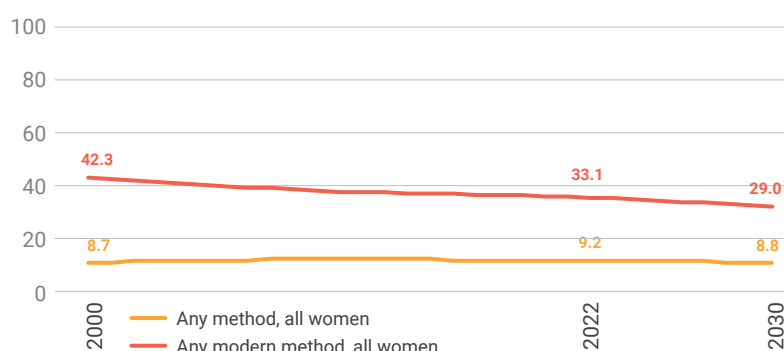
Contraceptive prevalence rate

All women	
43.7% Any method, 2022	19.8% Any modern method, 2022
Women married or in union	
53.7% Any method, 2022	19.4% Any modern method, 2022



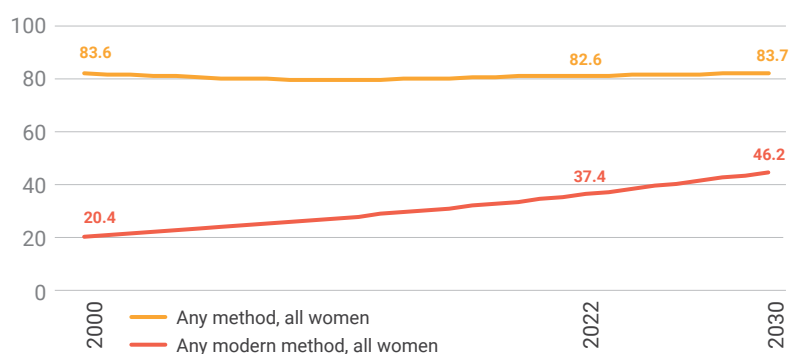
Unmet need for family planning

All women	
9.2% Any method, 2022	33.1% Any modern method, 2022
Women married or in union	
13.3% Any method, 2022	47.6% Any modern method, 2022



Demand satisfied for family planning

All women	
82.6% Any method, 2022	37.4% Any modern method, 2022
Women married or in union	
80.1% Any method, 2022	28.9% Any modern method, 2022



Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
504,000 Number of women of reproductive age (15–49) in 2022	24.4% Percentage of women of reproductive age in 2022 who were under 25	1.37 Total fertility rate in 2022	3.6 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

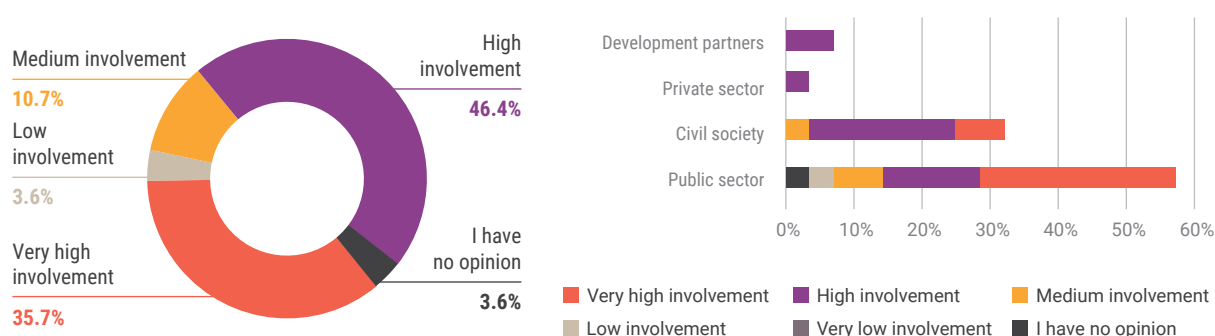
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

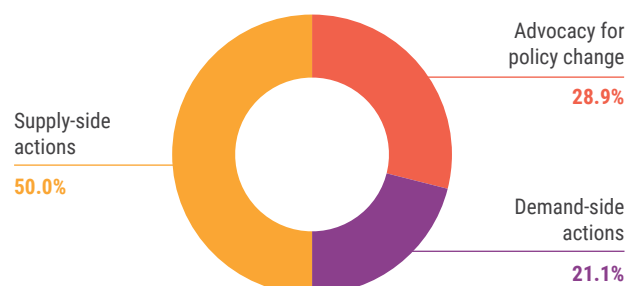
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



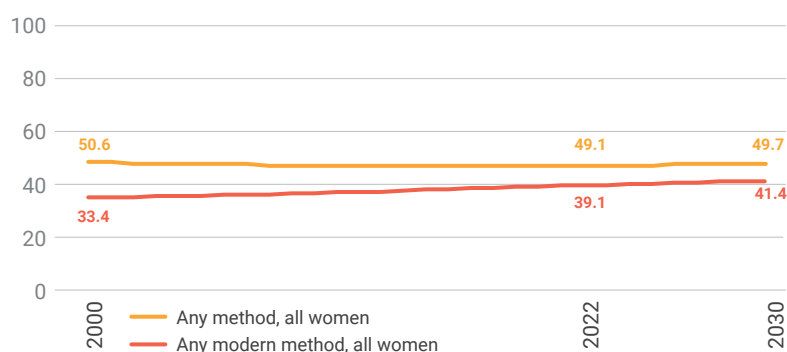
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Republic of Moldova

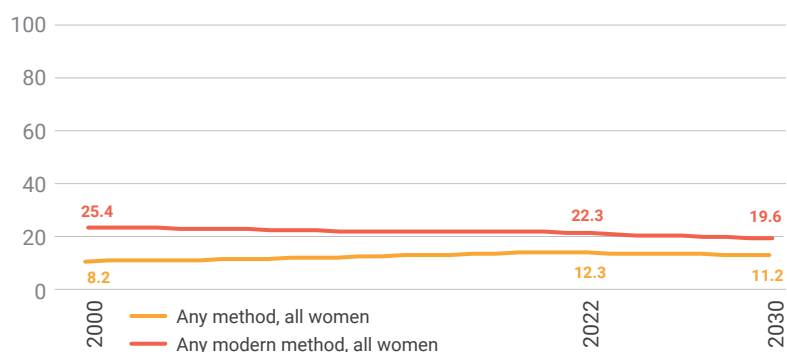
Contraceptive prevalence rate

All women	
49.1% Any method, 2022	39.1% Any modern method, 2022
Women married or in union	
58.6% Any method, 2022	45.8% Any modern method, 2022



