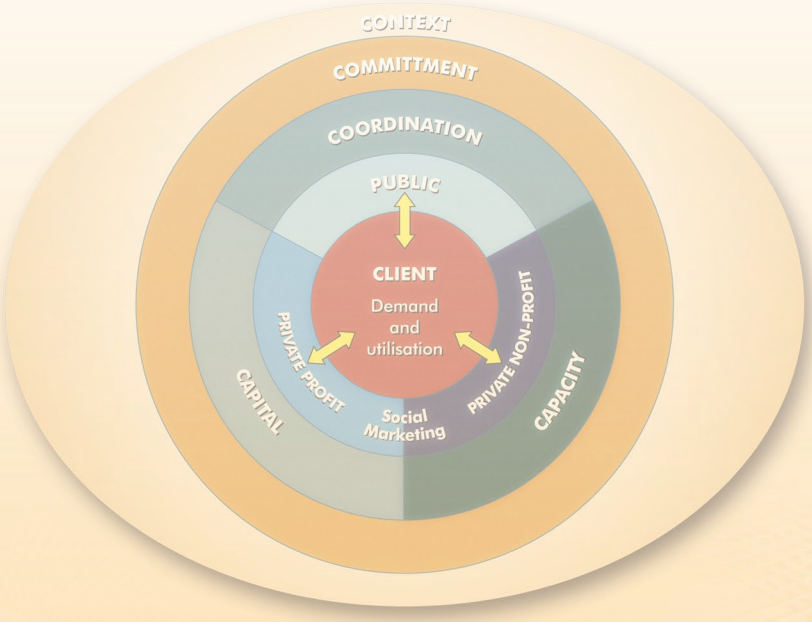
Advancing contraceptive choices and supplies for universal access to family planning in Eastern Europe and Central Asia

UNFPA Regional Contraceptive Security Strategic Framework 2017-2021



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Foreword

Many countries in Eastern Europe and Central Asia face ongoing challenges in attaining universal access to sexual and reproductive health, particularly when it comes to securing the rights of all people to freely choose, obtain, and use high-quality contraceptives, including condoms. Despite improvements in access, modern contraceptive prevalence rates in the region remain low, contributing to high numbers of unintended pregnancies and a range of health problems, including rising rates of HIV and other sexually transmitted infections, as well as cervical cancer. Young people, the poor, migrants and refugees, ethnic minorities, and rural population groups still face serious barriers in accessing the services and information they need to safeguard their health.

UNFPA has been one of the main providers of contraceptives in the Eastern Europe and Central Asia region, an effort that has yielded considerable reduction in maternal and infant mortality and decline in the level of unintended pregnancy, including among adolescents. But as donor funding declines for national family planning programmes as these countries graduate to middle and upper middle-income status, innovative new region-tailored approaches are required to secure and improve on reproductive-health gains in Eastern Europe and Central Asia.

The UNFPA Eastern Europe and Central Asia Regional Contraceptive Security Strategic Framework (2017-2021) aims to support countries in taking full national ownership of the provision of reproductive health commodities by building national capacity for running a sustainable contraceptive-security programme; streamlining coordinated technical assistance at regional and global levels; strengthening South-South cooperation and resource-mobilization opportunities for family planning advocacy; and facilitating coordination and cooperation between partners, including public-private partnerships, to allow for efficient and optimal utilization of limited resources, ensuring commodities reach the end-user in need.

Developed in partnership with the East European Institute for Reproductive Health (EEIRH) and with the support and consultation of all countries in the region, the Regional Contraceptive Security Strategic Framework employs a people-centred and human rights-based perspective and places the demand for commodities at the heart of its approach. It provides 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.

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The legacy of economic and political transition

Over the last 25 years, there have been marked political and economic changes post-independence in the countries of Eastern Europe and Central Asia, which have evolved towards different and often divergent economies. An economic divide has developed between the countries of Eastern Europe and those of the Commonwealth of Independent States, including the Central Asian republics, with marked impact on people's lives[1]. In Eastern Europe, officially measured gross domestic product (GDP) bounced back from a transition recession, recovered to its 1990 level by 1998, and exceeded that level by 6 per cent in 2000. However, elsewhere in the region, GDP in 2000 stood at only 63 per cent of its 1990 level. In 1998 one in five people in Eastern Europe survived on less than USD 2.15 a day and yet a decade earlier, fewer than one in 25 lived in such absolute poverty. While absolute income deprivation at those levels is uncommon in many Eastern European countries, its incidence is as high as 68 per cent in Tajikistan, 50 per cent in the Kyrgyz Republic, and 40 per cent in Armenia. Inequality, which has increased slightly in Eastern Europe since the onset of transition, has increased significantly in several countries such as Armenia and the Kyrgyz Republic, so that they have come to rival the most unequal countries in the world.[2]

More recently, in the midst of an uncertain global economic environment, overall GDP growth for Eastern Europe and Central Asia was 1.4 per cent for 2015, with 1.8 per cent growth projected for 2016.[3] But prospects for individual countries vary widely: The western part of the region is forecast to continue its fragile recovery in 2016, while the eastern part of the region increasingly suffers large income losses.

The changes that people in Eastern Europe and Central Asia have undergone over the past 25 or so years have been immense. There persists a large unfinished reform agenda, especially with regard to improving the lives of people and the quality and delivery of public services, boosting the degree of trust in institutions, and tackling deep-rooted problems such as the level of corruption, which most people feel has increased since the collapse of communism.[4]

Adding to this, there are countries/territories in the region which face various humanitarian needs that have impact on their health services.

Health reform

The collapse of the Berlin Wall and break-up of the Soviet Union brought with it massive economic, social, and political changes for the countries of Eastern Europe and Central Asia. These countries faced many challenges, including the need to adapt the organization, financing, and provision of health services. The Soviet model of a health system was a centrally planned, multi-tiered system of care with a strongly differentiated network of service providers and an emphasis on curative care.[5] Access to modern contraception was limited, with a reliance on intrauterine devices (IUDs) and termination of unintended pregnancies,[6] as well as limited access to condoms. By the mid-1990s it was clear that these inherited systems required radical reforms, and since then the provision of health care in the countries of Eastern

[1] European Bank for Reconstruction and Development and the World Bank. 'Life in Transition Survey (LITS) II: After the Crisis – The second EBRD survey of public attitudes, well-being, and the impacts of economic and political change'. London: EBRD, 2010.
[2] World Bank. 'Transition – The First Ten Years: Analysis and Lessons for Eastern Europe and the Former Soviet Union'. Washington DC: The International Bank for Reconstruction and Development/the World Bank, 2010.
[3] World Bank. 'Europe and Central Asia: Modest Recovery in the West, but Sharp Slowdown in the East'. Press release; 26 October 2015.
[4] European Bank for Reconstruction and Development and the World Bank. 'Life in Transition Survey (LITS) II: After the Crisis – The second EBRD survey of public attitudes, well-being, and the impacts of economic and political change'. London: EBRD, 2010.
[5] Sheiman, I. 'Rocky road from the Semashko to a new health model'. Bulletin of the World Health Organization 2013;91:320–321.
[6] Westoff, CF. 'Recent Trends in Abortion and Contraception in 12 Countries'. Calverton, Maryland, USA: ORC Macro, 2005.

Europe and Central Asia has diverged, including the ways in which countries have reformed the organization and financing of their health systems.[7] The nature of the health financing reforms implemented in the Eastern European transitional countries was closely linked to the underlying changes occurring in these societies. These changes included an almost universal switch to health insurance systems, a growing reliance on out-of-pocket payments (both formal and informal), and efforts to strengthen primary health care, often with a model of family medicine delivered by general practitioners. Most national health insurance systems in these countries do not cover modern contraceptives and in several countries they are not even on national essential drug lists. Evidence for whether these health reforms have achieved their intended results is sparse.[8] Certain aspects of the pre-transition systems remained highly resistant to change.[9] Public health services including sexual and reproductive health, and particularly family planning, were slow to adapt to changing needs. Health and social protection systems did not change to adjust to the rapid epidemiological and demographic change, characterized by a preponderance of non-communicable diseases, health issues linked to lifestyle choices, and challenges related to an ageing population. Also, while traditional sexual and reproductive health and family planning services were essentially about women's health, there is a gender gap in providing services to the male population, and a need to promote and support male involvement in varied aspects of reproductive health.

At the same time, in most countries of the former Soviet Union, once economies opened and information started to flow more freely, consumer expectations started to rise. In the health sector, this resulted in high growth rates of private health expenditure, mostly related to high-end tertiary care services, branded pharmaceuticals, and the use of expensive medical technology. Often the health system lacked social solidarity and strong regulation. Public health services, including sexual and reproductive health, also suffered a significant deterioration during the transition years. Lack of funding, the adherence to an out-dated paradigm of infectious disease control and limited opportunities for modern public-health training and research and health promotion undermined the effectiveness of population-based interventions, including family planning.[10]

Population dynamics

The Eastern Europe and Central Asia region has been undergoing significant demographic change over recent decades.[11] [12] [13] Since the 1970s, a combination of low birth rates, moderate mortality, and migration losses has been leading to both rapid population decline and ageing in many countries in Eastern Europe, and less so in Central Asia. Migration of labour and particularly of people of reproductive age, both to countries outside the region (including to the Russian Federation and Western Europe) and internally to cities, has affected the demographic situation in the region. This is an unprecedented phenomenon. Due to a much younger age structure and current higher fertility levels, demographic trends for Central Asia are diverging from those in Eastern Europe. This demographic heterogeneity will likely impact future migration patterns. It is possible that if the population of Eastern Europe declines substantially while Central Asia experiences a modest population growth, significant migration is likely of Central Asians to the Russian Federation and parts of Eastern Europe. The number of people aged over 60 is expected to accelerate in Eastern Europe, stabilizing around 2050. This rapid ageing is already impacting individual families and society and placing enormous pressure on national health and social services to

[7] Kutzin, J., Cashin, C., Jakab, M., eds. 'Implementing Health Financing Reform: Lessons from countries in transition'. Copenhagen: World Health Organization 2010, on behalf of the European Observatory on Health Systems and Policies, 2010.
[8] Rechel, B., McKee, M. 'Health Reform in Central and Eastern Europe and the Former Soviet Union'. *Lancet.* 2009 Oct 3;374(9696):1186-95. doi: 10.1016/S010-6736(09)61334-9.
[9] Rechel B, Richardson E, McKee M. 'Trends in Health Systems in the Former Soviet Countries'. Copenhagen: WHO/European Observatory on Health Systems and Policies, 2014.
[10] Romaniuk, P., Szromek, A.R. 'The Evolution of the Health System Outcomes in Central and Eastern Europe and Their Association with Social, Economic, and Political Factors: An Analysis of 25 Years of Transition'. *BMC Health Services Research*. 2016 Mar 17;16:95. doi: 10.1186/s12913-016-1344-3.
[11] Lutz, W. 'Emerging Population Issues in Eastern Europe and Central Asia: Research Gaps on Demographic Trends, Human Capital and Climate Change'. Istanbul: Eastern Europe and Central Asia Regional Office of UNFPA, 2010.
[12] Vobecká, J., Butz, W.P., Reyes, G.C. 'Population Trends and Policies: Outcomes, Policies and Possibilities'. Regional report produced by UNFPA/IIASA and Wittgenstein Centre. July 2013. http://eeca.unfpa.org/publications/population-trends-and-policies-unece-region
[13] UNFPA EECA and UNECE. 'Thematic Brief on Population Dynamics and Sustainable Development'. No date. http://eeca.unfpa.org/publications/thematic-brief-population-dynamics-and-sustainable-development

provide support for older persons.[14] Economic inequalities (e.g. between urban/rural or based on educational level or ethnicity) are increasing in many countries[15] and this is associated with increasing numbers of vulnerable people and refugees, particularly those belonging to minority ethnic and other marginalized groups.[16]

Gender relationships

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.[17] Such views can lead to gender-based violence, lack of access to sexual and reproductive healthcare for women, and to fathers' limited involvement in contraceptive choices and child development.[18] Men and boys have little exposure to more gender-equal attitudes and behaviours, nor opportunity to become positive male role models. The persistence of gender-based violence, particularly of intimate partner violence, is an important indicator of entrenched gender inequality in the region. 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 aggravated by lack of access to contraception.[19]

Family planning situation in the region

The environment and conditions in which a family planning programme develops and operates are critical for its success. The factors which affect this include social and economic determinants and conditions; religious and political settings; and the legal, regulatory, and policy environments that shape the availability of reproductive health goods, including modern methods of contraception and services. In many countries in the region, the competition for health resources arising from a host of other health issues, and which groups in the population decide how these resources are allocated, is a critical aspect of the context.

The overarching strategy of family planning programmes is to offer clients easy access to a wide range of affordable contraceptive methods through multiple service delivery channels in a good-quality, reliable fashion. Family planning services go beyond the supplying of contraceptives to an integrated set of activities which also deal with issues related to encouraging effective demand for individuals and couples to make decisions on when and if to become pregnant through improving access to relevant information and education about sexual and reproductive health.

Prior to 1990, family planning services in Eastern Europe and Central Asia were typically found only in specialty care health facilities, primarily in urban areas and predominantly provided by gynaecologists. This left rural women, in particular, with limited access to modern contraception. Often there was limited choice of different contraceptives with frequently a reliance on intrauterine devices (IUDs). Family planning was not well-integrated into other health-care services (e.g. postpartum care and post-abortion care), consequently numerous opportunities were missed to inform women about the options that would allow them to fulfil their family planning choices.

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 out-dated, restrictive, or simply did not address family planning and reproductive health issues. For example, there was reluctance to prescribe hormonal

[14] Bussolo, M., Koettl, J., Sinnott, E. 'Golden Ageing: Prospects for Healthy, Active, and Prosperous Ageing in Europe and Central Asia'. Washington, DC: World Bank, 2015.
[15] World Bank. 'Transition – The First Ten Years: Analysis and Lessons for Eastern Europe and the Former Soviet Union'. Washington DC: The International Bank for Reconstruction and Development/The World Bank, 2010.
[16] Colombini, M., Mayhew, S.H., Rechel, B. 'Sexual and Reproductive Health Needs and Access to Services for Vulnerable Groups in Eastern Europe and Central Asia'. London: UNFPA and London School of Hygiene & Tropical Medicine, 2011.
[17] UNFPA. 'Focusing on Gender Equality and Women's Empowerment in Eastern Europe and Central Asia'. Istanbul: UNFPA, no date.
[18] UNFPA EECA and UNECE. 'Thematic Brief on Inequalities, Social Inclusion and Rights'. No date. http://eeca.unfpa.org/publications/thematic-brief-inequalities-social-inclusion-and-rights
[19] UNFPA and IPPF. '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 former Yugoslav Republic of Macedonia, and Serbia – Recommendations for Improving Access to Modern Contraception in the Region'. Istanbul: UNFPA and IPPF, 2012.

contraception because of widespread misunderstanding and out-dated views of its benefits and limited side effects.

During the 1990s, in several countries in the region, UNFPA and some bilateral health agencies began increasing the availability of family planning services by establishing model family planning and reproductive health clinics. Additionally, in some countries, local NGOs became involved in providing family planning, though usually to a limited extent.

The expansion of family planning services in certain parts of the region beyond model clinics largely took place in the 2000s. A key component of this expansion was the integration of contraceptive services, counselling, and referral into other health-care services. For instance, with ample evidence for healthy timing and spacing of pregnancies, maternal and child health programmes incorporated family planning into their efforts and discussed contraceptive options during routine antenatal care visits to inform women about optimal birth spacing intervals. Integration with primary health care, postpartum care, and post-abortion care were also increasingly emphasized.

However, this only happened to a limited extent and restricted choice of modern contraceptive methods persists in many countries, as do misconceptions among providers and the public regarding hormonal contraception.

Fertility levels in the region's countries divide into two groups: Eastern Europe, where fertility is low with a total fertility rate (TFR) of 1.6 (range 1.3 to 2.3), and Central Asia, where the TFR is 2.7 (2.5 to 3.5).[20] Across the whole Eastern Europe and Central Asia region, fertility has steadily declined over the past several decades. In Eastern Europe, as in most European countries, fertility is now below the level required for full replacement of the population in the long run and it is projected that the population in several countries will contract by about 15 per cent by 2050. In Central Asia, the population is projected to slightly increase over the next 10 or so years, although as substantial emigration is anticipated to continue, this is less than would be expected in light of the fertility rates.

The use of modern methods of contraception has decreased over the past 10 or so years, especially in Eastern Europe but also in some Central Asian countries. Official figures for induced abortion (termination of pregnancy) are notoriously inaccurate[21] in the post-communist period, 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, especially in Eastern Europe and Central Asia.[22] [23] This is particularly valid given that medical abortion medication can be easily purchased in many countries.

The level of modern contraceptive use in the Eastern Europe and Central Asia region is very low. While all countries and territories in the region are classified as middle-income[24] (nine as upper middle-income – Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Serbia, the former Yugoslav Republic of Macedonia, Turkey, and Turkmenistan; and eight as lower middle-income – Armenia, Georgia, Kosovo (UNSCR 1244), the Kyrgyz Republic, Moldova, Tajikistan, Ukraine, and Uzbekistan), in several countries and territories the levels of modern contraceptive use is as low as in some of the world's least developed countries, and in others below the average of less developed regions.

The concept of unmet need for family planning is notable for bringing together in one measure both contraceptive behaviour and fertility preferences, a feature that distinguishes it from other fertility-

[20] United Nations, Department of Economic and Social Affairs, Population Division (2015). 'World Population Prospects: The 2015 Revision, Key Findings and Advance Tables'. Working Paper No. ESA/P/WP.241.

[21] Westoff, C.F. 'A New Approach to Estimating Abortion Rates'. DHS Analytical Studies No. 13. Calverton, Maryland, USA: Macro International Inc., 2008.