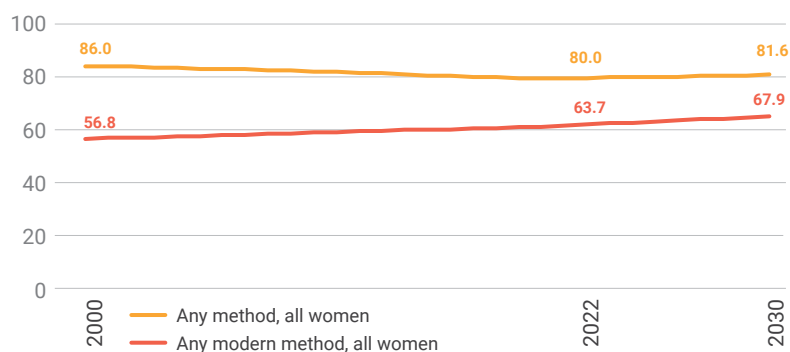
Unmet need for family planning

All women	
12.3% Any method, 2022	22.3% Any modern method, 2022
Women married or in union	
15.4% Any method, 2022	28.2% Any modern method, 2022



Demand satisfied for family planning

All women	
80.0% Any method, 2022	63.7% Any modern method, 2022
Women married or in union	
79.2% Any method, 2022	61.9% Any modern method, 2022



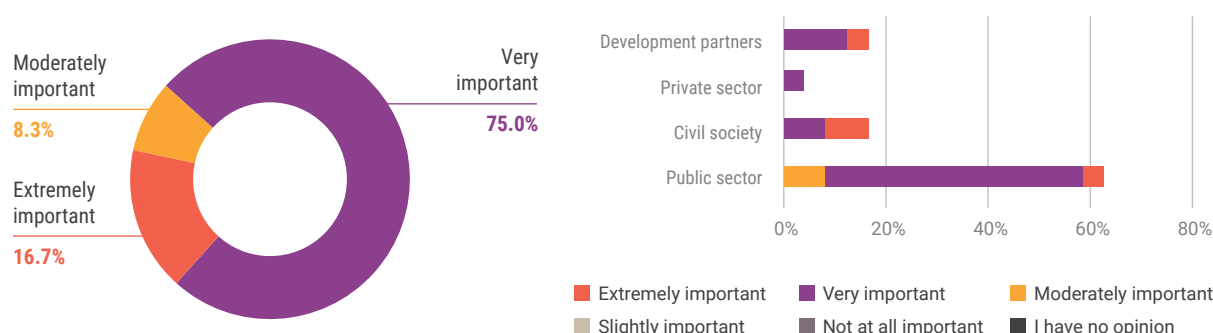
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
822,000 Number of women of reproductive age (15–49) in 2022	24.5% Percentage of women of reproductive age in 2022 who were under 25	1.80 Total fertility rate in 2022	3.0 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

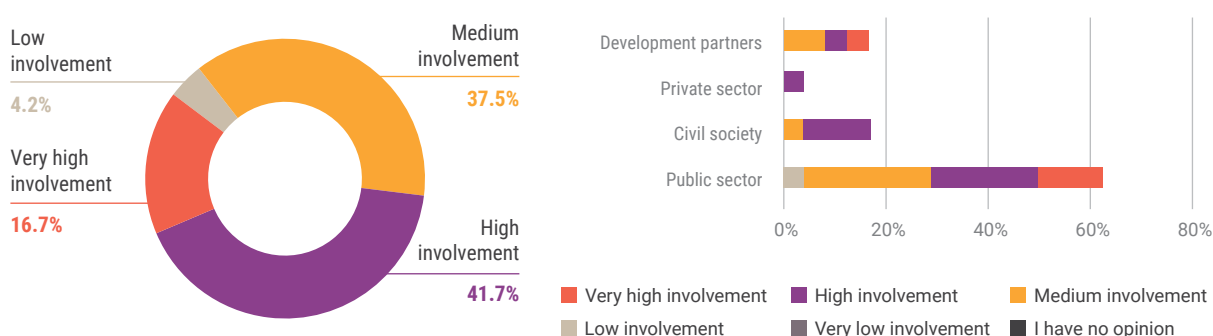
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

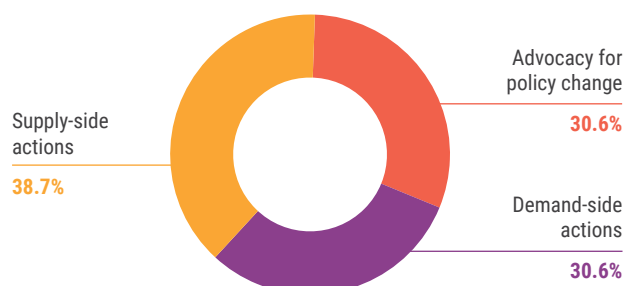
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



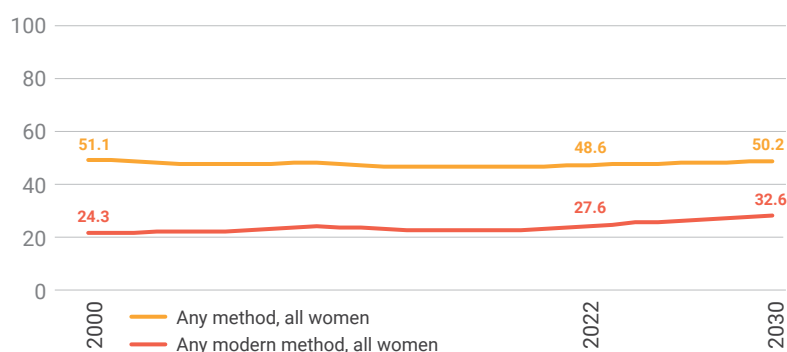
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Serbia

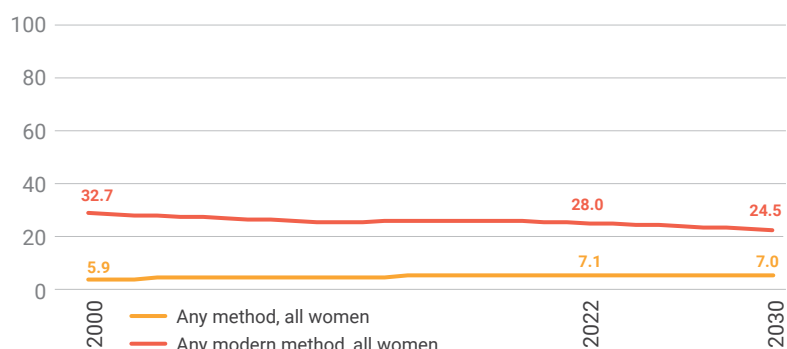
Contraceptive prevalence rate

All women	
48.6% Any method, 2022	27.6% Any modern method, 2022
Women married or in union	
58.2% Any method, 2022	27.5% Any modern method, 2022



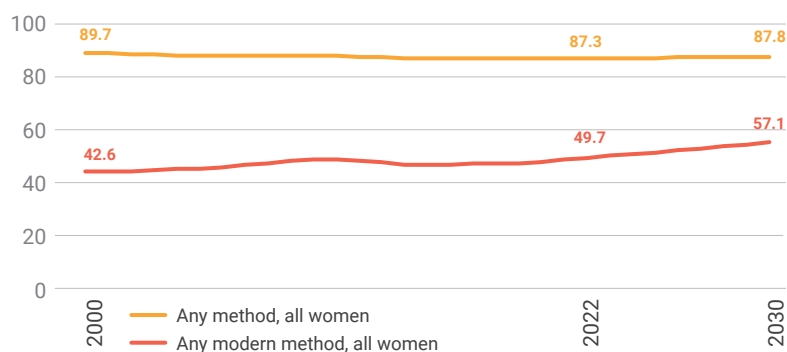
Unmet need for family planning

All women	
7.1% Any method, 2022	28.0% Any modern method, 2022
Women married or in union	
11.0% Any method, 2022	41.7% Any modern method, 2022



Demand satisfied for family planning

All women	
87.3% Any method, 2022	49.7% Any modern method, 2022
Women married or in union	
84.0% Any method, 2022	39.8% Any modern method, 2022



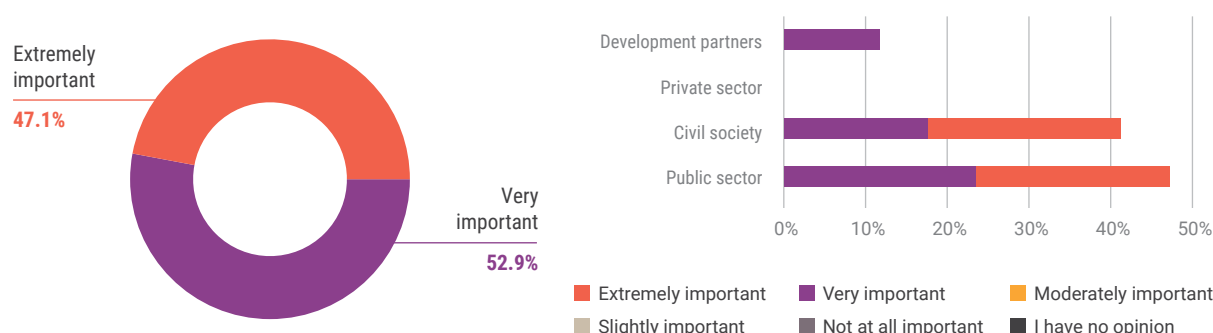
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
1,587,000 Number of women of reproductive age (15–49) in 2022	22.1% Percentage of women of reproductive age in 2022 who were under 25	1.53 Total fertility rate in 2022	2.2 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

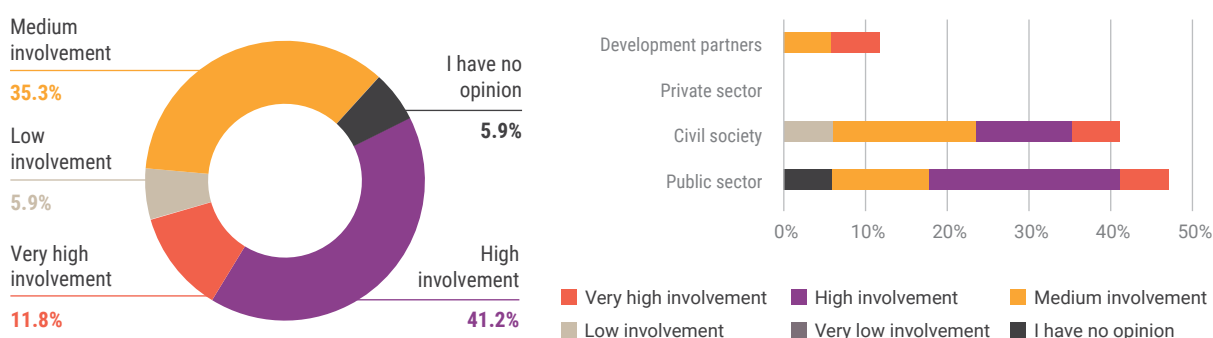
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



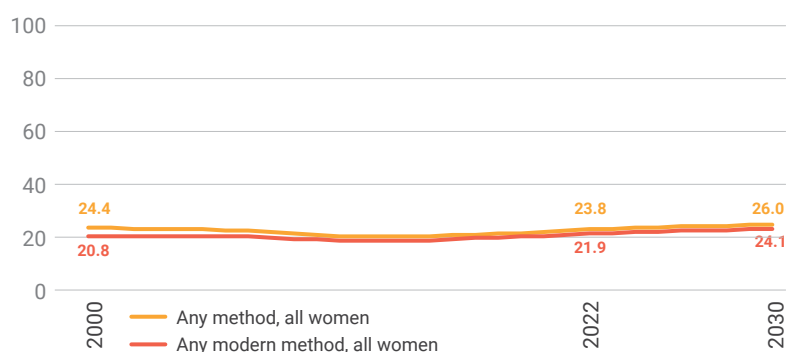
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Tajikistan