[22] Guttmacher Institute. 'Induced Abortion Worldwide'. Fact sheet. May 2016, and Guttmacher Institute. 'Abortion Rates Declined Significantly in Developed Countries but Remained Unchanged in Developing Countries'. May 2016, https://www.google.com/url?q=https://www.guttmacher.org/infographic/2016/abortion-rates-declined-significantly-developed-countries-remained-unchanged&sa=D&ust=1474011680654000&usg=AFQjCNHC2zaG2ML42NdLskeTZo5Z6FhHDg

[23] Sedgh, G., Bearak, J., Singh, S., Bankole, A., Popinchalk, A., Ganatra, B., Rossier, C., Gerdts, C., Tunçalp, Ö., Johnson Jr., B.R., Johnston, H.B., Alkema, L. 'Abortion Incidence Between 1990 and 2014: Global, Regional, and Subregional Levels and Trends'. *Lancet* 2016; 388: 258–67.

[24] Using the World Bank country classification http://data.worldbank.org/news/new-country-classifications-2015

related measures such as the contraceptive prevalence rate.[25] At the heart of the concept is the prevention of unintended pregnancy among women who want to avoid or postpone a pregnancy. As such, the definition of unmet need is the proportion of married women who do not want any (more) births, but who are not using contraception. This is frequently subdivided into two types of unmet need: unmet need for spacing births and unmet need for limiting fertility. The most recent data[26] for unmet need for contraception indicates that in Eastern Europe and Central Asia it ranges between 4.9 per cent (in Ukraine) to 22.9 per cent (in Tajikistan) (see Figure 1).

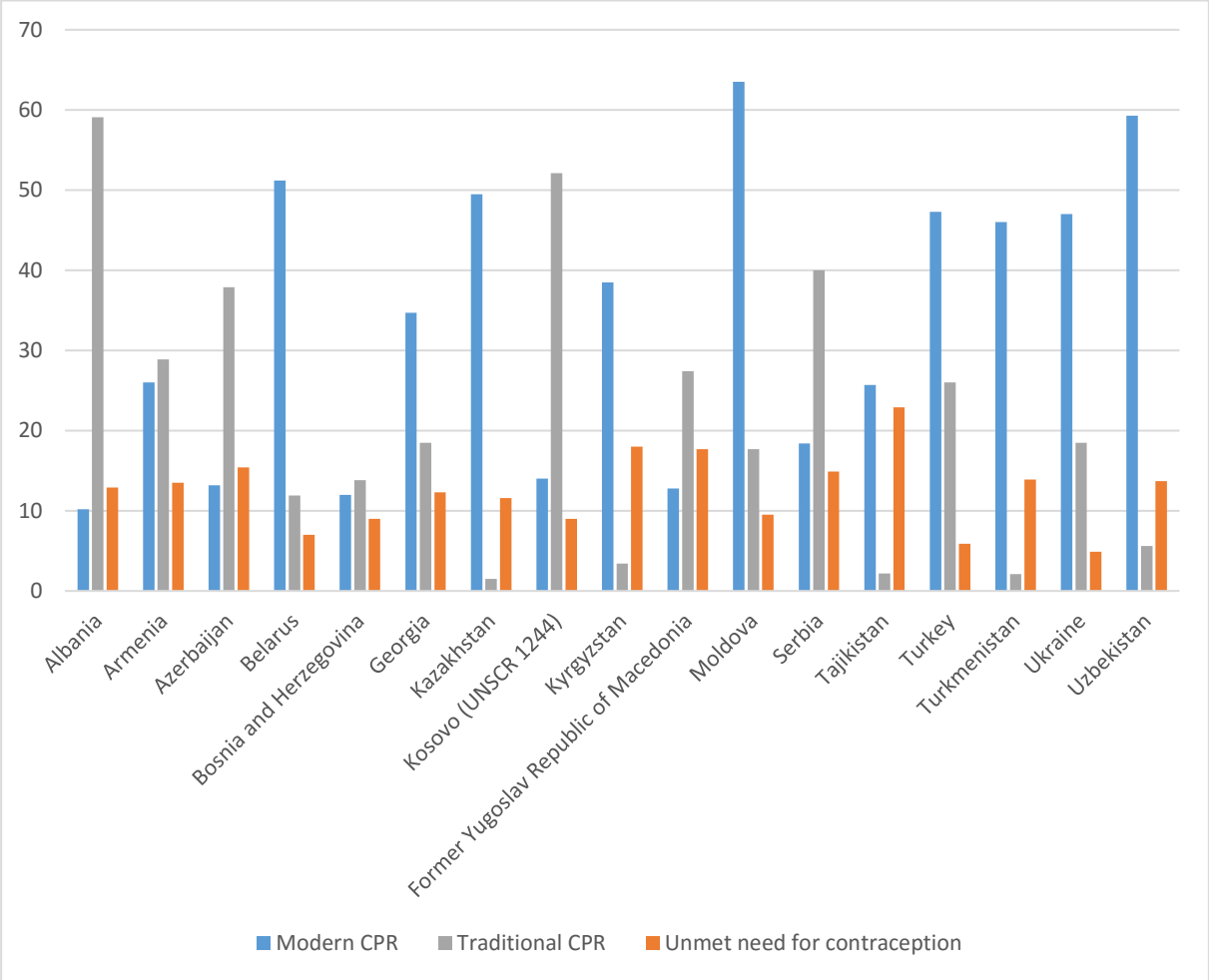

Figure 1. Contraceptive prevalence rates and unmet need for contraception, 2015. Source: for all countries and territories except Kosovo (UNSCR 1244): United Nations, Population Division, Fertility and Family Planning Section. 'World Contraceptive Use Survey-Based Observations: Contraceptive Prevalence by Method and Unmet Need for Family Planning', 2015; for Kosovo (UNSCR 1244): MICS 2013-14.

This unmet need for modern contraception means that in eight of the region's countries and territories in particular — Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Kosovo (UNSCR 1244), the former Yugoslav Republic of Macedonia, Serbia, and Tajikistan — the use of modern contraception is even lower than the average rate of 34 per cent for the least developed countries[27] in the world. Across the region's remaining countries, with the exception of Uzbekistan, modern contraceptive use is again lower than the average rate of 57 per cent for the world's less developed regions.

However, if traditional methods of contraception are included in the calculations of contraceptive prevalence, the figures change quite dramatically. In many countries and territories in the region, a large

[25] MacQuarrie, K.L.D. 'Unmet Need for Family Planning among Young Women: Levels and Trends'. DHS Comparative Reports No. 34. Rockville, Maryland, USA: ICF International, 2014.
[26] United Nations, Population Division, Fertility and Family Planning Section. 'World Contraceptive Use Survey-Based Observations: Contraceptive Prevalence by Method and Unmet Need for Family Planning', 2015 for all countries.
[27] See UNFPA Table Monitoring ICPD goals – selected indicators. In: 'State of World Population 2015'.

proportion of women are trying to avoid pregnancy using traditional methods. For example, in Albania, 47 per cent of women rely on ineffective traditional methods, in comparison to 19 per cent using modern methods.

As the region has some of the world's lowest use rates for modern contraceptives, in particular in South-Eastern Europe and the South Caucasus, the number of unintended pregnancies is high, especially among youth and socially marginalized population groups.[28] Adolescent birth rates are about three times higher in the region compared with Western Europe.[29] The majority of women aged 15-24 in Eastern Europe and Central Asia (54.0 per cent) do not use any method of contraception.[30] The low use of modern contraception additionally goes hand-in-hand with relatively high adolescent fertility rates (see Figure 2), and in some countries, high adolescent abortion rates.

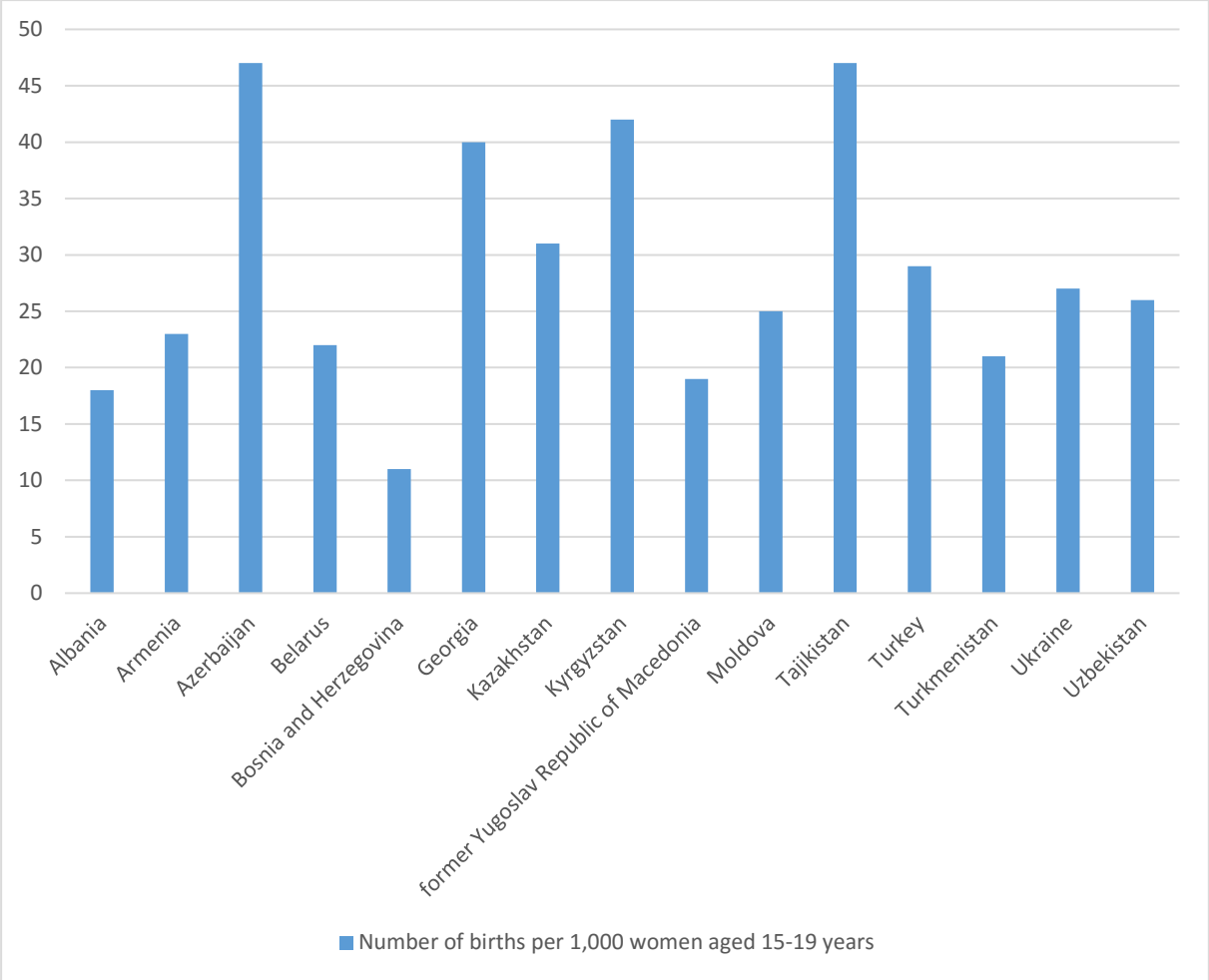

Figure 2. Adolescent fertility rates. Source: UNFPA. 'State of World Population 2015: Shelter from the Storm'. World Population Dashboard. ICPD Goals and Demographic Indicators 2015. New York: 2015. Figures are for 1999/2014.

Teen birth rates are high and have been attributed to a number of barriers to access to contraception. In some former Soviet countries, females under 18 years old cannot access sexual and reproductive health services without a parent's consent.[31] Lack of youth-friendly sexual and reproductive health services remains a concern in the region. Other barriers include the high cost of supplies, prescription

[28] UNFPA. 'Focusing on Adolescents and Youth in Eastern Europe and Central Asia'. Istanbul: UNFPA, 2 September 2014.
[29] UNFPA Eastern Europe and Central Asia Regional Office. 'Adolescent Pregnancy in Eastern Europe and Central Asia'. Istanbul, Turkey: United Nations Population Fund; 2013. accessed 16 January 2014.
[30] MacQuarrie, K.L.D. 'Unmet Need for Family Planning among Young Women: Levels and Trends'. DHS Comparative Reports No. 34. Rockville, Maryland, USA: ICF International, 2014.
[31] ASTRA Network. 'Sexual and Reproductive Health and Rights of Adolescents in Central and Eastern Europe and Balkan Countries'. ASTRA Youth report. 2011.

requirements for some contraceptive methods, limited numbers of outlets from which to obtain contraceptive supplies, lack of sexuality education programmes (and poor quality of programmes where they do exist), and cultural norms that limit the use of contraception.[32]

These trends are also indicative of a substantial lack of comprehensive sexuality education and information. During the communist period, sexuality education either in or out of school was very inadequately dealt with.[33] What existed were mostly classes on 'preparation for marriage and family', initiatives that largely ignored the fact that young people gradually develop a strong interest in love relationships and, in particular, that they could be sexually active before marriage. Preparation for sexuality was hardly ever an issue. As a result, countries in the region started with sexuality education, as it is currently understood and practised in most Western European countries, 20 or 30 years later than in Western Europe.[34] In several countries, this has recently been slowed down because of the emergence of fundamentalism (political, cultural, and religious) in different public spheres. Similarly, crucial objective information on sexuality and family planning has been and is only available in most countries of Eastern Europe and Central Asia to a very limited extent.

The percentage of family planning demand satisfied by modern contraceptive methods is very low in some countries/territories of the region (see Figure 3).

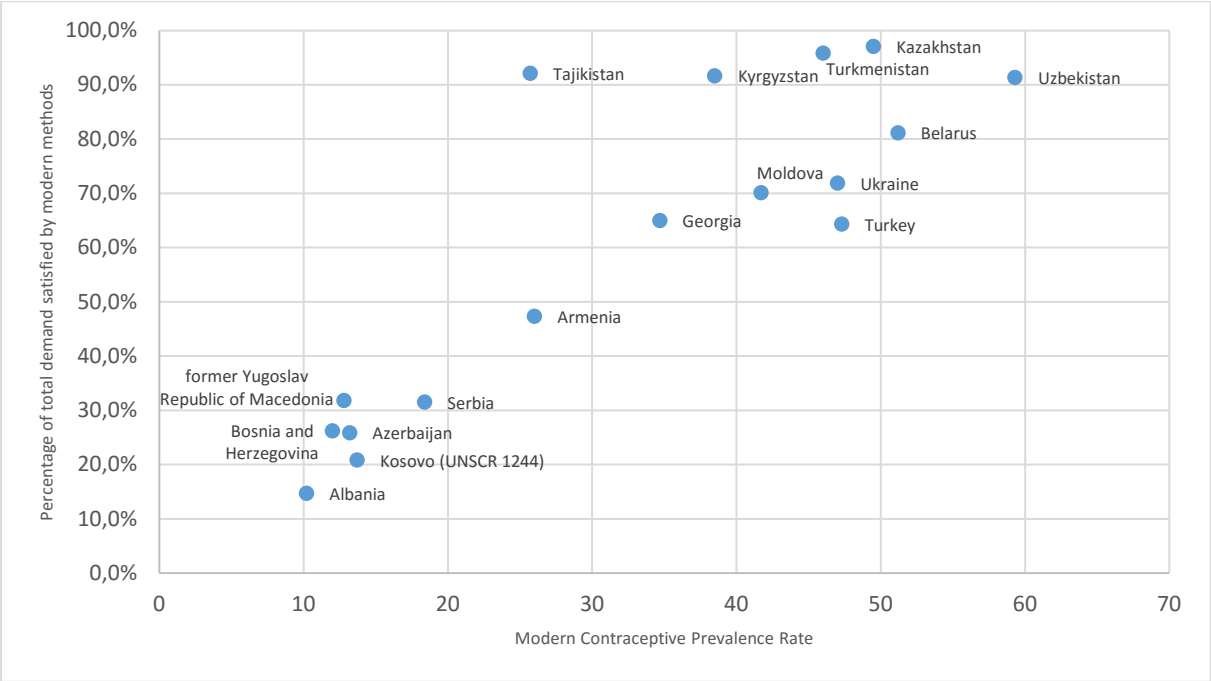

Figure 3. Family planning demand satisfied by modern contraceptive methods. Source: for all countries and territories except Kosovo (UNSCR 1244): United Nations, Population Division, Fertility and Family Planning Section. 'World Contraceptive Use Survey-Based Observations: Contraceptive Prevalence by Method, 2015'; for Kosovo (UNSCR 1244): MICS 2013-14.

The overall low use of modern contraceptive methods in several countries and territories of Eastern Europe and Central Asia could mean that women who wish to effectively prevent or delay pregnancy are unable to do so. In countries where overall contraceptive prevalence is relatively low, one of the factors contributing to this is probably poor access to or supply of modern contraceptives, which has been limited due to a range of economic, social, and geographic reasons. Termination of pregnancy continues to be

[32] Sedgh, G., Finer, L.B., Bankole, A., Eilers, M.A., Singh, S. 'Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends'. *Journal of Adolescent Health*. 2015 Feb; 56(2): 223–230.
[33] WHO. 'Standards for Sexuality Education in Europe: A Framework for Policy-Makers, Educational and Health Authorities and Specialists'. The Federal Centre for Health Education (BZgA), the WHO Regional Office for Europe and an international working group. Cologne 2010.
[34] See Ketting, E. 'Standards for Sexuality Education in Europe'; in UNFPA. 'The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes'. New York: UNFPA, 2015.

used as a method of birth or fertility control in many countries and territories in the region, and quality of abortions performed remains a challenge.[35]

Women face many barriers which go far beyond availability and affordability of modern contraception. A qualitative study carried out in 2011 by UNFPA and the International Planned Parenthood Federation (IPPF) in seven countries in the region documented many factors affecting perceptions of and access to contraceptives.[36] In general, women were very distrustful of modern hormonal methods of contraception, a perception fuelled by huge misinformation and myths concerning their use. Many women relied on and trusted health providers to give them correct and up-to-date information on contraception but often even doctors perpetuated and reinforced misunderstandings and myths. In addition, expectations regarding sex and sexuality and gender power dynamics were often another important factor influencing contraceptive choice in these countries. These findings are similar to those from elsewhere in the world.[37]

The many barriers to accessing modern contraceptive methods in most of the region's countries and territories show that there is still a struggle with women's empowerment as a perceived threat to traditional cultures and patriarchal values. Enabling access to and choice of affordable and quality modern contraception could contribute to achieving women's sexual and reproductive health and rights.