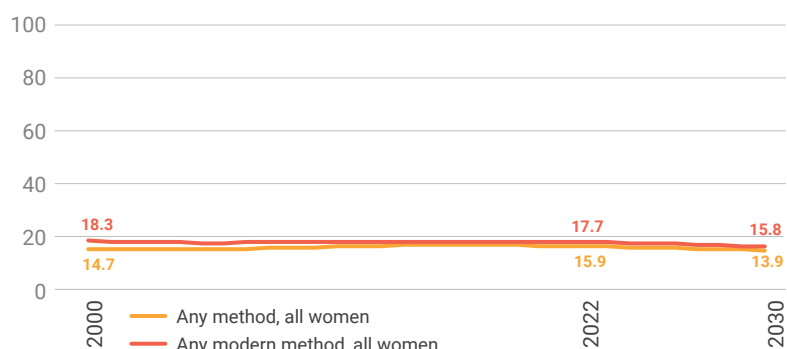
Contraceptive prevalence rate

All women	
23.8% Any method, 2022	21.9% Any modern method, 2022
Women married or in union	
32.4% Any method, 2022	29.9% Any modern method, 2022



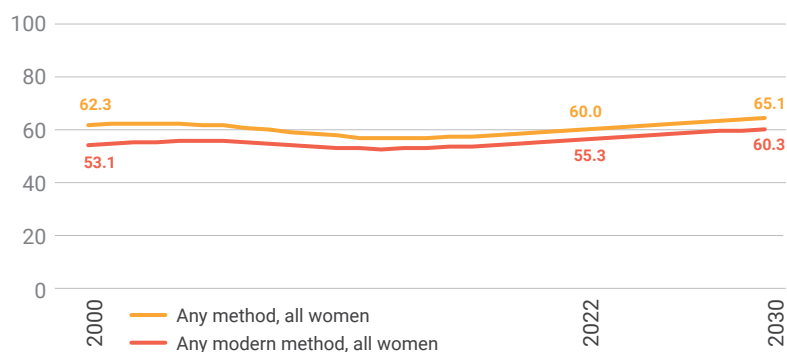
Unmet need for family planning

All women	
15.9% Any method, 2022	17.7% Any modern method, 2022
Women married or in union	
21.8% Any method, 2022	24.3% Any modern method, 2022



Demand satisfied for family planning

All women	
60.0% Any method, 2022	55.3% Any modern method, 2022
Women married or in union	
59.8% Any method, 2022	55.2% Any modern method, 2022



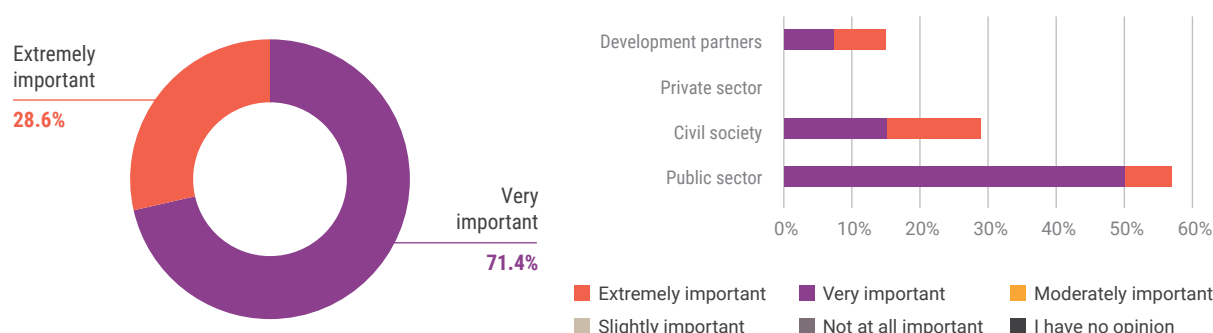
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
2,498,000 Number of women of reproductive age (15–49) in 2022	34.6% Percentage of women of reproductive age in 2022 who were under 25	3.14 Total fertility rate in 2022	3.3 INFORM Index Rating: Access to health care Med INFORM Index Rating: Risk of humanitarian crisis

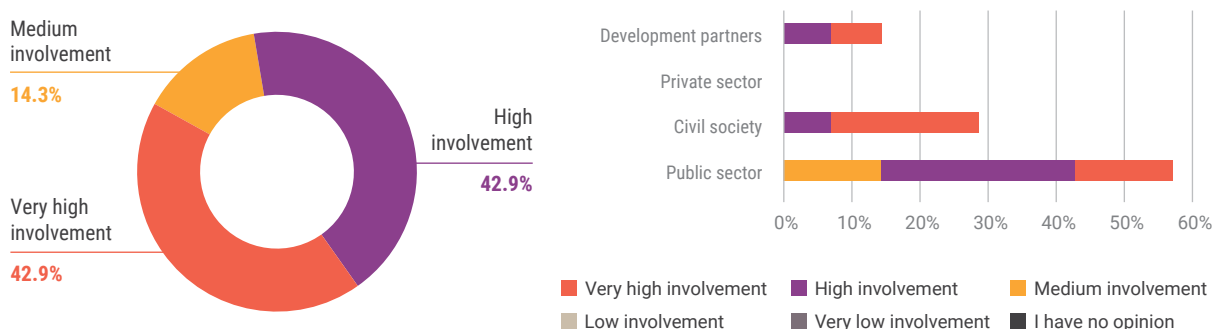
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



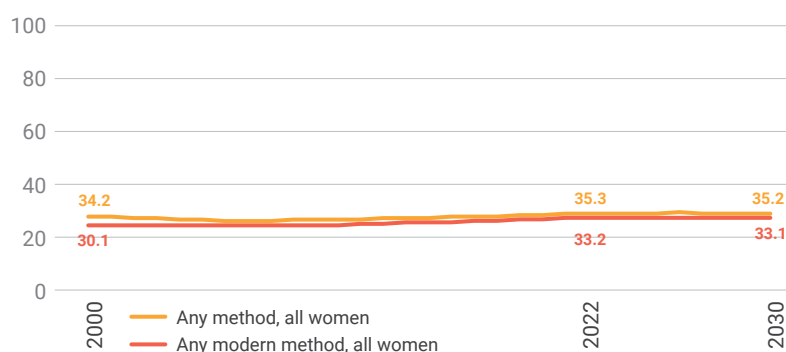
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Turkmenistan