Contraceptive security situation in the region

An important reason for the low contraceptive use rates in the region is the lack of affordable supply.[38] [39] In many countries and territories of Eastern Europe and Central Asia, modern contraceptives are only infrequently and irregularly available in public facilities and sometimes non-existent. In many of the countries where health-care reforms were implemented and health insurance funds were introduced, modern contraceptive methods are not part of the essential drug lists, nor eligible for reimbursement under the health insurance schemes. One reason for this is that modern contraceptive methods are eligible for reimbursement when used for therapeutic, not contraceptive reasons. On the other hand, health prevention and health promotion are not given enough attention, nor do they receive the funding required. Even when contraceptives are included in government health programmes, they are subject to funding limitations common to programmes on non-communicable diseases.

Recent market segmentation studies carried out in Armenia, Bosnia and Herzegovina, Kazakhstan, Kosovo (UNSCR 1244), the former Yugoslav Republic of Macedonia, and Ukraine have in many instances shown that modern contraceptives are often only available from commercial outlets and these are unaffordable for the majority of people.

Poor counselling, limited objective information materials, and lack of choice of different contraceptives[40] add to the main reasons for low use (high cost and unreliable supply) and prevent people from using modern contraceptives.

Currently, only seven countries and territories in the region have some partial state support for the provision of contraceptives, leaving the other 10 dependent on donors and/or individuals buying contraceptives from commercial outlets (see Figure 4).

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[35] WHO Regional Office for Europe. 'Health topics/Life-course approach/Sexual and reproductive health/Activities/Abortion'. http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/activities/abortion accessed 21 December 2016

[36] UNFPA and IPPF. '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 former Yugoslav Republic of Macedonia, and Serbia – Recommendations for Improving Access to Modern Contraception in the Region'. Istanbul: UNFPA and IPPF, 2012.

[37] Sedgh, G., Ashford, L.S., Hussain, R. 'Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method'. New York: Guttmacher Institute, June 2016.

[38] See recent MICS reports, market segmentation reports for Armenia, Bosnia and Herzegovina, Kazakhstan, Kosovo (UNSCR 1244), the former Yugoslav Republic of Macedonia, and Ukraine; and DHS and CDC reproductive health surveys carried out in the region.

[39] UNFPA and IPPF. '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 former Yugoslav Republic of Macedonia, and Serbia – Recommendations for Improving Access to Modern Contraception in the Region'. Istanbul: UNFPA and IPPF, 2012.

[40] Foster, D.G. 'Unmet Need for Abortion and Woman-Centred Contraceptive Care'. *Lancet* 2016; 388: 216-217; UNFPA and IPPF. '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 former Yugoslav Republic of Macedonia, and Serbia – Recommendations for Improving Access to Modern Contraception in the Region'. Istanbul: UNFPA and IPPF, 2012.

Although most governments in the region have the resources to provide contraceptives at least for the most disadvantaged groups in their populations, the national strategies, action plans, and budget allocations to do this are not in place. UNFPA has been a major supplier of contraceptives, particularly in Central Asia, but in recent years this has reduced considerably.

	Albania	Armenia	Azerbaijan	Belarus	Bosnia and Herzegovina	Georgia	Kazakhstan	Kosovo (UNSCR 1244)	Kyrgyzstan	Moldova	former Yugoslav Republic of Macedonia	Serbia	Tajikistan	Turkmenistan	Turkey	Ukraine	Uzbekistan
Public sector																	
Government funding																	
Government policy for procuring contraceptive supplies for the population	Y	Y	N	Y	N	N	N	N	N	Y	Y	N	Y	Y	Y	Y	Y
Funds spent by the Government for procuring contraceptive supplies for the public sector	Y	Y	N	Y	N	N	N	N	N	N	Y	N	Y	Y	Y	Y	Y
Funds spent by the National Health Insurance scheme for covering contraceptive supplies	N	NA	NA	NA	P	N	NA	NA	Y	N	N	Y	N	N	N	NA	NA
Funds spent by the Government for covering family planning services	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	N	Y	Y	Y	Y
Funds spent by the National Health Insurance scheme for covering family planning services	Y	NA	NA	NA	Y	N	NA	NA	Y	Y	N	N	N	N	N	NA	NA
Donor funding																	
Funds spent by UNFPA for procuring contraceptive supplies for the public sector	N	N	N	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N
Funds spent by other donors for procuring contraceptive supplies for the public sector	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	N	N	N	Y
Social marketing sector																	
Donor funding																	
Funds spent by UNFPA for procuring contraceptive supplies for the social marketing sector	Y	NA	NA	NA	N	NA	N	N	N	N	N	N	N	N	N	N	N
Funds spent by other donors for procuring contraceptive supplies for the social marketing sector	N	NA	NA	NA	N	NA	N	N	N	N	N	N	N	N	N	N	N
Social marketing funding																	
Own funds spent by the social marketing organizations for procuring contraceptive supplies for the social marketing sector	Y	NA	NA	NA	N	NA	N	N	N	N	N	N	N	N	N	N	N
Government funding																	
Funds spent by Government for procuring contraceptive supplies for the social marketing sector	N	NA	NA	NA	N	NA	N	N	N	N	N	N	N	N	N	N	N

Key: Y – Yes, N – No, P – Partial, NA – Not applicable.

Figure 4. Financing of contraceptive supplies and services in Eastern Europe and Central Asia countries and territories. Source: UNFPA Country Offices, 2016.

Why a Contraceptive Security Strategic Framework?

In recent years (after 2009), the Eastern Europe and Central Asia region has demonstrated a pattern of decline in the Family Planning Effort Index, which measures across time the types and levels of effort of national family planning programmes worldwide, including each of four components (policies, services, evaluation, access to contraceptive methods).[41] Between 2000 and 2010, the availability of funding for family planning programmes in Eastern Europe and Central Asia decreased, as donors' assistance for such programmes in the region declined by 50 per cent or more.[42] A strategic framework for developing innovative, region-tailored approaches to advance contraceptive choices and supplies for universal access to family planning is necessary and timely.

To succeed in achieving universal access to family planning, a programme needs an uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Successful programmes provide contraceptive security—that is, they ensure that people are able to choose, obtain, and use high-quality modern contraceptives whenever they want them. 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 ('No Product? No Program!'[43]).

Over the past 20 or so years, UNFPA has provided limited quantities of some types of modern contraceptives to all Eastern Europe and Central Asia countries, however on many occasions these have frequently not been used effectively and often have been wasted.[44] This has been largely due to the lack of an efficient contraceptive logistics management information system (LMIS). Getting contraceptives into the hands of clients may appear to be a routine task, but the process requires a well-functioning supply chain, which includes the support and commitment of policymakers and the active involvement of many organizations and people. To help ensure that women and couples are able to choose, obtain, and use the contraceptive method that they want—choice, the goal of contraceptive security efforts—policymakers and programme managers have to focus on having a well-functioning contraceptive logistics cycle.[45] Effective and efficient contraceptive logistics are essential for assuring the continuous availability of a range of quality contraceptive methods so that choice and contraceptive security can be achieved. Contraceptive security includes an effective logistics system and requires six rights: the RIGHT contraceptives in the RIGHT quantity in the RIGHT condition to the RIGHT place at the RIGHT time and at the RIGHT cost.[46] [47]

Reasons to support family planning and contraceptive security

Modern contraception has been hailed as one of the great public-health achievements of the last century, and worldwide acceptance has risen to 60 per cent of exposed couples.[48] [49] However, in some countries, uptake of modern contraception is constrained by limited access, misconceptions, and weak service delivery. There are several compelling reasons to support increased access to modern contraception in the Eastern Europe and Central Asia region. Ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.[50]

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[41] Avenir Health, The Track20 Project. 'Family Planning Effort Index: Scores from 1972 to 2014'. http://track20.org/pages/data/fpe
[42] United Nations, Department of Economic and Social Affairs, Population Division. 'World Contraceptive Patterns 2013'. http://www.un.org/en/development/desa/population/publications/family/contraceptive-wallchart-2013.shtml
[43] Hart C. No Product? No Program! Public Health Reports 2004; 119: 23-24.
[44] See country programme evaluations and country programme documents.
[45] Gribble, J., Clifton, D. 'Supply Chain: Getting Contraceptives to Users'. Population Reference Bureau. April 2010. www.prb.org
[46] MSH. 'Pocket Guide to Managing Contraceptive Supplies'. http://www.cdc.gov/reproductivehealth/Products&Pubs/PocketGuide.htm accessed 10 September 2016.
[47] K4Health. 'Contraceptive Security'. https://www.k4health.org/topics/contraceptive-security
[48] Tsui, A.O., McDonald-Mosley, R., Burke, A.E. 'Family Planning and the Burden of Unintended Pregnancies'. *Epidemiologic Review* 2010;32:152–174
[49] Cleland, J., Shah, I.H. 'The Contraceptive Revolution: Focused Efforts are Still Needed'. *Lancet*. 2013; 381(9878):1604-6.
[50] See WHO. 'Family Planning/Contraception'. http://who.int/mediacentre/factsheets/fs351/en/

Family planning is a human right

Countries and territories in the region are signatories to major human-rights declarations and international consensus documents, including the right of women to have access to adequate health-care facilities, including information, counselling, and services in family planning; the right of a child to be born wanted and healthy; and the right of couples to decide freely and responsibly the number, spacing, and timing of their children. Reducing unintended pregnancies, particularly among adolescents, could improve educational and employment opportunities for women, which would in turn contribute to improving the status of women, increasing family savings, reducing poverty, and spurring economic growth.

Modern contraception is safe and has substantial health benefits

Many studies over the past 30 or so years have clearly documented the safety of contraceptive methods and particularly that of hormonal contraceptives.[51] [52] The use of contraception has a clear causal relationship with a reduction in maternal mortality and morbidity by reducing high-risk and unintended pregnancies.[53] Other major health benefits in addition to pregnancy prevention have been proved. To the extent that these health benefits protect a woman's fertility, they may even serve to increase total family size when couples decide at a later date to have more children. Contraception has long been shown to provide health benefits for mothers and infants that come from the ability to choose not to have a pregnancy at early and late ages, increasing intervals between births, and lower parity rates. Modern contraception as the main means to enable couples to plan their families has long been proved to be safe. There are also demonstrated health benefits unrelated to fertility that come from contraceptive use. Evidence shows low-dose oral hormonal contraception is associated with a 12 per cent decrease in the overall risk of developing cancer.[54] Oral hormonal contraceptives have been found to have a strong protective effect against ovarian and endometrial cancer and cancer of the large bowel or rectum, though there is some evidence of a slight increased risk of certain other cancers (cervix and central nervous system or pituitary) with more than eight years of oral contraceptive use. Greater use of condoms reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans.

Prevention of sexually transmitted infections (STIs)

Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of spreading sexually transmitted infections (STIs)[55] and ultimately reduce secondary infertility and cervical cancer. Male and female condoms provide dual protection against unintended pregnancies and against sexually transmitted infections.[56] They are also crucial for preventing transmission of HIV (triple protection[57]) and need to be taken into account in condom programming.[58] If the HIV epidemic in many of the region's countries was initially concentrated among people who inject drugs, the picture has recently shifted to sexual transmission.

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[51] Hannaford, P., Selvaraja, S., Elliot, A., Angus, V., Iversen, L., and Lee, A. 'Cancer Risk Among Users of Oral Contraceptives: Cohort Data from the Royal College of General Practitioners' Oral Contraceptive Study'. *British Medical Journal*. September 2007. www.bmj.com and http://www.fsrh.org/pdfs/KeyStatementOralConcCancerLink07.pdf

[52] Cibula, D., Gompel, A., Mueck, A.O., La Vecchia, C., Hannaford, P.C., Skouby, S.O., Zikan, M., Dusek, L.. 'Hormonal Contraception and Risk of Cancer'. *Human Reproduction Update*. 2010;16(6):631-50

[53] Horga, M., Gerdts, C., Potts, M. 'The Remarkable Story of Romanian Women's Struggle to Manage their Fertility'. *Journal of Family Planning and Reproductive Health Care* 2013;39:2-4.

[54] Hannaford, P., Selvaraja, S., Elliot, A., Angus, V., Iversen, L., and Lee, A. 'Cancer Risk Among Users of Oral Contraceptives: Cohort Data from the Royal College of General Practitioners' Oral Contraceptive Study'. *British Medical Journal*. September 2007. www.bmj.com and http://www.fsrh.org/pdfs/KeyStatementOralConcCancerLink07.pdf

[55] CDC. 'Condoms and STDs: Fact Sheet for Public Health Personnel' http://www.cdc.gov/condomeffectiveness/docs/condoms_and_stds.pdf accessed 2 June 2016.

[56] See CDC: selected references http://www.cdc.gov/condomeffectiveness/references.html

[57] UNFPA, WHO and UNAIDS: 'Position Statement on Condoms and the Prevention of HIV, Other Sexually Transmitted Infections and Unintended Pregnancy'. http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention

[58] United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank. 'Implementing Comprehensive HIV and STI Programmes With Men Who Have Sex With Men: Practical Guidance for Collaborative Interventions'. New York (NY): United Nations Population Fund; 2015; and World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. 'Implementing Comprehensive HIV/STI Programmes With Sex Workers: Practical Approaches from Collaborative Interventions'. Geneva, World Health Organization, 2013.

Prevention of adolescent pregnancy

Adolescent pregnancy is a major challenge in parts of the region, and in particular among some population groups.[59] Pregnant adolescents are more likely to have preterm or low birth-weight babies, and babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school, which has long-term implications for them as individuals, as well as for their families and communities.

Contraception can reduce the number of unintended pregnancies and the use of abortion

In Eastern Europe, an estimated 48 per cent of pregnancies are unintended and the vast majority of these end in abortion (79 per cent). While abortion rates in the region have declined over the past three decades, they are still higher than in many Western European countries. There are many reasons to support the continued decline in the abortion rate, including positive benefits to women and families and overall cost savings. Contraceptive rights and choices are important also for people living with HIV and at higher risk of HIV and should not be limited to preventing vertical transmission.

Experience in several low-fertility countries and territories in the region has shown that increased use of modern contraception replaces abortion, rather than lowering the fertility rate[60] [61] (see Figures 5, 6, 7). People in the region are living longer, healthier lives, and have higher levels of education than past generations. These changes have been accompanied by lower fertility, population ageing, and more complex migration patterns, with resultant policy implications, all set against a backdrop of economic crisis. These issues underscore the need for better integration of population dynamics into development planning at the national and sub-national levels in order to comprehensively respond to demographic change and its implications. They also underline the necessity to take a long-term, holistic, rights-based approach to population dynamics, its interlinkages with sustainable development and the importance of enabling individuals and couples to make choices regarding their fertility, including through the provision of accessible family planning services with a range of modern contraceptives being consistently available.

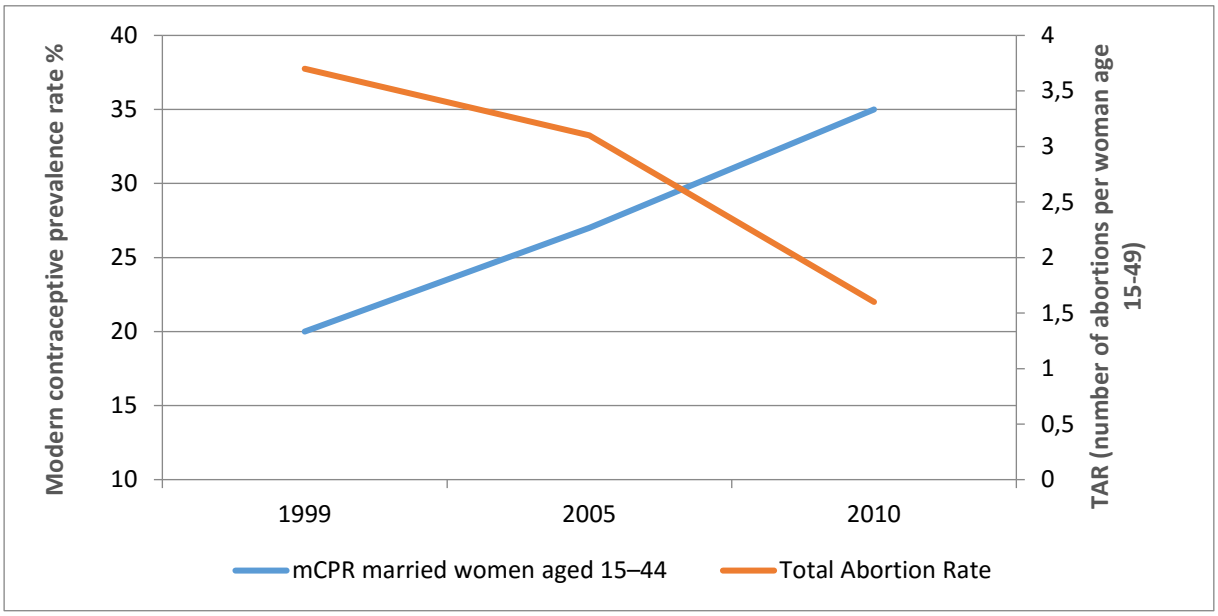

Figure 5. Trends in modern contraceptive prevalence rate (mCPR) and total abortion rates (number of abortions per woman age 15-49) in Georgia. Source: Reproductive Health Survey Georgia 2010, Westoff 2005.

[59] UNFPA. 'Focusing on Adolescents and Youth in Eastern Europe and Central Asia'. Istanbul: 2014 and UNFPA Eastern Europe and Central Asia Regional Office. 'Adolescent Pregnancy in Eastern Europe and Central Asia'. Istanbul, Turkey: United Nations Population Fund; 2013. Available at: http://eeca.unfpa.org/webdav/site/eeca/shared/documents/swop2013/Regional%20brief%20on%20teenage%20pregnancy.pdf

[60] Westoff, C.F. 2005. 'Recent Trends in Abortion and Contraception in 12 Countries'. DHS Analytical Studies No. 8. Calverton, Maryland: ORC Macro.

[61] Horga, M., Gerdts, C., Potts, M. *Journal of Family Planning and Reproductive Health Care* 2013, 39, 2–4.

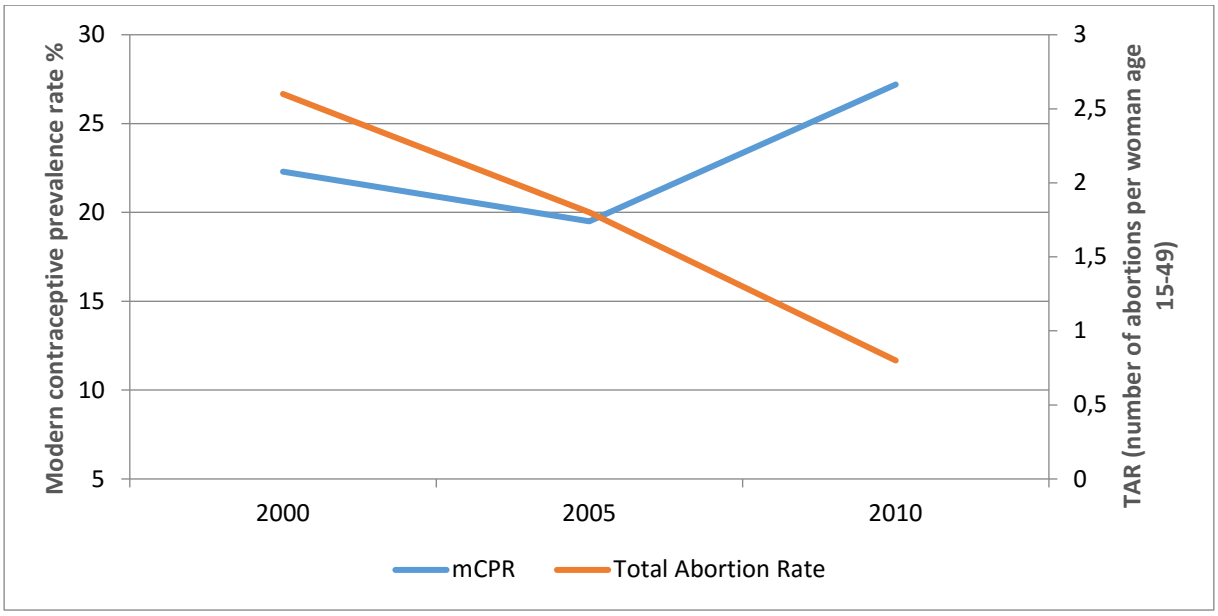

Figure 6. Trends in modern contraceptive prevalence rate (mCPR) and total abortion rates (number of abortions per woman age 15-49) in Armenia. Source: Armenia DHS 2010, Westoff 2005.

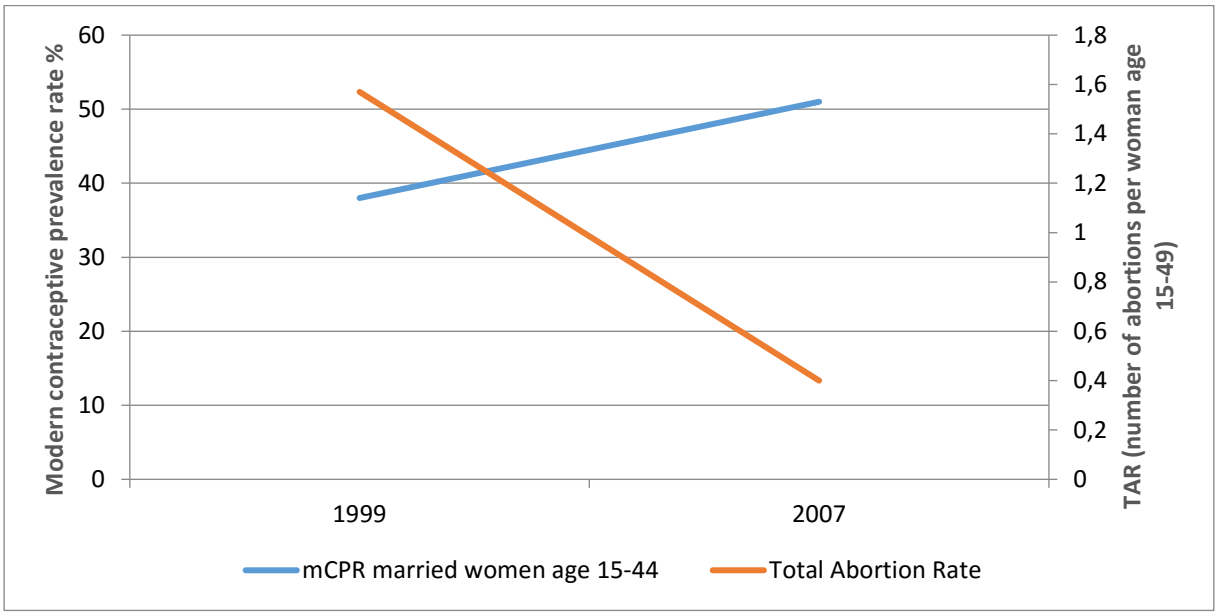

Figure 7. Trends in modern contraceptive prevalence rate (mCPR) and total abortion rates (number of abortions per woman age 15-49) in Ukraine. Source: Ukraine DHS 2007, Denisov 2012, Westoff 2005.

The benefits of family planning outweigh the costs

Evidence from many countries in Western Europe and in other parts of the world indicates that family planning and contraception is a highly cost-effective intervention.[62] Many governments elsewhere in Europe support family planning and affordable contraceptives. Because of the strong positive benefits of contraception, its effect in lowering abortion rates, its cost/benefit ratio, and respect for human rights, most governments in the European Union have developed funding and structures to provide ready access to family planning services, including subsidised or free contraceptives and counselling.

[62] Sonfield, A., Hasstedt, K., Kavanaugh, M.L., Anderson, R. 'The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children', New York: Guttmacher Institute, 2013, http://www.guttmacher.org/pubs/social-economic-benefits.pdf.

Repositioning family planning in the region: Why family planning is important in Eastern Europe and Central Asia

Access to modern contraceptives is key to preventing mortality and morbidity in women of reproductive age in the region, in particular complications of pregnancy and delivery, unintended pregnancies and abortion, cervical cancer, sexually transmitted infections (STIs), and HIV. Repositioning family planning is needed for all people of reproductive age so they can make choices about whether and when to become pregnant and also for those living with HIV and key affected populations who have difficulty accessing voluntary family planning services, exacerbating the risk of mother-to-child transmission of HIV. This particularly applies in remote and rural areas of the region where access to integrated sexual and reproductive health (SRH) services is very poor.

Reasonable access to a range of modern contraceptives and their regular supply are absolutely basic requirements to enable people to carry out choices regarding their fertility. Access to objective, evidence-based information regarding effective use and the considerable benefits of modern contraception needs to be generally available. This crucially applies to physicians and other reproductive-health workers, including nurses, midwives, pharmacists, and primary health-care workers.

Family planning and the United Nations' Sustainable Development Goals and recent international initiatives to refocus attention

In September 2015, the 193 member states of the United Nations unanimously adopted the Sustainable Development Goals (SDGs), a set of 17 goals aiming to transform the world over the next 15 years. These goals are designed to eliminate poverty, discrimination, abuse, and preventable deaths; address environmental destruction; and usher in an era of development for all people, everywhere. Unlike in the Millennium Development Goals which preceded the SDGs, family planning is not explicitly stated in any of the SDGs, however it has been agreed that reproductive health, including family planning, is implicitly included under three goals—Goal 3: 'Ensure healthy lives and promote well-being for all at all ages', Goal 4: 'Ensure inclusive and quality education for all and promote lifelong learning', and Goal 5: 'Achieve gender equality and empower all women and girls'.

Sustainable Development Goals 3 and 5 pledge to achieve universal access to sexual and reproductive health services and reproductive rights, and to integrate reproductive health into national policies. More broadly, other goals also commit to advancing gender equality, empowerment of women and girls, and improving child, adolescent, and maternal health. Replacing the Millennium Development Goals, which expired in 2015, the SDGs are designed to focus global development through 2030.

Importantly, both SDG 3 on health and SDG 5 on gender equality and women's and girls' empowerment include targets relating to sexual and reproductive health and reproductive rights. Target 3.7, under Goal 3 of the 2030 Agenda for Sustainable Development, calls for universal access to sexual and reproductive health-care services, including for family planning, information, and education, and for the integration of reproductive health into national strategies and programmes. Target 5.6, under Goal 5, calls for universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action and the outcome documents of their review conferences.

Without improvements in reproductive health, the achievement of the SDGs will not be possible. The 2030 Agenda for Sustainable Development committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information, and education, as absolutely crucial. In recent years there has been increasing attention given globally to the importance of accessible family planning services for achieving human-rights-oriented improvements in reproductive health.

Since 2007, the Thematic Fund for Reproductive Health Commodity Security (RHCS)—which finances the Global Programme to enhance RHCS—has helped UNFPA work with national governments to carry out the diverse and multi-faceted work needed to achieve Reproductive Health Commodity Security. In 2014

the name of this programme was changed to UNFPA Supplies.[63] It provides support mainly to the poorest 69 countries and territories in the world, none of which are in the Eastern Europe and Central Asia region.

In 2012, following a Summit on Family Planning held in London, more than 20 governments made commitments to address the policy, financing, delivery, and socio-cultural barriers to women accessing contraceptive information, services, and supplies and established an organisation, Family Planning 2020 (FP2020), to help meet those commitments. Donors pledged an additional USD 2.6 billion in funding to achieve efforts 'that support the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have'.

In July 2013 the UNECE Regional Conference 'Enabling Choices: Population Priorities for the 21st Century' made a range of important recommendations[64] and stressed 'the recommendation to improve access to information, counselling, supplies, and services that increase the ability of all couples and individuals to make free and informed decisions about the number and spacing of children. It was emphasized that highest priority needs to be given to preventing unintended pregnancies by, inter alia, removing all barriers to access to contraceptives, including restrictions based on age or marital status or the prohibition of certain contraceptive methods. The need to supplement affordable contraception with free contraception for marginalized groups was emphasized. Emergency contraception and counselling services need to be made available in a timely and non-judgmental manner to all women and adolescent girls. Participants further recommended that sexual and reproductive health services that offer a high quality of care be made widely available to all young people according to their needs. Availability includes both affordability and convenience, which generally implies a range of comprehensive and integrated services.' The conclusions of the UNECE Regional Conference 'Enabling Choices: Population Priorities for the 21st Century' built upon a series of preparatory meetings and background papers.[65]

The new UNFPA Family Planning Strategy 2012-2020: Choices not Chance aims to achieve universal access to rights-based voluntary family planning as part of sexual and reproductive health and reproductive rights. Within this framework, UNFPA and its partners are working 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 supports 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.[66]

In September 2015, the UN Secretary-General launched a multi-stakeholder movement ('Every Woman Every Child', or EWEC) to implement the United Nations' Global Strategy for Women's, Children's and Adolescents' Health in support of the Sustainable Development Goals framework. Of the 70 countries which have made specific commitments regarding EWEC, three are in the Eastern Europe and Central Asia region: the Kyrgyz Republic, Tajikistan, and Uzbekistan. The Government of the Kyrgyz Republic has committed to ensure that 100 per cent of the population of reproductive age have choice and access to at least three modern methods of family planning. Tajikistan has committed to ensure allocation of funds from the state budget for procurement of modern contraceptives, with an annual increase depending on

[63] UNFPA Supplies – Sustainability Focus. 'Leveraging UNFPA Supplies for Sustainable and Equitable RHCS & Family Planning Programmes'. Powerpoint presentation at CSB, TD, UNFPA SUPPLIES Planning Meeting, Addis Ababa, January 2016.
[64] UNECE. 'Chair's Summary of UNECE Regional Conference on ICPD Beyond 2014. Enabling Choices: Population Priorities for the 21st Century'. Geneva, 1-2 July 2013. http://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf
[65] See: UNECE. Regional report UNECE. ICPD Beyond 2014. 'The UNECE Region's Perspective: The Self-Reporting of Member States on the ICPD Implementation'. 2013
http://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Regional_Report/Regional_Report_ECE_ENG_WEB.pdf; Vobecká, J., Butz, W.P., Reyes, G.C. 'Population Trends and Policies: Outcomes, Policies, and Possibilities'. Regional report produced by UNFPA/IIASA and Wittgenstein Centre. July 2013. http://eeca.unfpa.org/publications/population-trends-and-policies-unece-region; UNECE. 'Report of the Expert Meetings ICPD Beyond 2014 Review in the UNECE region'. Report of thematic consultations - experts meetings. No date.
http://eeca.unfpa.org/sites/default/files/pub-pdf/ICPD_Beyond_2014_review_in_the_UNECE_region_WEB.pdf; UNFPA EECA and UNECE. 'Thematic brief on Population Dynamics and Sustainable Development'. No date.
http://eeca.unfpa.org/publications/thematic-brief-population-dynamics-and-sustainable-development;
UNFPA EECA and UNECE. 'Thematic Brief on Families and SRH Over the Life Course'. No date.
http://eeca.unfpa.org/publications/thematic-brief-families-and-sexual-and-reproductive-health-over-life-course;
UNFPA EECA and UNECE. 'Thematic Brief on Inequalities, Social Inclusion, and Rights'. No date.
http://eeca.unfpa.org/publications/thematic-brief-inequalities-social-inclusion-and-rights
[66] UNFPA Family Planning Strategy 2012-2020: 'Choices not Chance', UNFPA, 2013.

the budget allocated for the health sector. Uzbekistan has committed to improve the quality of reproductive health services provided to mothers, using modern technologies which are evidence-based.

The WHO Regional Committee for Europe in September 2012 adopted a new European health policy framework that aims to support action across government and society to 'significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health, and ensure people-centred health systems that are universal, equitable, sustainable, and of high quality'. The policy framework is evidence-based and peer-reviewed. It makes the case for investment in health and creating societies where health is valued. It provides an opportunity for countries to emphasise health rights and to promote health and well-being, as well as the economic case for investing in policies such as those to improve sexual and reproductive health.[67]

The Sofia Declaration of Commitment made at the UNFPA Regional Conference 'Promoting Health and Rights, Reducing Inequalities Towards Better Sexual and Reproductive Health Outcomes in Eastern Europe and Central Asia',[68] held in Sofia, Bulgaria, in May 2015, endorsed all the outcomes of the UNECE Regional meeting 'Enabling Choices: Population Priorities for the 21st Century', held in Geneva in July 2013. Specifically, the declaration prioritized:

- 'Young people's SRH [sexual and reproductive health] and RR [reproductive rights] by ensuring access to comprehensive sexuality education and youth-friendly services, including modern contraceptives, to empower young people and minimize ill health in later stages of life'; and
- 'Family planning, including availability of affordable and acceptable modern contraceptives, accessible at primary health-care level, recognizing that evidence in the region shows that family planning does not reduce fertility levels'.

At the 66th session of the WHO Regional Committee for Europe in September 2016, two important strategic documents were approved that include access to modern contraceptives as one of the priorities. The Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind is intended to accelerate progress towards improving sexual and reproductive health, in line with the 2030 Agenda for Sustainable Development, the European Health and Well-Being Policy Framework, Health 2020, and the Minsk Declaration: The Life-course Approach in the Context of Health 2020. The Action Plan focuses on priority action areas and interventions to help Member States achieve the full potential for sexual and reproductive health and well-being for all people. The Strategy on Women's Health and Well-Being in the WHO European Region sets priority areas for action in line with Health 2020, and provides guidance to optimize investment in girls' and women's health, including by refining existing national policies and strategies to make them more consistent with current evidence and more responsive to women's health and well-being across the life-course. Implementing these documents will require action by ministries of health, both alone and in collaboration with other sectors, within a whole-of-society approach.

In April 2016 a thematic evaluation of UNFPA's Support to Family Planning 2008-2013 was completed.[69] The evaluation covered all countries where UNFPA works in family planning, but with a particular focus on the 69 priority countries with low rates of contraception use and high unmet need for family planning identified by the London Summit on Family Planning in 2012. The recommendations noted that:

> '…in order to address important challenges in advancing family planning, UNFPA should optimise its comparative advantages. Those advantages are its close technical and strategic relationship with governments and its central role in coordination and programming links to a wide array of stakeholders. The challenges include: holding governments accountable for maintaining or increasing their financial and other commitments to family planning; advocating for a human rights-based approach, including addressing the needs of marginalized groups; and engaging with a diverse set of actors to rationalize and scale up services.'

[67] WHO. 'Health 2020: The European Policy for Health and Well-Being'. http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020 accessed 19 September 2016.
[68] UNFPA EECARO. 'Sofia Declaration of Commitment Regional Conference Promoting Health and Rights, Reducing Inequalities Towards Better Sexual and Reproductive Health Outcomes in Eastern Europe and Central Asia'. Sofia, Bulgaria. UNFPA, 27 May 2015.
[69] UNFPA. 'Evaluation of the UNFPA Support to Family Planning 2008-2013'. New York: UNFPA, Evaluation Office, April 2016.

Relationship between family planning, abortion, and fertility

When repositioning family planning, it is essential to counter and reverse the erroneous perception that family planning is responsible for low fertility and population decline in the region. Sociocultural and political barriers related to gender discrimination and the rise of socially conservative values continue to hinder efforts to apply a human-rights-based approach to providing universal access to comprehensive sexual and reproductive health services, including modern contraception. In the face of declining overall population in many countries and territories of Eastern Europe and Central Asia, a number of governments are exploring or pursuing pronatalist policies. These are supposedly designed to increase fertility rates but experience from elsewhere[70] shows they are usually ineffective and can have marked negative effects on people's reproductive choices and health status.