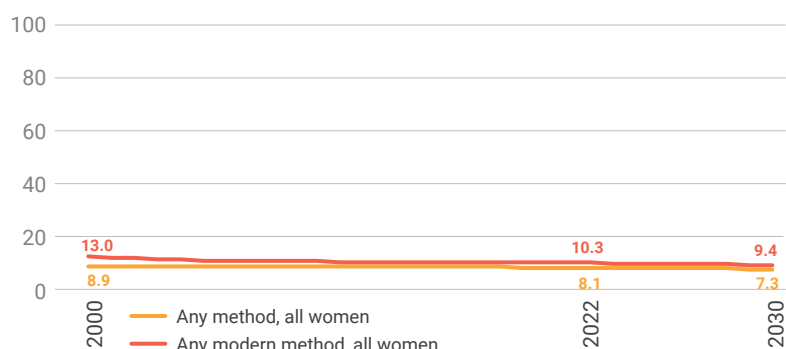
Contraceptive prevalence rate

All women	
35.3% Any method, 2022	33.2% Any modern method, 2022
Women married or in union	
52.9% Any method, 2022	49.7% Any modern method, 2022



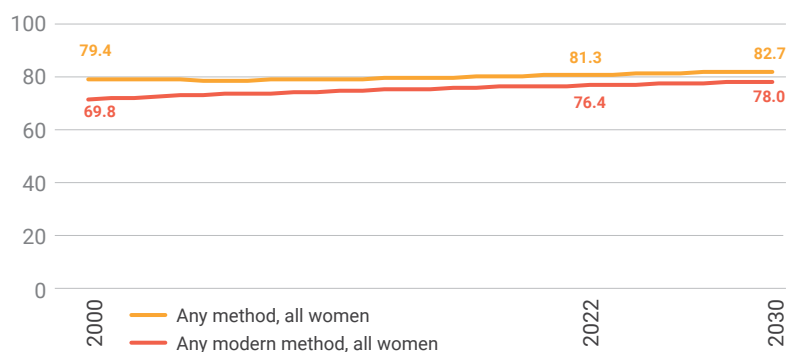
Unmet need for family planning

All women	
8.1% Any method, 2022	10.3% Any modern method, 2022
Women married or in union	
12.3% Any method, 2022	15.5% Any modern method, 2022



Demand satisfied for family planning

All women	
81.3% Any method, 2022	76.4% Any modern method, 2022
Women married or in union	
81.2% Any method, 2022	76.3% Any modern method, 2022



Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
1,640,000 Number of women of reproductive age (15–49) in 2022	29.7% Percentage of women of reproductive age in 2022 who were under 25	2.62 Total fertility rate in 2022	3.6 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



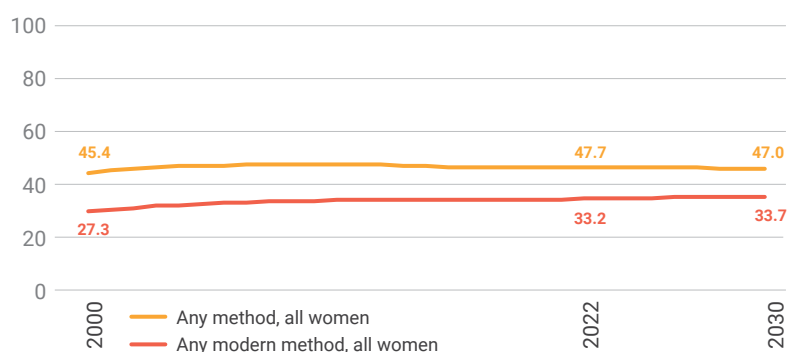
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Türkiye

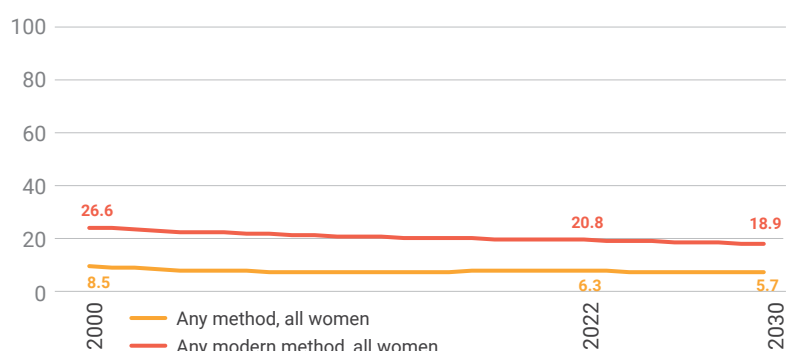
Contraceptive prevalence rate

All women	
47.7% Any method, 2022	33.2% Any modern method, 2022
Women married or in union	
71.2% Any method, 2022	49.2% Any modern method, 2022



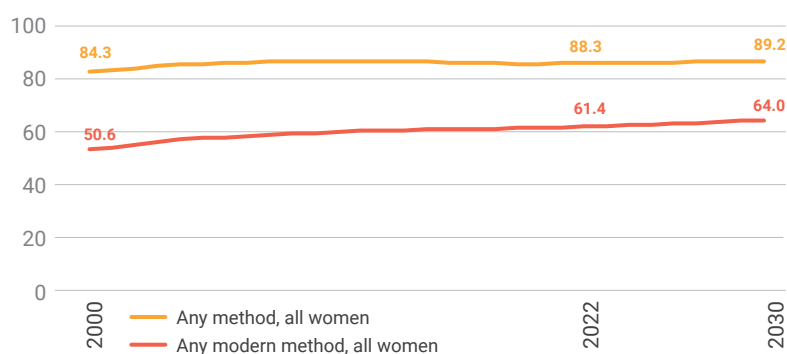
Unmet need for family planning

All women	
6.3% Any method, 2022	20.8% Any modern method, 2022
Women married or in union	
9.3% Any method, 2022	31.1% Any modern method, 2022



Demand satisfied for family planning

All women	
88.3% Any method, 2022	61.4% Any modern method, 2022
Women married or in union	
88.4% Any method, 2022	61.1% Any modern method, 2022