Availability of modern contraceptives in much of the region is limited and because of the economic and societal effects of population decline, some policymakers in Eastern Europe consider the birth rate in their countries to be too low, and would like to support policies which restrict access to modern contraception to raise the birth rate. However, evidence from countries that have even well-thought-out pronatalist policies indicates this has limited or no effect on the number of children couples eventually have but might result in delaying some pregnancies.[71]

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

Fertility rates are influenced by numerous factors, including migration, conflict, and economic, social, and political transformations in transition societies of the Eastern Europe and Central Asia region. They lead to changing family formation patterns, late marriage, delayed childbearing, increased cost of raising children, and less favourable conditions for reconciling work and family life. Birth-rate decline is also caused by a transition in values, not just because of the availability of contraceptives. In countries with an already low fertility rate, increase in contraception use may be associated with stable or even increasing fertility.

Two countries in the region demonstrate these trends: Romania and Georgia. Increased access to modern contraception in Romania has not reduced fertility in the country, which stayed stable at 1.3, but instead has reduced unintended pregnancies and the need for women to resort to abortion (see Figure 8).

[70] See reviews including 'Experience in France and Singapore': Brainerd, E. 'Can Government Policies Reverse Undesirable Declines in Fertility?' IZA World of Labor 2014: 23 doi: 10.15185/izawol.23 | | May 2014 | wol.iza.org. ; Chen, D.L. 'Can Countries Reverse Fertility Decline? Evidence from France's Marriage and Baby Bonuses, 1929–1981'. *International Tax and Public Finance*; 2011. 18: 253. doi:10.1007/s10797-010-9156-6;
Jones, G.W. 'Recent Fertility Trends, Policy Responses, and Fertility Prospects in Low-Fertility Countries of East and Southeast Asia'. United Nations expert group meeting on recent and future trends in fertility. Population Division, United Nations Department of Social and Economic Affairs, New York, 2-4 December 2009. http://www.un.org/esa/population/meetings/EGM-Fertility2009/P05_Jones.pdf

[71] Brainerd, E. 'Can Government Policies Reverse Undesirable Declines in Fertility? *IZA World of Labor* 2014: 23 doi: 10.15185/izawol.23 | | May 2014 | wol.iza.org. and Chen, D.L. 'Can Countries Reverse Fertility Decline? Evidence from France's Marriage and Baby Bonuses, 1929–1981'. *International Tax and Public Finance*; 2011. 18: 253. doi:10.1007/s10797-010-9156-6

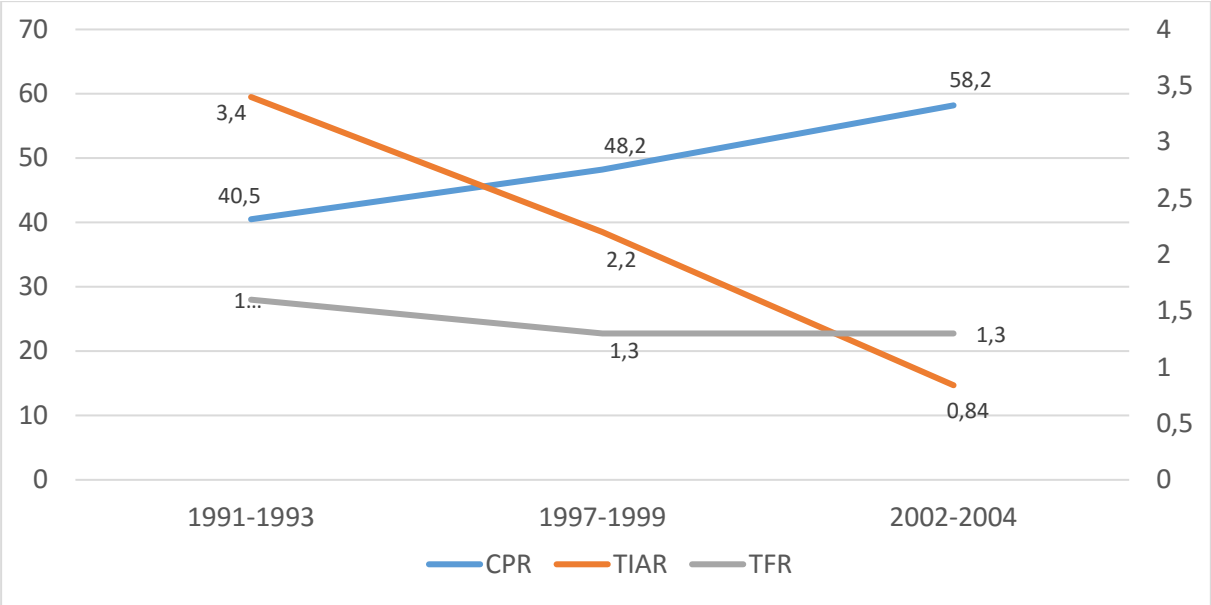

Figure 8. Evolution of contraceptive prevalence rates (CPR), total induced abortion rates (TIAR), and total fertility rates (TFR) in Romania. Source: Reproductive Health Surveys.

Fertility rates rose in Georgia over a 10-year period as contraception increased and abortions declined. With improvements in the economy, more of the pregnancies that occurred were wanted, and carried to term. The total fertility rate rose from 1.7 to 2.0, while the total abortion rate fell dramatically from 3.7 to 1.6 (see Figure 9).

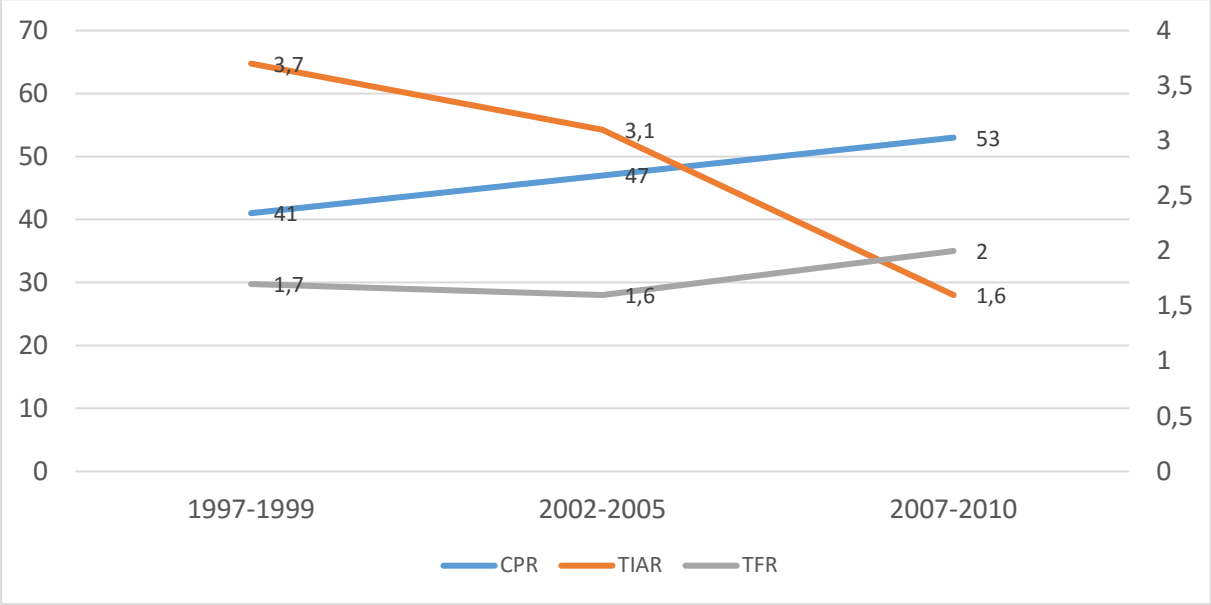

Figure 9. Evolution of contraceptive prevalence rates (CPR), total induced abortion rates (TIAR), and total fertility rates (TFR) in Georgia. Source: Reproductive Health Surveys.

Methodology

Framework for contraceptive security

The Contraceptive Security Strategic Framework (CSSF) for UNFPA's Eastern Europe and Central Asia region is directed at achieving systematic and scaled-up support to countries and territories as they work to achieve universal access to modern contraception as part of coverage of sexual and reproductive health and reproductive rights. This include HIV prevention and treatment, with rights-based family planning as a key element of this integrated approach.

The conceptual framework guiding the CSSF includes five focus areas: commitment at 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 national level for running a sustainable contraceptive security programme; and client demand and utilization in relationship with the three sectors that can provide contraceptive supplies: public, private non-profit (nongovernmental), and private for profit (commercial). [72]

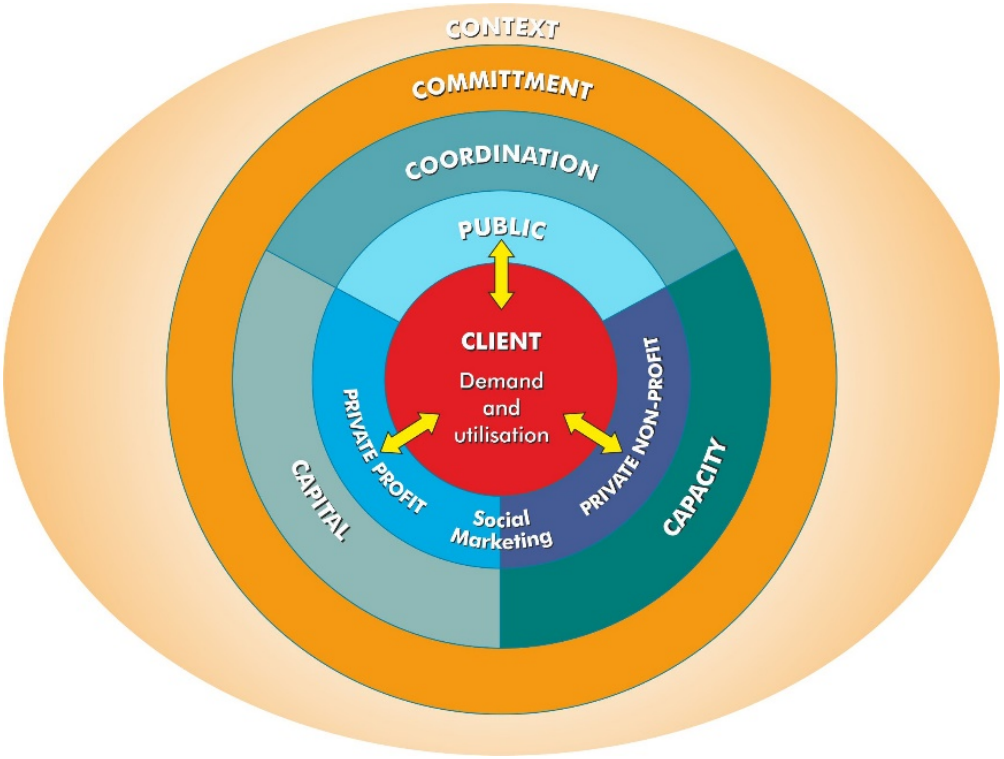

Figure 10. Framework for contraceptive security.

[72] Lisa Hare, et al., eds., 'SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessments, Planning, and Implementation' (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2004).

Scope

The Regional Contraceptive Security Strategic Framework (2017-2021) is intended to provide strategic guidance to UNFPA staff at Regional Office and Country Office levels, as well as to counterparts at the regional and national levels. The document is aimed to inform harmonized UNFPA programming at a country/territory level in the areas of repositioning family planning, advancing contraceptive security, streamlining coordinated technical assistance at regional and global levels, and strengthening South-South cooperation and resource-mobilization opportunities for family planning advocacy. It also embraces 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 strategic framework indicates the key interventions UNFPA, at different levels, can undertake to help the region's countries and territories achieve contraceptive security. As noted earlier, contraceptive security requires: the right contraceptives, in the right quantities, in the right condition, delivered to the right place, at the right time, for the right cost. The framework concentrates on supply issues. However, the framework makes clear that this cannot be achieved without attention being given to demand issues as well. UNFPA will facilitate universal access to modern contraception as part of its cooperation strategies and plans with the region's countries to provide the package of sexual and reproductive health services agreed in the ICPD Programme of Action. It will emphasize efforts to achieve the quality of care mandated by human-rights standards and internationally agreed instruments. UNFPA will generate systematic and scaled-up provision of support to countries and territories as they work to achieve universal access to, and coverage of, sexual and reproductive health and reproductive rights, including HIV prevention and treatment, with rights-based family planning as a key element of this integrated approach.

Process

The Regional Contraceptive Security Strategic Framework (CSSF) was initiated by the Eastern Europe and Central Asia Regional Office (EECARO), based on country priorities and developed during 2016 through a process that involved:

- Direct consultations with country offices, national counterparts, and interested groups;
- Extensive review of relevant documents both dealing with general issues of contraceptive security and those specific to the region;
- A questionnaire completed by Country Offices in conjunction with the EECARO Public-Private Partnership for Universal Access to Family Planning: TMA/Private Sector Engagement Workshop held in Istanbul in October 2015, at which they identified issues/challenges and country/territory priorities; and
- A questionnaire completed by the EECARO Regional Advisors and Country Offices staff in June 2016, in which they covered the current situation and identified challenges and key interventions.

The development of the CSSF has followed a methodology which was designed to be inclusive. This took into account interrelated components of family planning programme efforts and elements of reproductive- health commodity security that can influence the achievement of contraceptive security and must be present in order to satisfy client demand for contraceptives (which is at the centre of the framework). Efforts have been made to align the CSSF with UNFPA's Global Family Planning Strategy 2012-2020: Choices not Chance.

The revised draft of the Strategic Framework was subject to extensive review by the Eastern Europe and Central Asia Regional Team and Country Offices. During this phase, Regional Advisors and Country Offices made comments on elements in the framework.

Guiding principles

UNFPA's Regional Contraceptive Security Strategic Framework will promote and support holistic approaches that link and inter-relate to the multisectoral development agenda of health, education, gender empowerment, and human rights. Implementation of the Framework will be guided by six key principles:

- **Human rights.** All individuals are imbued with the right to health, including sexual and reproductive health; the right to decide freely and responsibly the number and spacing of their children; the right to choose from a broad mix of modern contraceptive methods; the right to exercise these family planning-related rights independent of identity, race, ethnicity, religion, education, age, income, health, or other status. Few matters have a greater impact on the life of a woman and her partner than the number and spacing of her children. For this reason, many international agreements over several decades have affirmed that individuals should have the right (and the means) to freely decide when (or if) to start a family and how many children to bear. Yet, many thousands of women in the Eastern Europe and Central Asia Region who want to avoid or delay childbearing still lack access to the quality services and modern contraceptives needed to manage their fertility.
- **Gender equality and equity.** Family planning information, services, and supplies must respond to issues of gender equity and equality. Empowerment initiatives must be supported that ensure the full autonomy of women to decide whether, when, and how to practice family planning and to decide which contraceptive method to use. The constructive engagement of men is essential to ensure that they exercise responsibility for their sexual and reproductive behaviour; support their partners' choices; do not either oppose or impose contraception; and respect women's and girls' rights to free, informed, and prior consent and to live free from gender-based violence. 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. 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, while women and female-headed households tend to experience higher levels of poverty. This is aggravated by economic crises and during conflicts. Tackling these issues requires root causes of gender inequality to be identified and addressed.
- **Use evidence and data to the extent possible**. The development of this Contraceptive Security Strategic Framework has been based on evidence and data from Demographic and Health Surveys, Reproductive Health Surveys, and Multiple Indicator Cluster Surveys. Where available, these have provided a starting point for assessing the use of different types of health services, including family planning and type of contraception used, and in many instances, where these were obtained. Reviews of the availability and use of modern contraception and the ability and willingness to pay for a range of modern contraceptives by income quintile (referred to as a market segmentation analysis and recently undertaken by UNFPA in Armenia, Bosnia and Herzegovina, Kosovo (UNSCR 1244), the former Yugoslav Republic of Macedonia, and Kazakhstan, and in Ukraine by UNFPA with support from USAID) have been used to provide information on contraceptive prevalence across economic groups, as well as information about the methods likely to be chosen by each group and where they might obtain their contraceptives. This type of information helps in finding ways to better use a broad range of providers (such as government facilities, NGOs, pharmacies, and other private-sector outlets) as well as to identify strategies that focus the public sector on specific segments of the population.

In addition, information was used from qualitative surveys such as those carried out in 2012 by IPPF with funding from UNFPA in six countries in the Eastern Europe and Central Asia region (Armenia, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, the former Yugoslav Republic of Macedonia, and Serbia). The aim of these studies was to explore the reasons for low use rates for modern contraceptives. The studies undertook focus group discussions with a range of users and potential users and semi-structured interviews with key community and health informants and with donors, pharmaceutical companies, key institutions, and policymakers.

- **Develop politically feasible strategies that respond to priorities**. This contraceptive security strategic plan has focused at country level on their identified priorities and the country-specific context identified by the countries. For example, the contraceptive security committee should advocate to include family planning in their strategy. If a donor plans to phase out support in the near future, the action plan should identify how modern contraceptives will be funded and procured when phase out is completed. The political context can affect the success of the contraceptive security action plan.
- **Multisectoral approach**. A multisectoral approach reaches new audiences. Although reproductive health and family planning are typically in the domain of the health sector, contraceptive security engages a broader set of actors, including the ministries of planning and finance, service providers, the commercial sector, and civil society. A well-functioning coordination arrangement requires that key stakeholders set aside their differences so it can build a common view of achieving contraceptive security.
- **Alignment with other strategic documents**. The framework has been aligned with UNFPA's global Family Planning Strategy 2012-2020: Choices not Chance and wherever possible with the 2011 UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment and with UNFPA's 2013 Strategy on Adolescents and Youth, Towards Realizing the Full Potential of Adolescents and Youth. At a regional level, the CSSF framework is consistent with the Eastern Europe and Central Asia Regional Advocacy and Communication Strategic Framework 2015-2020. In addition, efforts have been made to align the CSSF framework with WHO's European Action Plan for Human-Rights-based Sexual and Reproductive Health 2017–2021 and the Strategy on Women's Health in the WHO European Region 2017–2021.

  Key interventions identified in the framework will wherever possible use existing instruments developed by UNFPA and other organisations. The UNFPA Procurement Services[73] (which used to be known as AccessRH) is used by governments and NGOs to improve access to quality assured supplies in a cost-effective and reliable way. CHANNEL, the computer software programme developed by UNFPA for managing health supplies, allows individual warehouses to track their supply stock as soon as commodities enter or leave storage, and to generate simple reports and requests. The software is meant to automate the data collection and reporting requirements of the facilities at which it is used, while assisting and encouraging good practices in logistics and supply management. The software OneHealth Tool[74] developed by UN agencies (UNAIDS, UNDP, UNFPA, UNICEF, World Bank, and WHO) is designed to inform national strategic health planning, and the Eastern Europe and Central Asia Regional Office rolled out it in the region through a tailored programme with particular focus on family planning. While many costing tools take a narrow, disease-specific approach, the OneHealth Tool attempts to link strategic objectives and targets of disease control and prevention programmes to the required investments in health systems.

[73] See UNFPA Procurement Services https://www.unfpaprocurement.org/home

[74] See http://www.who.int/choice/onehealthtool/en/

Vision for contraceptive security

Within the overall UNFPA mission statement of ensuring that every pregnancy is wanted, it is envisaged that the EECA Regional Contraceptive Security Strategic Framework will guide countries in the region to make universal access to sexual and reproductive health a reality for all and lead to a situation where Eastern Europe and Central Asia is a region where all people of reproductive age are able to choose, obtain, and use high-quality modern contraceptives whenever they want or need them.

UNFPA will play a key role in advancing commodity security in the region, in close interaction with governments and other regional and national actors in this area. UNFPA will act as a convener that brings together a diversity of partners and catalyses their collective strengths to increase access to education and services, and will mobilize support in addressing social determinants of health, particularly sexual and reproductive health and rights, social cohesion, and sustainable development.

Goal

The goal of the CSSF is that all people in Eastern Europe and Central Asia have universal access to modern contraceptive methods by 2021.

Outcomes

In line with UNFPA's Global Family Planning Strategy 2012-2020: Choices not Chance, the EECA Regional Contraceptive Security Strategic Framework has two outcomes:

- The first being concerned with supply issues: 'improved availability and reliable supply of quality contraceptives for women and men' in the region; and
- The second with demand issues: 'increased demand for modern contraception according to clients' reproductive health intentions'.

Focus areas and outputs

Focus areas

Within the Regional Contraceptive Security Strategic Framework, five focus areas have been identified: **commitment** at 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 national level for running a sustainable contraceptive security programme; and **client demand**.

1. **Commitment** at national level for rights-based family planning and contraceptive security.

    This refers to the extent to which governments demonstrate visible support for family planning efforts. Examples of commitment include clearly articulated policies that make and keep supplies of contraceptives available to the public, budget allocations for family planning and in particular for the procurement and distribution of contraceptives, and clearly defined and operational coordination mechanisms with other family planning stakeholders. Policy champions—individuals who advocate for family planning and contraceptive security issues—can play an important role in obtaining these visible indications of commitment.

2. **Capital** for sustainable contraceptive security programmes.

    This includes different types of funding available to support family planning and contraceptive security efforts. Within the public sector, these sources can include internally generated revenues (taxes), grants from donors, and credits from international development organisations such as the World Bank. In addition, capital includes household expenditures on contraceptives through the commercial sector—which can be substantial, subsidised programmes (such as social marketing)—and revenues generated through user fees, insurance premiums, and co-payments.

3. **Coordination and cooperation** between partners to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.

    This covers the involvement of appropriate in-country and international stakeholders, such as Ministry of Health and other state regulatory bodies, associations of practitioners, NGOs, and clients, including private importers, wholesalers, and representatives of retail outlets, to ensure that information is shared and programme efforts are not duplicated.

4. **Capacities** at national level for developing and delivering a sustainable contraceptive security programme.

    Included here is the ability to carry out key functions necessary for family planning programmes to operate effectively, efficiently, and transparently. For service providers, capacity includes training in both clinical skills and counselling. For programme managers, it includes being able to forecast contraceptive needs, procure the necessary supplies, and distribute them where they are needed. Achieving contraceptive security also requires the capacity to monitor and evaluate programmes and to advocate effectively for policy and programme changes.

5. **Client demand** at a local level.

    To provide high-quality care, providers must understand and respect their clients' needs, attitudes, and concerns. These client perceptions are in turn affected by personal, social, and cultural factors.

Under each **focus area**, there are several possible **outputs** which should be achieved through **key interventions**.

Outputs

Five outputs have been identified that contribute to the attainment of the two outcomes of the Regional Contraceptive Security Strategic Framework. These relate directly to the outputs in UNFPA's Global Family Planning Strategy 2012-2020: Choices not Chance.

The outputs for the EECA Regional Contraceptive Security Strategic Framework are:

- Focus area 1: Commitment (Leadership/Stewardship)
    - Output 1: Political commitment at national level for rights-based contraceptive security demonstrated.
- Focus area 2: Capital (Financing)
    - Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need.
- Focus area 3: Coordination and cooperation between partners
    - Output 3: Collaboration and coordination among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.
- Focus area 4: Capacities at national level
    - Output 4: Capacities developed for running a sustainable contraceptive security programme.
- Focus sub-area 4.1: Supply-chain capacity
    - Output 4.1: Capacities developed for running a sustainable contraceptive supply chain.
- Focus sub-area 4.2: Service-delivery capacity
    - Output 4.2: Capacities developed for providing contraceptives to all in need including equity in and access to service delivery to ensure that clients, including under-served populations, are covered.
- Focus area 5: Client demand
    - Output 5: Increased demand by individuals, communities, and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.

As has been made clear earlier in this framework, issues concerned with poor supply of modern contraceptives are generally agreed to be more important in the Eastern Europe and Central Asia region than those related to demand for contraceptives. In addition, the recently approved UNFPA Eastern Europe and Central Asia Regional Advocacy and Communication Strategic Framework 2016-2020 gives considerable attention to increasing demand for family planning.

These outputs will be strengthened through cross-cutting interventions at regional and country levels and through policy dialogue, partnerships, advocacy, and communication.

The focus areas and outputs of the strategic framework are highlighted below. These relate directly to the outputs of the UNFPA Global Family Planning Strategy 2012-2020: Choices not Chance.[75]

Outcome: Improved availability and reliable supply of quality contraceptives (UNFPA's Global Family Planning Strategy Outputs 1, 3, 4, and 5)	**Focus area 1: Commitment (Leadership/Stewardship)** **Output 1: Political commitment at national level for rights-based contraceptive security demonstrated.** Contributes to UNFPA's Global Family Planning Strategy Output 1.	**Key interventions**	**Specific activities**
	Focus area 2: Capital (Financing) **Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need.** Contributes to UNFPA's Global Family Planning Strategy Outputs 1, 3.	**Key interventions**	**Specific activities**
	Focus area 3: Coordination and cooperation between partners **Output 3: Collaboration and coordination among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.** Contributes to UNFPA's Global Family Planning Strategy Output 1.	**Key interventions**	**Specific activities**
	Focus area 4: Capacities at national level **Output 4: Capacities strengthened/developed for running a sustainable contraceptive security programme.** **Focus sub-area 4.1: Supply chain capacity** **Output 4.1: Capacities strengthened/developed for running a sustainable contraceptive supply chain.** Contributes to UNFPA's Global Family Planning Strategy Output 3. **Focus sub-area 4.2: Service delivery capacity** **Output 4.2: Capacities strengthened/developed for providing contraceptives to all in need, for equity in and access to service delivery, to ensure that clients, including under-served populations, are covered.** Contributes to UNFPA's Global Family Planning Strategy Outputs 4, 5.	**Key interventions**	**Specific activities**
SUPPLY **DEMAND**			
Outcome: Increased demand for modern contraception according to clients' reproductive health intentions (UNFPA's Global Family Planning Strategy Output 2)	**Focus area 5: Client demand** **Output 5: Increased demand by individuals, communities, and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.** Contributes to UNFPA's Global Family Planning Strategy Output 2.	**Key interventions**	**Specific activities**

[75] 'UNFPA Family Planning Strategy 2012-2020: Choices not Chance', UNFPA, 2013.

Key interventions

The key interventions to be addressed/considered for achieving the outputs of the strategic framework are listed below.

Focus areas and **outputs**	**Key interventions**
Focus area 1: Commitment (Leadership/Stewardship) Output 1: Political commitment at national level for rights-based contraceptive security demonstrated. Contributes to UNFPA's Global Family Planning Strategy Output 1: 'Enabling environments for human rights-based family planning as part of sexual and reproductive health and reproductive rights' and Output 3: 'Improved availability and reliable supply of quality contraceptives'.	Support initiatives for the repositioning, prioritization, and revitalizing of family planning and contraceptive choices as one of the key components in advancing Agenda 2030.
	Support review of health sector reforms and reproductive health policies to encourage implementation of guidelines encouraging public and private provision of contraceptives.
	Support governments to review drug regulation procedures and relevant policies and regulations, including evidence-based advocacy on efficient use of generic contraceptives.
	Support setting up and maintaining efficient national regulatory frameworks (product registration, quality regulations, patent, tariffs, and where appropriate eligibility of contraceptives for provision under national health/social insurance schemes, etc.).
	Facilitate initiatives to expand the availability and promote the use of quality-assured, competitively priced contraceptives, including generic formulations.
	Support policies/decisions for inclusion of family planning curricula for education (pre-service) and training (in-services) of health professionals.
	Support establishment and maintaining of monitoring and evaluation capacity to make necessary adjustments to contraceptive supply programmes as new constraints emerge or results do not meet targets.
Focus areas and **outputs**	**Key interventions**
Focus area 2: Capital (Financing) Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need. Contributes to UNFPA's Global Family Planning Strategy Output 1: 'Enabling environments for human rights-based family planning as part of sexual and reproductive health and reproductive rights' and Output 3: 'Improved availability and reliable supply of quality contraceptives'.	Support regular market segmentation analyses, including examinations of ability and willingness to pay for contraceptives and cost analyses of provision of abortion services compared to contraception, so that they can inform national contraceptive security financing frameworks and be used for advocacy purposes.
	Support establishment of national regulatory frameworks for family planning financing issues (price regulations, user fees, inclusion of contraceptives in national essential drug lists, contraceptives eligible for provision in social/health insurance schemes, inclusion of contraception in 'basic packages of care', etc.).
	Support identification and adoption of diversified funding and coordination mechanisms among public, donor, NGO, and private sectors.
	Support advocacy efforts for establishing financing mechanism for contraceptive supply and if necessary for including contraceptives on the essential drug list.
	Facilitate implementation of earmarked and protected budget line items for contraceptive procurement by Ministry of Health and/or National Health Insurance Scheme.
	Support for tracking of funding for contraceptive activities in national budget and expenditure through reproductive health subaccounts.

Focus areas and **outputs**	**Key interventions**
Focus area 3: Coordination and cooperation between partners **Output 3: Collaboration and coordination among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.** Contributes to UNFPA's Global Family Planning Strategy Output 1: 'Enabling environments for human rights-based family planning as part of sexual and reproductive health and reproductive rights'.	Support partnerships and coordination among all stakeholders (including development partners) to optimize information flows, avoid duplication, and address gaps, and for resource mobilization, including mapping of stakeholders and establishment of a national contraceptive security committee/working group.
	Facilitate establishment of coordination mechanisms among the various sectors providing products and services: public, NGO, social marketing, and private for-profit.
	Facilitate setting up of mechanisms for the public sector to engage with the private for-profit sector beyond the resource mobilization and contraceptive donations.
Focus areas and **outputs**	**Key interventions**
Focus area 4: Capacities at national and sub-national levels **Output 4: Capacities strengthened/developed for running a sustainable contraceptive security programme.**	
Focus sub-area 4.1: Supply chain capacity **Output 4.1: Capacities strengthened/developed for running a sustainable contraceptive supply chain.** Contributes to UNFPA's Global Family Planning Strategy Output 3: 'Improved availability and reliable supply of quality contraceptives'.	Advocate for coordinated approach to integrated health supplies management that includes reproductive health commodities.
	Support establishment of Contraceptive Logistics Management System at all levels, including forecasting systems for contraceptive needs based on accurate consumption.
	Support coordination for supply planning across procurement stakeholders.
	Support establishment of procurement capacity to ensure that the best prices and quality contraceptives are obtained through transparent, efficient, and timely ordering (including through UNFPA Procurement services https://www.unfpaprocurement.org/home).
	Strengthen national contraceptive supply chain management systems and related capacity for maintaining a well-functioning logistics system.
	Support development and institutionalization of quality contraceptive management curricula.

Focus sub-area 4.2: Service delivery capacity **Output 4.2: Capacities strengthened/developed for providing contraceptives to all in need, for equity in and access to service delivery to ensure that clients, including under-served populations, are covered.** Contributes to UNFPA's Global Family Planning Strategy Output 4: 'Improved availability of good-quality, human-rights-based family planning services' and Output 5: 'Strengthened information systems pertaining to family planning'.	Support the identification, mapping, and assessment of the most disadvantaged populations, including those in humanitarian settings, and their access to contraception; advise on evidence-based policy approaches in response; support designing and implementing programmes to reach, engage, and include these groups.
	Support the provision and promotion of knowledge about, and understanding of, a country's population segments and the corresponding contraceptive needs and intentions of different population groups, including, in particular, those who are marginalized.
	Support establishment of mechanisms to deliver quality of care services to vulnerable populations, including proper referral mechanisms.
	Support mechanisms to develop, update, and implement best-practice evidence-based and human-rights-based clinical guidelines on contraception.
	Support revision of existing contraceptive curricula to address gaps and integrate them in pre- and in-service training of health providers (e.g. doctors, nurses, midwives, social workers).
	Support the development, implementation and maintenance of social marketing programmes as part of the national market shaping strategies (equity, accessibility, and sustainability) for serving the needs of target population segments.
Focus areas and **outputs**	**Key interventions**
Focus area 5: Client demand **Output 5: Increased demand by individuals, communities, and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.** Contributes to UNFPA's Global Family Planning Strategy Output 2: 'Increased demand for family planning according to clients' reproductive health intentions'.	Advance, foster, and broaden partnerships with nongovernmental and community-based organizations including women's organizations, community service organizations, faith-based organizations, youth organizations, networks of people living with HIV, and sex workers' organizations, so as to directly reach disadvantaged and marginalized women and young people.
	Assist national counterparts in developing, updating, and implementing comprehensive communication strategies as well as specific culturally appropriate and long-term communication programmes to enhance sexual and reproductive health and rights, including family planning.
	Strengthen capacity of relevant national institutions, civil society organizations (including faith-based organizations), and networks of people living with HIV, with a focus on sustainable approaches and community-based distribution around family planning, including dual protection and male and female condom promotion.
	Strengthen linkages between family planning and broader sexual and reproductive health services and other essential health and development programmes, including adolescent health programmes and programmes for comprehensive sexuality education; maternal, newborn, and child health; triple protection from HIV, STIs, and unintended pregnancies and eliminating mother-to-child transmission of HIV; gender-based violence; and primary health care.
	Strengthen linkages between family planning and contraceptive choices initiatives and HIV programmes, specifically condom programming, with a focus on young people, key populations, mobile/migrant/displaced populations, and ethnic minorities.
	Enhance capacity of service providers, teachers, educators, and counsellors in contraceptive technology, family planning counselling, and interpersonal communication skills to increase access of couples and individuals to information on family planning services and understanding of clients' rights to voluntary confidential unbiased information, counselling, and services.
	Promote gender equality, including through women's empowerment and men's involvement in sexual and reproductive health and rights, including family planning issues.

Operationalization of the Regional Contraceptive Security Strategic Framework

The operationalization of the Strategic Framework is crucial to achieving increased choices and use of modern contraception in the Eastern Europe and Central Asia region. When the UNFPA Regional Office, UNFPA Country Offices, and their government partners develop implementation plans there are certain principles which should be followed. Wherever possible it will be important to build on mutually rewarding, long-term partnerships with a wide range of partners in countries, including civil society and the private sector, and in alignment with our shared family planning objectives. It will be important to undertake rigorous situation analysis of current efforts and associated gaps in the supply of contraceptives and, on this basis, identify and support opportunities for greater alignment and coordination of all family planning efforts under national leadership. The UNFPA Regional Office in collaboration with Country Offices should ensure that systematic approaches in all programme countries maximize the use of data, build on evidence, and effectively monitor and document progress to achieving universal access to sexual and reproductive health through improved choice and supply of contraceptives. This should include the promotion of scaling-up and institutionalizing good practices that include integrated approaches to voluntary, human-rights-based family planning at country level and do so in collaboration with other development partners.

UNFPA's offices in the region need to strengthen their financial, strategic, technical, and operational capacities for advancing the efforts in the area of family planning, including contraceptive security, and to promote multisectoral cooperation and coordination between different internal and external actors, so that stronger ownership and accountability for results is delivered by the region's countries.

The Regional Office should consider mobilization of the financial and human resources for providing the operationalization of the Strategic Framework through regional and sub-regional initiatives for clusters of countries with similar context, trends, barriers, and needs in family planning. For instance, sub-regional and cluster-tailored approaches to be operationalized may include support to social marketing of certain contraceptives, social franchising, total market approach, etc. At a country level, it will be crucial that operational implementation plans are developed by national bodies with the full support of UNFPA. Full use should be made of the several technical and operational resources available at UNFPA.