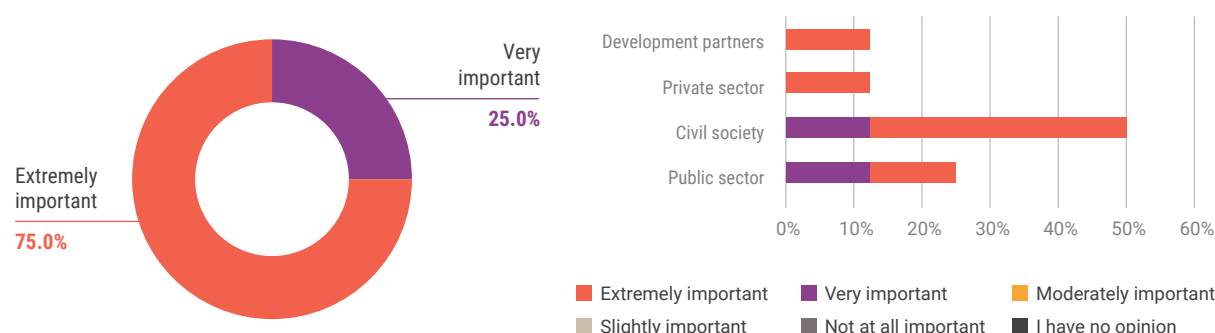
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
22,069,000 Number of women of reproductive age (15–49) in 2022	28.5% Percentage of women of reproductive age in 2022 who were under 25	1.88 Total fertility rate in 2022	3.2 INFORM Index Rating: Access to health care High INFORM Index Rating: Risk of humanitarian crisis

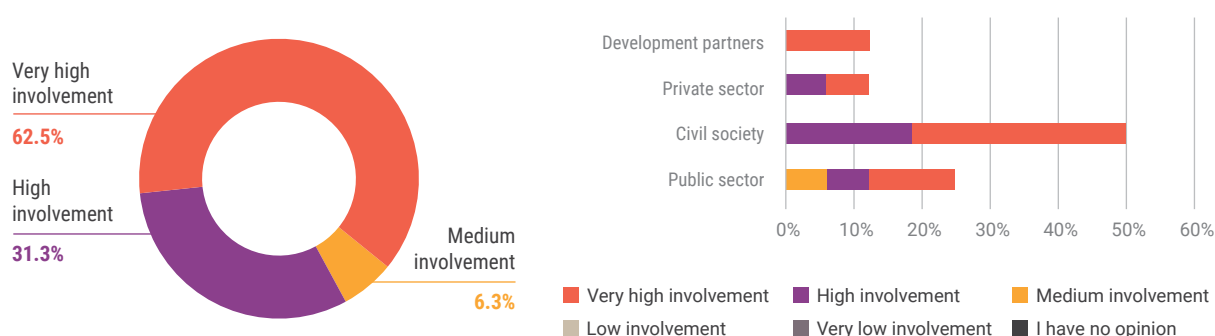
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

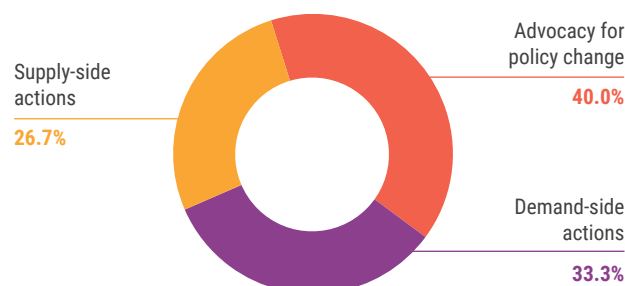
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



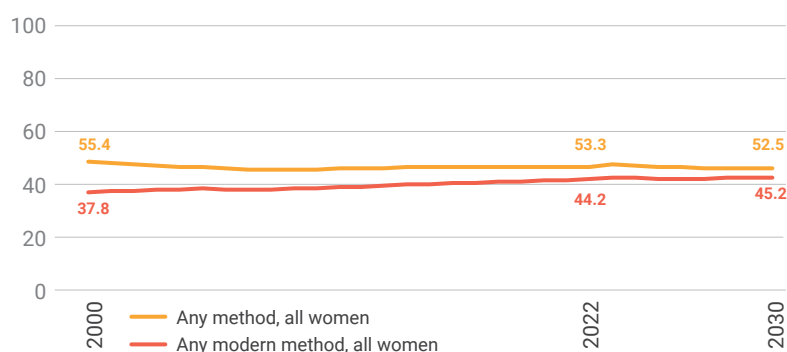
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Ukraine

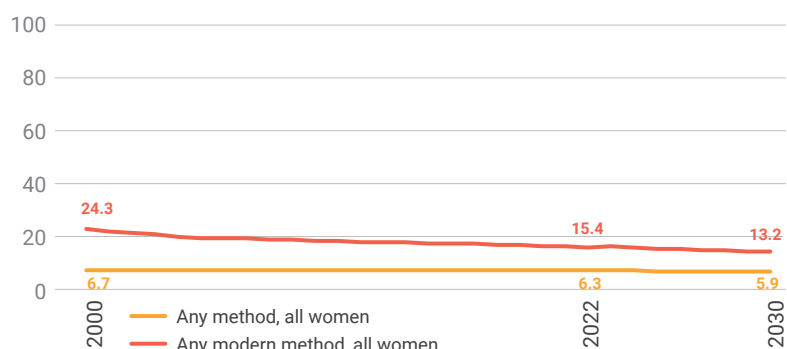
Contraceptive prevalence rate

All women	
53.3% Any method, 2022	44.2% Any modern method, 2022
Women married or in union	
68.1% Any method, 2022	54.8% Any modern method, 2022



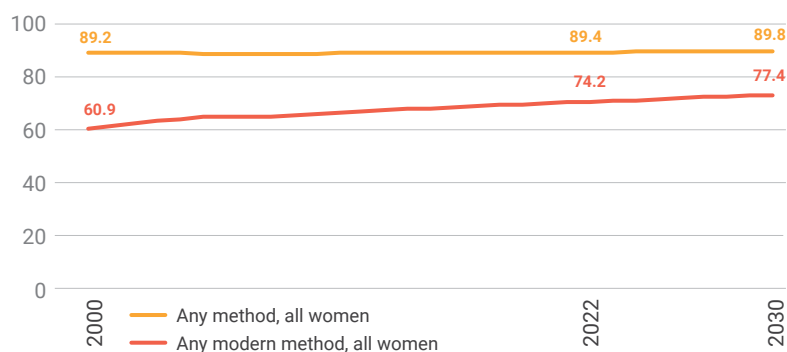
Unmet need for family planning

All women	
6.3% Any method, 2022	15.4% Any modern method, 2022
Women married or in union	
9.0% Any method, 2022	22.4% Any modern method, 2022