- **UNFPA Procurement Services: A consolidated source for reproductive health supplies** Formerly known as AccessRH, UNFPA Procurement Services located in Copenhagen, Denmark, partners with governments and NGOs to improve access to quality assured supplies in a cost-effective and reliable way. The objective of Procurement Services is to offer UNFPA's knowledge, purchasing capacity, and expertise to development partners so that they can use their own financial resources and donor funds to procure reproductive health supplies. UNFPA Procurement Services is built on partnerships and is not for profit. UNFPA is committed to procuring quality products and therefore evaluates and prequalifies suppliers based on internationally recognized quality standards before entering into any contractual agreements. By conducting international competitive bidding following public procurement principles, UNFPA creates long-term supplier agreements for a wide variety of reproductive health supplies. UNFPA's significant procurement volumes enable it to obtain competitive pricing. UNFPA Procurement Services also improves efficiency of procurement by making the ordering process as smooth as possible. The online

Product Catalogue contains a variety of quality-assured commodities related to reproductive health, census, and humanitarian response. Using the online procurement planning tools, such as the Budget Planner to estimate costs and the Lead Time Calculator, allows estimating how long it will take for an order to arrive. Step-by-step guides and all necessary documents are available on the website.[76] As part of its commitment to ensuring that all individuals have access to affordable, quality-assured reproductive health and family planning supplies, UNFPA Procurement Services offers procurement capacity-building in the form of technical support, training, and mentoring activities for key stakeholders in the production and regulation of reproductive health commodities. This capacity-building is available to manufacturers, national regulatory authorities, national quality control laboratories, and other similar bodies.

- **Toolkit for a Total Market Approach and Private-Sector Engagement for Universal Access to Family Planning** The capacities of the regional Sexual and Reproductive Health and Resource Mobilization Focal Points in Total Market Approach/Private Sector Engagement for sustainable Contraceptive Security in Eastern Europe and Central Asia were built during the regional workshop 'Public-Private Partnership for Universal Access to Family Planning: TMA/Private Sector Engagement Workshop' (Istanbul, 12-13 October 2015). The toolkit[77] on Private Sector Engagement for RHCS based on the guidelines produced by the UN Commission on Life-Saving Commodities[78] was launched during the workshop.

- **OneHealth Tool for SRH costing** The United Nations OneHealth Model[79] is a software tool designed by a group of UN agencies (UNAIDS, UNDP, UNFPA, UNICEF, World Bank, and WHO) to harmonize and strengthen health-system analysis, costing, and financing scenarios at the country level. Its primary purpose is to assess public-health investment needs in low- and middle-income countries. While many costing tools take a narrow, disease-specific approach, the OneHealth Tool attempts to link strategic objectives and targets of the programmes to the required investments in health systems. OneHealth is the first tool to present the detailed components of these existing tools in a uniform format and link them together. The tool is modular in format and can be easily adapted to different country contexts to strengthen the overall capacity of the national health system. It enables countries to calculate and plan in the context of national and sub-national health processes.

- UNFPA Family Planning Dashboard[80] (as part of UNFPA global initiative): Data entry sheets developed by COs and cleared by RO/PDB/CSB (2015) The joint initiative of the EECA Regional Office with Population and Development Branch/Commodity Security Branch on rolling out of the EECA Family Planning Dashboard to be a dynamic and flexible system utilizing an innovative approach for data presentation (in the format of texts, tables, graphs, or maps which can be exported (in full or partially) into different platforms (Word, Excel, PowerPoint, etc.) has been institutionalized in 2015. Extensive consultations with countries and PDB resulted in a total of 25 different demographic, health, and economic indicators, which, when followed over time or stratified further by age, wealth, education, and geography, resulted in altogether 186 data inputs in the special Excel-based data entry sheets. The data entry sheets for the Family Planning Dashboard of all 17 EECA countries/territories were populated with data from pre-agreed sources, validated by countries/territories and the PDB colleagues. Support was provided to countries for reading and 'validating' data coming from different sources.

- **Virtual Contraceptive Consultation (ViC) online learning platform[81]** The Virtual Contraceptive Consultation (ViC) is an online learning platform for evidence-based and rights-based family planning in Eastern Europe and Central Asia provided free of charge by UNFPA and the East

[76] See UNFPA Procurement Services https://www.unfpaprocurement.org/home
[77] Brady, C., Wedeen, L., Hutchings, J., Parks, J. 'Planning Guide for a Total Market Approach to Increase Access to Family Planning Toolkit and Glossary'. USAID, Evidence, MEASURE Evaluation, and PATH, 2016. https://www.path.org/publications/files/RH_tma_icfp_toolkit.pdf
[78] UN. UN Commission on Life-Saving Commodities for Women and Children. Commissioners Report. September 2012. New York: UN, 2012. https://www.unfpa.org/sites/default/files/pub-pdf/Final%20UN%20Commission%20Report_14sept2012.pdf
[79] See http://www.who.int/choice/onehealthtool/en/
[80] See UNFPA Family Planning Dashboard http://dashboard.unfpaopendata.org/family_planning/
[81] See http://www.vic.eeirh.org/?lang=ky

European Institute for Reproductive Health to strengthen the capacities of service providers. Targeted at family planning providers at all levels (primary, secondary, and tertiary health care), as well as residents and medical students, it offers consistent, high-quality training in order to minimize the conveying of misinformation, out-dated information, and biased personal opinions during family planning consultations, and includes a module on contraceptive logistics based on the WHO Global Handbook for Family Planning Providers.

- **UNFPA global and regional documents and reports**, available on UNFPA global and EECARO websites and assets platform.

The Regional Contraceptive Security Strategic Framework will be operationalized in complementarity with other UNFPA regional frameworks, such as the Eastern Europe and Central Asia Regional Advocacy and Communications Strategic Framework, in which demand generation is also a key focus.

For each key intervention, several possible activities may be addressed/considered in the process of operationalization of the Contraceptive Security Strategic Framework.

Focus area 1: Commitment (Leadership/Stewardship)
Output 1: Political commitment at national level for rights-based contraceptive security demonstrated.
Key interventions:

- Support initiatives for the repositioning, prioritization, and revitalizing of family planning and contraceptive choices as one of the key components in advancing Agenda 2030. Activities under this key intervention may include:
    - Create evidence-based policy briefs and position papers for advocacy for family planning, including contraceptive security. These could provide explicit evidence on the benefits of modern contraception and refute the misconceptions and fallacies regarding any relationship between modern contraception and fertility.
    - Undertake evidence-based advocacy for policymakers on the short- and longer-term benefits and outcomes of family planning and in particular contraceptive security as an integral component of reproductive health care.
    - Support efforts to develop a National Family Planning and Contraceptive Security Strategy.
- Support review of health sector reforms and reproductive health policies to encourage implementation of guidelines encouraging public and private provision of contraceptives. Activities under this key intervention may include:
    - Conduct evidence-based advocacy through Ministry of Health for placing family planning and particularly contraceptive security at the highest level on the governmental agenda.
    - Undertake initiatives which include specific analyses of the place of public and private provision of contraceptives in the country.
- Support governments to review drug regulation procedures and relevant policies and regulations, including evidence-based advocacy on efficient use of generic contraceptives. Activities under this key intervention may include:
    - Undertake advocacy directed at policymakers which emphasize the importance of efficacy and cost in deciding the details of locally relevant contraceptive security.
    - Review of existing national drug regulatory frameworks and the criteria used to decide on evidence (data) necessary for registration.
- Support setting up and maintaining of efficient national regulatory frameworks (product registration, quality regulations, patent, tariffs, and, where appropriate, eligibility of contraceptives for provision under national health/social insurance schemes, etc.). Activities under this key intervention may include:

        - Support for strengthening national drug regulatory mechanisms which conform to WHO best practices.
        - Support for arrangements (including criteria of efficacy and cost for selection of items and national technical committees) for the establishment and regular review of the national essential drug list, including modern contraceptives.
- Facilitate initiatives to expand the availability and promote the use of quality-assured, competitively priced contraceptives, including generic formulations. Activities under this key intervention may include:
    - Conduct advocacy efforts towards strengthening of national and sub-regional programmes to obtain the engagement of NGOs and the private sector together with Government in services to provide modern contraceptives.
    - Conduct surveys of the coverage of family planning services at the primary health care level to identify vulnerable groups which do not access modern contraception.
    - Assist in the establishment and implementation of specific initiatives for the provision of contraceptive services for vulnerable women and couples and those who are marginalized.
- Support policies/decisions for inclusion of family planning curricula for education (pre-service) and training (in-service) of health professionals. Activities under this key intervention may include:
    - Develop national clinical guidelines on contraceptive technology/family planning which conform to WHO best practices.
    - Support the development of national referral and supervision guidelines for family planning.
    - Review the content of existing curricula of health professionals regarding family planning and specifically contraception and, if necessary, propose how they might be revised to conform to WHO standards.
- Support establishment and maintaining of monitoring and evaluation capacity to make necessary adjustments to contraceptive supply programmes as new constraints emerge or results do not meet targets. Activities under this key intervention may include:
    - Support the development of a national monitoring plan to track changes over time in family planning services and specifically use and coverage of modern contraception in terms of inputs, processes, and outputs.
    - Undertake surveys which examine the causes of low modern contraceptive prevalence rate and high unmet need, including reasons for discontinuation.

Focus area 2: Capital (Financing)
Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need.
Key interventions:

- Support regular market segmentation analyses, including examinations of ability and willingness to pay for contraceptives and cost analyses of provision of abortion services compared to contraception, so that they can inform national contraceptive security financing frameworks. Activities under this key intervention may include:
    - Assessments and analyses of obstacles in the national policies and regulations to guide policy dialogue.

- Support for market segmentation research to provide information for identifying vulnerable groups, including uninsured women, who cannot access modern contraception in order that means can be identified to provide them with such access.
- Develop the evidence base for the government regarding the comparative cost-benefit of family planning and abortion.

- Support establishment of national regulatory frameworks for family planning financing issues (price regulations, user fees, inclusion of contraceptives in national essential drug lists, contraceptives eligible for provision in social/health insurance schemes, inclusion of contraception in 'basic packages of care', etc.). Activities under this key intervention may include:
  - Support the development of a financial management system for the effective planning, monitoring, and evaluation of contraceptive security.
  - Review national health/social insurance schemes to assess the extent to which modern contraceptives are eligible for reimbursement.
  - Where modern contraceptives are not included as items eligible for reimbursement in national health/social insurance schemes, advocate for and make recommendations for their inclusion.
  - Based on the results of market segmentation analyses and other studies, make recommendations for extending coverage of modern contraceptives, by for instance their inclusion in 'basic packages of care', particularly those directed at vulnerable or disadvantaged people.
- Support identification and adoption of diversified funding and coordination mechanisms among public, donor, NGO, and private sectors. Activities under this key intervention may include:
  - Review funding sources for modern contraceptives in the country and support initiatives to expand and diversify them.
  - Support mapping and analysis of pharmaceutical companies and NGOs which import contraceptives into the country and the prices charged at retail pharmacies and other outlets for them.
- Support advocacy efforts for establishing a financing mechanism for contraceptive supply and, if necessary, for including contraceptives in to the essential drug list. Activities under this key intervention may include:
  - Conduct high-level advocacy for the allocation of funds (step by step increase) in the annual Ministry of Health budget for procurement and distribution of modern contraceptives.
- Facilitate implementation of earmarked and protected budget line items for contraceptive procurement by Ministry of Health and/or national health insurance scheme. Activities under this key intervention may include:
  - Conduct advocacy for the need for sustainability of government financial commitment for contraceptive security.
  - Work with parliament and relevant ministries such as the Ministry of Finance, Ministry of Planning, and the Ministry of Health to ensure a budget allocation for contraceptives is consistently provided.
  - Where necessary, work closely with Government on assessing and changing regulations that prevent the use of UNFPA Procurement Services and support changes in national legislation to reduce restrictions in terms of procurement from UNFPA Procurement Services (tender procedure, no payment in advance is allowed, etc.).

- Support for tracking of funding for contraceptive activities in national budget and expenditure through reproductive health subaccounts. Activities under this key intervention may include:
    - Work with the Ministry of Finance to encourage the establishment of reproductive health subaccounts in the national budget and expenditure accounts which specify contraceptives.

Focus area 3: Coordination and cooperation between partners
Output 3: Collaboration and coordination within government and among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.
Key interventions:

- Support multisectoral cooperation between Ministry of Health and other governmental bodies (such as the Ministry of Education or Ministry of Social Protection), as well as NGOs and the private sector, in line with the WHO 'whole-of-government and whole-of-society approaches for effective and equitable implementation'. Activities under this key intervention may include:
    - Map international and national partners involved in family planning activities in the country.
    - Support inter-ministerial (involving, for instance, the Ministry of Health, Ministry of Social Welfare, and Ministry of Finance) exchange of information on reproductive health and specifically family planning and contraceptive security.
    - At a regional level together with countries, analyse the possibility of making contraceptive security a regional initiative including other UN agencies, bilateral agencies, professional bodies, and INGOs.
    - Promote intersectoral cooperation, South-South cooperation, and technical alliances.
- Support partnerships and coordination among all stakeholders (including development partners) to optimize information flows, avoid duplication and address gaps, and for resource mobilization, including mapping of stakeholders and establishment of a national contraceptive security committee/working group. Activities under this key intervention may include:
    - Assist in the establishment of a national coordination body for contraceptive security which includes participants from key stakeholders such as the Ministry of Health, international pharmaceutical companies, local pharmaceutical companies, private wholesale and retail pharmacies, NGOs, technical experts, health associations, and reproductive health professionals.
    - Promote contraceptive security through working with private importers of contraceptives, pharmaceutical chains, private pharmacies, and pharmacists' associations.
- Facilitate establishment of coordination mechanisms among the various sectors providing products and services: public, NGO, social marketing, and private for-profit. Activities under this key intervention may include:
    - At a regional level, support exchange of information between government programmes which aim to achieve contraceptive security and experiences with involving various NGOs, social marketing organizations, and the commercial sector.
    - Establish coordination mechanisms at district/sub-national level between government facilities providing contraception and NGOs and private pharmacies.
- Facilitate setting up of mechanisms for the public sector to engage with the private for-profit sector beyond the resource mobilization and contraceptive donations. Activities under this key intervention may include:

- Work with professional medical, nursing, and pharmacist associations and involve them in plans to achieve contraceptive security.
- Strengthen contraceptive security organizational capacity of information systems to include NGOs and the private sector.

Focus area 4: Capacities at national and sub-national level
Output 4: Capacities strengthened/developed for running a sustainable contraceptive security programme.

Focus sub-area 4.1: Supply chain capacity
Output 4.1: Capacities strengthened/developed for running a sustainable contraceptive supply chain.
Key interventions:

- Advocate for coordinated approach for integrated health supplies management that includes reproductive health commodities. Activities under this key intervention may include:
  - Prepare policy briefings for the Ministry of Health and key stakeholders, including for instance medical health associations, on the importance of an efficient contraceptive logistics management system for achieving contraceptive security.
  - Analyse legislative barriers (registration, etc.) for imports of contraceptives and advocate for change.
- Support establishment or improvement of Contraceptive Logistics Management System at all levels, including forecasting systems for contraceptive needs based on accurate consumption. Activities under this key intervention may include:
  - Develop a contraceptive security action plan that includes feasible, realistic solutions and estimates the cost of implementing the action plan.
  - Review existing arrangements for forecasting, procuring, distributing, and monitoring modern contraceptive use and make recommendations for improvements and a sustainable system which accurately reflects the current situation.
  - Conduct an assessment of the contraceptive logistics management information system (LMIS)/channel and make recommendations for improvements and integration into national medicines monitoring systems.
- Support coordination for supply planning across procurement stakeholders. Activities under this key intervention may include:
  - At regional, sub-regional, and national levels, undertake reviews of ways to introduce sustainable social marketing of selected modern contraceptives.
  - At regional, sub-regional, and national levels, prepare evidence-based advocacy on the possible place of social marketing of specific contraceptives and in particular condoms.
  - Where necessary, work closely with Government on changing regulations that prevent the use of UNFPA Procurement Services and support changes in national legislation to reduce restrictions in terms of procurement from UNFPA Procurement Services (tender procedure, no payment in advance is allowed, etc.).
- Support establishment of procurement capacity to ensure that the best prices and quality contraceptives are obtained through transparent, efficient, and timely ordering (including through UNFPA Procurement Services). Activities under this key intervention may include:
  - Support the development of national expertise through training in the use of appropriate tools for forecasting contraceptive demand and need (using systems such as FamPlan, a module of Spectrum, developed by the POLICY Project, Futures Group, or PipeLine,

developed by the DELIVER Project, John Snow, Inc.) in order that procurement can be evidence-based.

- Undertake cost comparisons of procurement of contraceptives from different sources such as local representatives of international pharmaceutical companies, national and international tendering, UNFPA Procurement Services, and not-for-profit international pharmaceutical organizations.

- Strengthen national contraceptive supply chain management systems and related capacity for maintaining a well-functioning contraceptive logistics system. Activities under this key intervention may include:
  - Assist in the development of locally appropriate indicators for monitoring the efficiency of the contraceptive logistics management system and in their application in coordination with the health management information system.
  - Advocate with the Ministry of Health for the establishment of a contraceptives logistics management unit with responsibility for maintaining a well-functioning contraceptives logistics system.
- Support development and institutionalization of quality contraceptive management curricula. Activities under this key intervention may include:
  - Support the revision and adaptation of curricula on contraceptive technology and quality contraceptive management developed by, for instance, MEASURE or UNFPA.
  - Support curriculum development and training of all health workers involved in contraceptive logistics and particularly primary health care personnel on the logistics management information system (LMIS).
  - Support strengthening the capacity of national health statistics staff to track and analyse contraceptive use by method, location, age, parity, marital status, and socioeconomic status.