Demand satisfied for family planning

All women	
89.4% Any method, 2022	74.2% Any modern method, 2022
Women married or in union	
88.3% Any method, 2022	71.0% Any modern method, 2022



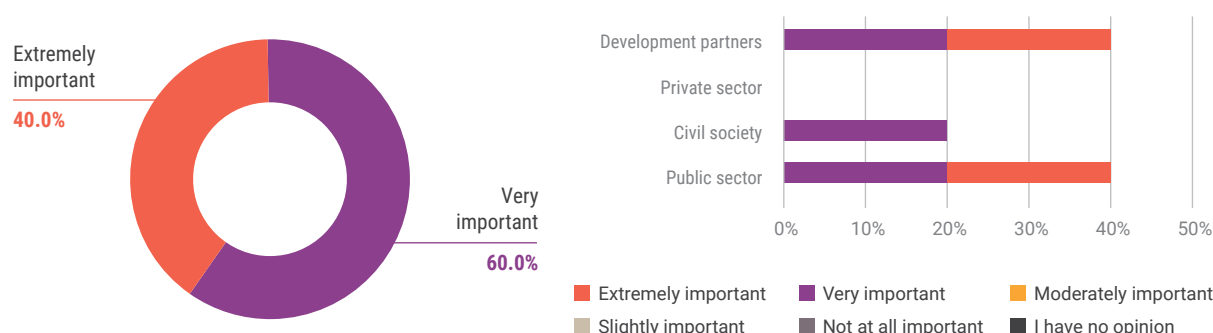
Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
8,649,000 Number of women of reproductive age (15–49) in 2022	17.0% Percentage of women of reproductive age in 2022 who were under 25	1.26 Total fertility rate in 2022	3.2 INFORM Index Rating: Access to health care High INFORM Index Rating: Risk of humanitarian crisis

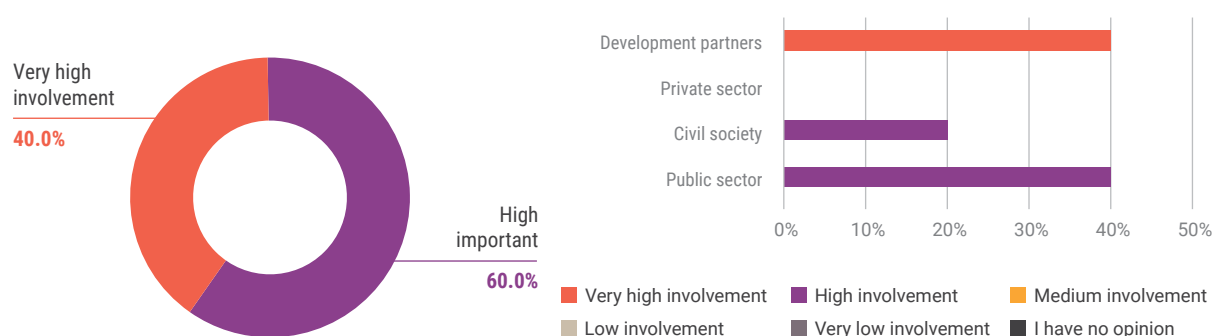
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

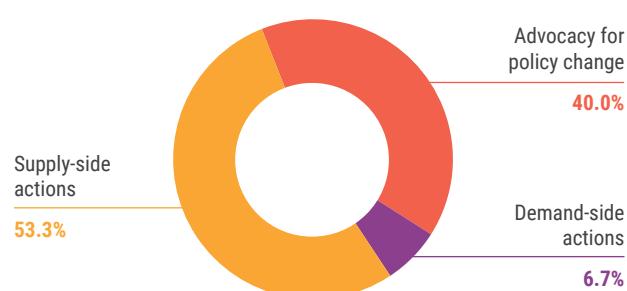
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



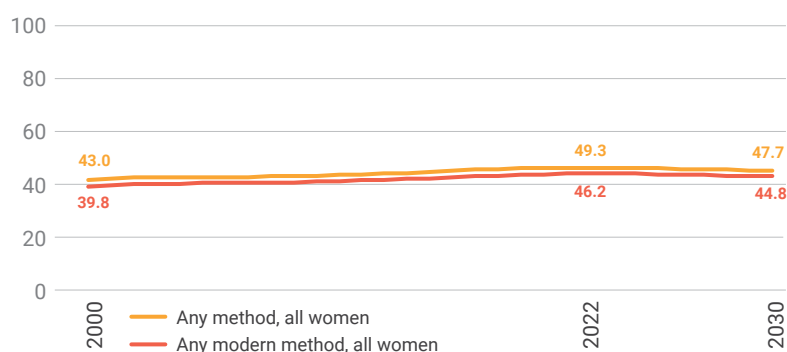
Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Uzbekistan

Contraceptive prevalence rate

All women	
49.3% Any method, 2022	46.2% Any modern method, 2022
Women married or in union	
70.0% Any method, 2022	65.7% Any modern method, 2022



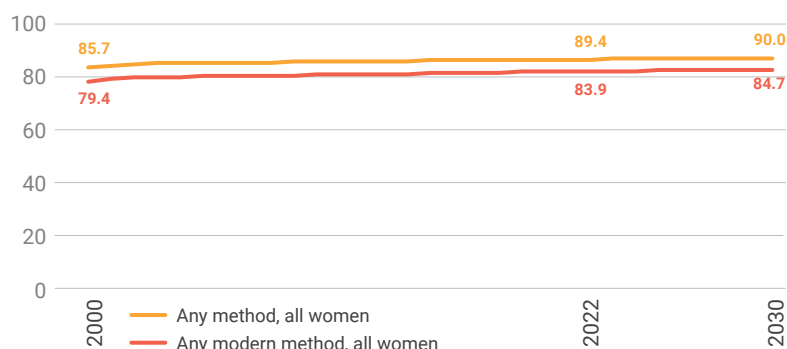
Unmet need for family planning

All women	
5.8% Any method, 2022	8.9% Any modern method, 2022
Women married or in union	
8.2% Any method, 2022	12.4% Any modern method, 2022



Demand satisfied for family planning

All women	
89.4% Any method, 2022	83.9% Any modern method, 2022
Women married or in union	
89.5% Any method, 2022	84.1% Any modern method, 2022



Source: United Nations, Population Division, UN Population Division Data Portal. Available at <https://population.un.org/dataportal/home> (accessed on 10 December 2023).

Women of reproductive age	Youth population	Fertility	Access in humanitarian contexts
8,962,000 Number of women of reproductive age (15–49) in 2022	28.5% Percentage of women of reproductive age in 2022 who were under 25	2.80 Total fertility rate in 2022	3.4 INFORM Index Rating: Access to health care Low INFORM Index Rating: Risk of humanitarian crisis

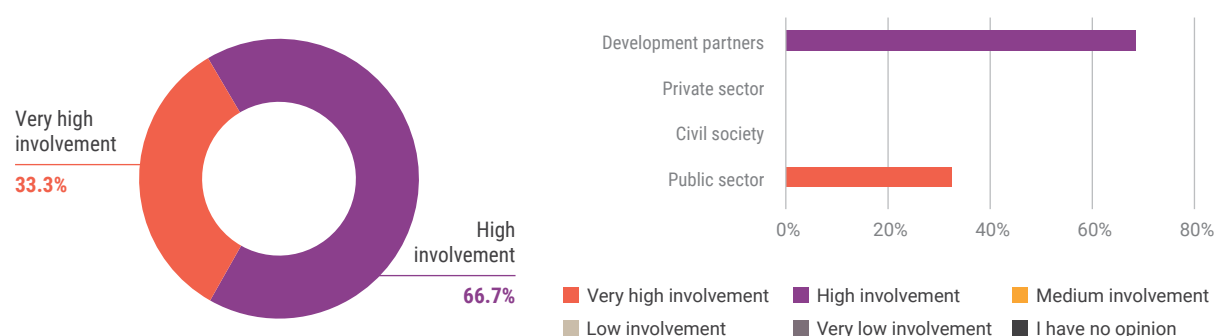
Source: United Nations, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 10 December 2023).

Source: European Commission, Disaster Risk Management Knowledge Centre. Available at <https://drmkc.jrc.ec.europa.eu/inform-index> (accessed on 10 December 2023).

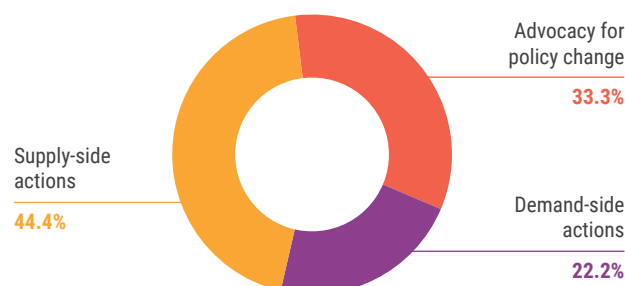
Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Priority actions identified by the respondents for ending the unmet need for family planning by 2030



Kosovo

Contraceptive prevalence rate

Women married or in union	
66.7%	9.4%
Any method, 2019	Any modern method, 2019

Unmet need for family planning

Women married or in union	
8.4%	55.3%
Any method, 2019	Any modern method, 2019

Demand satisfied for family planning

Women married or in union	
88.8%	12.5%
Any method, 2019	Any modern method, 2019

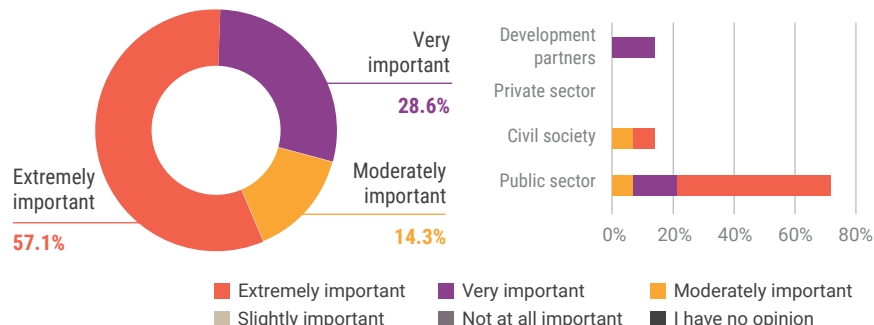
Source: UNICEF and others, *Kosovo (UNSCR 1244) Multiple Indicator Cluster Survey 2019–2020 and Roma, Ashkali and Egyptian Communities in Kosovo Multiple Indicator Cluster Survey 2019–2020: Survey Findings Report* (Prishtina, Kosovo: Kosovo Agency of Statistics and UNICEF, 2020).

Women of reproductive age
936,000
Number of women of reproductive age (15–49) in 2011

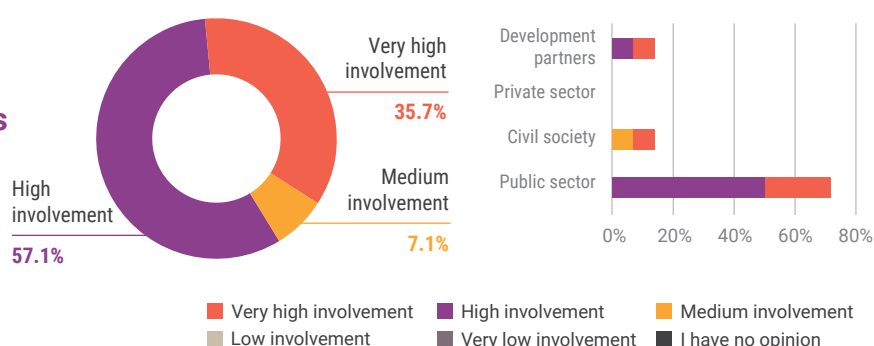
Youth population
35.9%
Percentage of women of reproductive age in 2011 who were under 25

Source: Kosovo Statistical Agency, *Statistical Yearbook of the Republic of Kosovo* (2022).

Perceived level of importance of reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Perceived level of involvement of the respondents' institutions in reaching the goal of ending the unmet need for family planning by 2030, by type of respondents



Priority actions identified by the respondents for ending the unmet need for family planning by 2030