Focus sub-area 4.2: Service delivery capacity
Output 4.2: Capacities strengthened/developed for providing contraceptives to all in need, for equity in and access to service delivery, to ensure that clients, including under-served populations, are covered.
Key interventions:

- Support the identification, mapping, and assessment of the most disadvantaged populations, including those in humanitarian settings, and their access to contraception; advise on evidence-based policy approaches in response; support designing and implementing programmes to reach, engage, and include these groups. Activities under this key intervention may include:
  - Conduct surveys of the coverage of family planning services at the primary health care level to identify vulnerable groups which do not access modern contraception.
  - Assist in the establishment and implementation of specific initiatives for the provision of contraceptive services for vulnerable women and couples and those who are marginalized.
  - Conduct advocacy around the importance of integrating youth-friendly services within the basic package of primary health care (by providing the structure of the service and needed organizational arrangements).
  - Find non-discriminatory approaches for providing services and supplies to vulnerable groups (including sex workers and men who have sex with men).
- Support the provision and promotion of knowledge about, and understanding of, a country's population segments and the corresponding contraceptive needs and intentions of different

population groups, including, in particular, those who are marginalized. Activities under this key intervention may include:

- Conduct market segmentation analyses (including ability and willingness to pay) in order to identify segments of the population who cannot and can afford modern contraception.
- Undertake representative surveys and focus-group discussions of groups of women, men, and couples to improve the understanding of levels of knowledge about modern contraception and reasons and barriers to their use.

- Support establishment of mechanisms to deliver quality of care services to vulnerable populations, including proper referral mechanisms. Activities under this key intervention may include:
  - Strengthen capacities of the NGO sector to reach out to the most vulnerable groups/key populations with information and services.
  - Support the Ministry of Health to undertake assessments of the quality of reproductive health services, including family planning, at the primary health care level.
  - Address the needs of youth for contraception through integration of family planning and youth-friendly services into primary health care and social marketing of contraceptives (condoms).
  - Support the development of training modules for post-abortion family planning and post-delivery family planning training which could be integrated into the family planning curriculum of post-graduate training institutes.
  - Facilitate a technical roundtable with stakeholders from all sectors to develop a quality assurance framework concerning contraceptive security service delivery, and to define mechanisms for implementation of the programme; review and modify service standards and guidelines related to contraceptive security issues.
- Support mechanisms to develop, update, and implement evidence-based and human-rights-based clinical guidelines on contraception. Activities under this key intervention may include:
  - Develop clinical guidelines and protocols for the provision of family planning services based on WHO, UNFPA, and other partners' best practices.
  - Train health-care providers in evidence-based family planning and human rights using current recommendations from WHO and UNFPA.
- Support revision of existing contraceptive curricula to address gaps and integrate them in pre- and in-service training of health providers (e.g. doctors, nurses, midwives, social workers). Activities under this key intervention may include:
  - Develop terms of reference and tools for undertaking family planning capacity assessment.
  - Support development of family planning training needs assessment and subsequent training courses, particularly in issues related to contraceptive security.
- Support the development, implementation, and maintenance of social marketing programmes as part of the national market-shaping strategies (equity, accessibility, and sustainability) for serving the needs of target population segments. Activities under this key intervention may include:
  - Support for the identification of opportunities to develop social marketing programmes for certain contraceptives. This could include coordination of activities at a regional or sub-regional level.

- At regional, sub-regional, and national levels, undertake reviews of ways to introduce sustainable social marketing of selected modern contraceptives.
- At regional, sub-regional, and national levels, prepare evidence-based advocacy on the possible place of social marketing of specific contraceptives and in particular condoms.

Focus area 5: Client demand
Output 5: Increased demand by individuals, communities, and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.
Key interventions:

- Advance, foster, and broaden partnerships with nongovernmental and community-based organizations, including women's organizations, community service organizations, faith-based organizations, youth organizations, networks of people living with HIV, and sex workers' organizations, so as to directly reach disadvantaged and marginalized women and young people. Activities under this key intervention may include:
  - Conduct evidence-based advocacy to increase demand for modern contraception in line with the wishes of people of reproductive age.
  - Support the participation of media representatives in regional events to increase knowledge and interest in contraceptive security.
- Assist national counterparts in developing, updating, and implementing comprehensive communication strategies as well as specific culturally appropriate and long-term communication programmes to enhance sexual and reproductive health and rights including family planning. Activities under this key intervention may include:
  - Support health promotion and prevention; information, education, and communication; and behaviour change communication interventions to improve understanding of the benefits of modern contraception and effective demand in collaboration with NGOs, media, social marketing, and the public and private sectors.
- Strengthen capacity of relevant national institutions, civil society organizations including faith-based organizations, networks of people living with HIV, with a focus on sustainable approaches and community-based distribution around family planning including dual protection and male and female condom promotion. Activities under this key intervention may include:
  - Undertake training of health workers, including those with NGOs and working with vulnerable groups in sustainable approaches for encouraging access to modern contraception which includes dual protection.
- Strengthen linkages between family planning and broader sexual and reproductive health services and other essential health and development programmes, including adolescent health programmes and programmes for comprehensive sexuality education; maternal, neonatal and child health; triple protection of HIV, STIs, and unintended pregnancies and eliminating mother-to-child transmission; gender-based violence; and primary health care. Activities under this key intervention may include:
  - Strengthen capacities of the NGO sector to reach out to the most vulnerable groups/key populations with integrated programmes, information, and services related to contraception.
  - Address the contraceptive needs of youth through the integration of family planning and youth-friendly services into primary health care and social marketing of contraceptives (condoms).
- Strengthen linkages between family planning and contraceptive choices initiatives and HIV programmes, specifically condom programming with a focus on young people, key populations,

mobile/migrant/displaced populations, and ethnic minorities. Activities under this key intervention may include:

- Review linkages between family planning services and HIV programmes particularly regarding young people; mobile, migrant, and displaced populations; and ethnic minorities.
- Develop interventions to improve linkages between family planning and HIV programmes.

- Enhance capacity of service providers, teachers, educators, and counsellors in contraceptive technology, family planning counselling, and interpersonal communication skills to increase access of couples and individuals to information on family planning services and understanding of clients' rights to voluntary confidential unbiased information, counselling, and services. Activities under this key intervention may include:
  - Undertake assessment/surveys of the capacity of family planning providers in contraceptive technology, counselling, and communication skills relevant to providing access to information on modern contraception.
  - Provide training for family planning providers in counselling and communication of evidence related to modern contraception.
- Promote gender equality including through women's empowerment and men's involvement in sexual and reproductive health and rights including family planning issues. Activities under this key intervention may include:
  - Support initiatives to improve gender equality by improving knowledge and access to effective modern contraception.

Accountability

The implementation of the Regional Contraceptive Security Strategic Framework is the responsibility of partnerships between the UNFPA Regional Office, Country Offices, and their in-country counterparts. The need for this joint accountability has been emphasized by global[82] and regional[83] bodies. The UNFPA Regional Office and Country Offices will be accountable for delivery related to contraceptive choices and supplies through strengthened financial tracking and strong monitoring and reporting routines that are based on robust data. This should include performance management for countries by implementing a needs- and performance-based evaluation funding system which tracks funding and expenditures across all contraceptive-related activities. This performance monitoring framework (PMF) should provide greater insight and enable more adequate and frequent reporting to donors and partners. It is important that mechanisms are in place at the regional and country levels to ensure initiatives related to improving choice and supply of contraceptives meet quality standards, are based on human rights, are accountable for their delivery, demonstrate value for money, and report results and outcomes clearly and objectively.

Governments and in-country partners are responsible and accountable for the implementation of agreements they enter into with UNFPA on initiatives to improve choice and supply of contraceptives which are timely and transparent.

[82] UNFPA. 'ICPD Beyond 2014 High Level Global Commitments: Implementing the Population and Development Agenda'. New York: UNFPA, 2016.
[83] UNECE. 'UNECE Regional Report ICPD Beyond 2014: The UNECE Region's Perspective – The self-reporting of Member States on the ICPD implementation'. 2013.
http://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Regional_Report/Regional_Report_ECE_ENG_WEB.pdf

Monitoring and evaluation

Results-based programming and proper reporting are key priorities for UNFPA. The Regional Contraceptive Security Strategic Framework will help effective programme implementation and guide the programme towards achieving results. By measuring inputs and outputs (linking results and resources), it will also support accountability for results and value for money. By tracking performance, capturing trends, and demonstrating impact, it will be instrumental for reporting to management and donors.

It will be crucial that the success of implementation of the Regional Contraceptive Security Strategic Framework is regularly monitored, and that in 2021 an external evaluation of implementation of the Strategic Framework is undertaken. To assist with these two procedures, a limited number of key indicators for each outcome and for all of the outputs have been identified. Two indicators are given for each of the outcomes and three for each of the outputs (except for the first and fifth outputs, where four are given). These key indicators which should be used to monitor implementation of the Strategic Framework are indicated in the Framework below. As part of the implementation plan of the Regional Contraceptive Security Strategic Framework, baseline studies will be conducted, where needed, to measure the present status of the indicators.

Monitoring implementation of the Regional Contraceptive Security Strategic Framework will require data from routine service delivery and management and covering mainly input, activities/process, and output data and information. This should help solve problems encountered in countries in implementation and will inform new approaches to design issues, assess programme effectiveness and efficiency, and suggest improvements to achieving contraceptive security in countries and territories of the region. Achieving contraceptive security is predominantly concerned with supply issues and an essential central factor is availability of information related to contraceptive logistic management. This is principally concerned with quantitative data as part of a wider health management information system.

At a country/territory level, monitoring of the Strategic Framework should be carried out in accordance with the procedures set in UNFPA's Policy Procedures for Programme and Financial Monitoring and Reporting. For this to happen it is essential that the EECA Regional Office and Country Offices develop and use quality and results-based progress information to manage the implementation of the Strategic Framework.

As has been highlighted earlier in this document, there are many inequalities in contraceptive availability and use between and within countries and territories of the Eastern Europe and Central Asia region. These inequalities include those with regard to wealth and income, educational levels, age and parity, and urban compared to rural populations. There are also specific groups of vulnerable or particularly disadvantaged populations such as Roma in South-Eastern Europe, internally displaced people, and increasing numbers of refugees.[84] It is important that wherever possible information on the supply and use of contraception should be disaggregated by the factors mentioned above. Countries and territories might well develop specific indicators to measure access for particular local vulnerable or disadvantaged groups with respect to availability and use of contraception. It is crucial that no one is left behind in efforts to improve universal access to choice and use of contraceptives.

[84] Colombini, M., Mayhew, S.H., Rechel, B. 'Sexual and Reproductive Health Needs and Access to Services for Vulnerable Groups in Eastern Europe and Central Asia'. London: UNFPA and London School of Hygiene & Tropical Medicine, 2011.

Outcomes, focus areas, and **outputs**	**Key indicators**
Outcome: Improved availability and reliable supply of quality contraceptives	1. Contraceptive prevalence rate (CPR), modern methods (UNFPA) 2. Number (and percentage) of countries/territories with at least 30 per cent of service delivery points (SDPs) offering at least three modern methods of contraception (UNFPA adapted)
Focus area 1: Commitment (Leadership/Stewardship) **Output 1: Political commitment demonstrated at national level for rights-based contraceptive security.**	1. Number (and percentage) of countries/territories that have national health policies and plans that promote equitable and affordable access to high-quality family planning (UNFPA and MEASURE adapted) 2. Number (and percentage) of countries/territories which have the 11 key modern contraceptives from the WHO Essential Medicines List[85] on their national essential drug lists (MEASURE adapted) 3. Number (and percentage) of countries/territories which have systems for monitoring progress made in implementing contraceptive security policies (MEASURE adapted) 4. Number (and percentage) of countries/territories with schools that provided life-skills-based HIV and sexuality education within the previous academic year (UNFPA adapted)
Focus area 2: Capital (Financing) **Output 2: Funding needed for sustainable contraceptive security is provided based upon actual need.**	1. Number (and percentage) of countries/territories that have national budget allocations for contraceptives (UNFPA adapted) 2. Number (and percentage) of countries/territories with annual expenditure on modern contraceptives from government domestic budget (2020 and MEASURE adapted) 3. Number (and percentage) of countries/territories which have carried out regular market segmentation analyses (new)
Focus area 3: Coordination and cooperation between partners **Output 3: Collaboration and coordination among the public and private sectors, NGOs, and other stakeholders strengthened to ensure efficient and optimal utilization of limited resources and supply chains (sources) of contraceptives.**	1. Number (and percentage) of countries/territories that have institutional mechanisms to partner with key stakeholders including young people in policy dialogue and programming on contraceptive security (UNFPA adapted) 2. Number (and percentage) of countries/territories with official policy incentives to stimulate and/or increase private sector financing and/or delivery of contraceptive security (MEASURE adapted) 3. Number (and percentage) of countries/territories with an active national contraceptive security coordination committee with representatives of the Ministry of Health, NGOs, and private/commercial sector (MEASURE adapted)

[85] The World Health Organization's Essential Medicines List (EML) can be found at: http://www.who.int/medicines/publications/essentialmedicines/en/index.html.

Focus area 4: Capacities at national and sub-national levels **Output 4: Capacities developed for running a sustainable contraceptive security programme.**	
Focus sub-area 4.1: Supply chain capacity **Output 4.1: Capacities developed for running a sustainable contraceptive supply chain.**	1. Number (and percentage) of countries/territories where contraceptive need forecasts are carried out at least annually and costed (MEASURE adapted) 2. Number (and percentage) of countries/territories with a functional logistics management information system (UNFPA) 3. Number (and percentage) of countries/territories with service delivery points that have no stock-outs of contraceptives within the previous six months (UNFPA and 2020 adapted)
Focus sub-area 4.2: Service delivery capacity **Output 4.2: Capacities developed for providing contraceptives to all in need including equity in and access to service delivery to ensure that clients, including under-served populations, are covered.**	1. Number (and percentage) of countries/territories that have continuing-education arrangements for training in evidence-based contraceptive security of health personnel (UNFPA adapted) 2. Number (and percentage) of countries/territories that have systematic procedures to ensure quality of contraceptive use at all levels of service delivery (UNFPA adapted) 3. Number (and percentage) of countries/territories with sustainable social marketing programmes for contraceptives (new)
Outcome: Increased demand for modern contraception according to clients' reproductive health intentions	1. Unmet need for family planning (UNFPA) 2. Percentage of women using each modern method of contraception (2020)
Focus area 5: Client demand **Output 5: Increased demand by individuals, communities and health providers for modern contraceptive methods through improved access to evidence-based information about modern contraception.**	1. Percentage of women whose demand is satisfied with a modern method of contraception (2020) 2. Percentage of women who were provided with information on family planning during their last contact with a health service provider (2020) 3. Percentage of facilities where service providers for specific services provide the services in adherence to expected standards (MEASURE) 4. Number (and percentage) of countries/territories demonstrating increased knowledge about modern contraceptives among target populations (UNFPA)

Note: The source of each indicator is as follows: UNFPA – 'UNFPA Family Planning Strategy 2012-2020: Choices not Chance' (2013), 'The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes' (2015); 2020 – 'Family Planning 2020 Core Indicators'; MEASURE – 'Measure Summary List of Indicators'; new - None of these three. It is also shown if the indicator has been adapted.

Glossary of terms

Ability to pay

Ability to pay refers to how easy it is for consumers to find the money necessary to pay for, in this instance, contraceptives, i.e. the affordability of contraceptives.

Contraceptive forecasting

Estimating the quantity of a contraceptive that clients will consume.

Contraceptive security

Contraceptive security exists when people are able to choose, obtain, and use high-quality contraceptives, including condoms, for family planning whenever they want or need them.

Market segmentation

Market segmentation is a term referring to the aggregating of prospective or potential clients or consumers into groups (segments) that have common needs and are likely to respond similarly to providing a category of health care.

Market shaping

A concept that describes how market actors – including manufacturers, distributors, buyers, regulators, and donors – make strategic choices to produce, distribute, and deliver global health products. 'Market shaping' can be used to describe the activities that influence or change these interactions at the level of the whole market or health ecosystem.

Procurement

The acquisition of contraceptive supplies from an external source.

Sectors

Public, private not-for-profit (nongovernmental), and private for profit (commercial) sectors providing contraceptive supplies.

Social marketing

Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good. Social marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience, and partnership insight to inform the delivery of competition-sensitive and segmented social change programmes that are effective, efficient, equitable, and sustainable.

Stock out

A situation in which there is zero quantity of a particular contraceptive on a health facility's shelf on a day that the facility is open.

Supply chain management

The design, planning, execution, control, and monitoring of supply chain activities to create value, build a competitive infrastructure, leverage worldwide logistics, match supply with demand, and measure performance.

Total market approach

Slightly different than market dynamics but often considered with it, total market approach (TMA) describes a system in which the public, private, and social marketing sectors all work together to deliver health choices for all population segments.

Willingness to pay

Willingness to pay (WTP) reflects the value customers place on an item of health care, in this case contraceptives.

Abbreviations

AccessRH	UNFPA Procurement Services
Agenda2030	Plan to achieve the UN's Sustainable Development Goals by 2030
ARV	Antiretroviral
ATP	Ability to pay
BCC	Behaviour change communication
CHANNEL	UNFPA computer software programme for managing health supplies
CO	Country Office
CPR	Contraceptive prevalence rate
CS	Contraceptive security
CSO	Civil society organization
CSSF	UNFPA EECARO Contraceptive Security Strategic Framework
DELIVER	A USAID assistance program designed to increase contraceptive security by strengthening in-country supply chains
DHS	Demographic and Health Survey
EECA	Eastern Europe and Central Asia
EECARO	UNFPA Regional Office for Eastern Europe and Central Asia
EEIRH	East European Institute for Reproductive Health
EWEC	Every Woman Every Child
FamPlan	A computer program for projecting family planning requirements developed by the Futures Group
FBO	Faith-based organization
FP	Family planning
FP2020	Family Planning 2020 initiative
FPS	UNFPA's Global Family Planning Strategy 2012-2020: Choices not Chance
GBV	Gender-based violence
GDP	Gross domestic product
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information, education, and communication
INGO	International nongovernment organization
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MIS	Management information systems

MNCH	Maternal, neonatal, and child health
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
OneHealth	Tool developed by WHO designed to inform national strategic health planning
OOP	Out of pocket
PHC	Primary health care
PipeLine	A desktop software tool developed by John Snow Inc. which helps programme managers plan optimal procurement and delivery schedules for health commodities
RH	Reproductive health
RHCS	Reproductive health commodity security
SDG	Sustainable Development Goal
SDP	Service delivery point
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TFR	Total fertility rate
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WTP	Willingness to pay

Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

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