Increasing Contraceptive Security in Eastern Europe and Central Asia

Recommendations for Governments and Policy Makers

On 6-7 June 2012, more than 25 high level government officials from 16 countries in Eastern Europe and Central Asia met in Brussels with representatives from the United Nations Population Fund, Eastern Europe and Central Asia (UNFPA EECA) and the International Planned Parenthood Federation European Network (IPPF EN). They discussed ways to address the 7 key factors that are at the basis for the alarmingly low modern contraceptive use in the region, as they were identified through a 2011 UNFPA EECA/IPPF EN study. This fact sheet presents the recommendations developed and endorsed by the government officials and other participants of the meeting. The meeting was organized by UNFPA Regional Office of Eastern Europe and Central Asia and IPPF European Network Regional Office with funding from the UNFPA Global Programme to Enhance Reproductive Health Commodity Security.

Contraceptive security is a situation in which people are able to reliably choose, obtain, and use quality contraceptives for family planning and sexually transmitted infection (including HIV and AIDS) prevention when they want them.

1. Governments and policy makers should commit to:

- Ensure the implementation of (or development of) a national sexual and reproductive health law and strategy with a strong component on family planning/contraception
  - With budgets allocated
  - Based on evidence

- Increase and allocate the necessary budget for family planning, based on a cost-benefit analysis

- Coordinate efforts of all stakeholders from different sectors (NGOs, private and public sector) with a clear division of roles and responsibilities

2. Perception of modern methods of contraception as harmful

- Increase the awareness of the population addressing the myths and misinformation related to modern contraceptives
  - Using tailored and innovative strategies for vulnerable groups
  - Using recent information based on evidence

3. Contraceptive security for young people

- Introduce policies that improve young people’s demand and access to modern contraceptive methods (e.g. reduced age of consent, lower cost of / free contraceptives, ensure confidentiality of services, introduction of alternative distribution channels for contraceptives)

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1 Each country should have its specific list of vulnerable people

2 Age is the most commonly used indicator for determining young people’s capacity to exercise their rights and make autonomous decisions. This uniform approach is rigid and does not take into account the different rates at which young people develop and grow. A preferred model is where age limits are set, but young people have the right to demonstrate their competency before the set age (e.g. jurisdictions such as England, New Zealand and Sweden). For example, in New Zealand, the legal age for consent to medical treatment is 16, but young people under that age can consent to treatment if they demonstrate competency.

Source: IPPF Keys to youth-friendly services: Understanding capacity to consent May 2012, 8p.
All actions related to planning and monitoring of implementation by all companies/organizations, which are involved into production and distribution of commodities: producers, providers, distributors, etc. In short: the path from manufacturing of commodities till clients/users.

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There is a stigma on condom use – as it is perceived mostly as an STI prevention method. Therefore, the condom as a family planning method needs to be promoted.

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• Ensure access of all young people to age-appropriate comprehensive sexuality education in and out of school
  • Based on internationally agreed sexuality education standards (e.g. World Health Organization - WHO)
  • Including monitoring and evaluation of its implementation
• Ensure that existing health services are youth-friendly and comprehensive
  • Meeting their sexual and reproductive health needs
  • E.g. by integrating existing youth-friendly services into the primary health care system
  • Introducing evidence-based standards for youth friendly services

4. Attitudes, knowledge, skills and range of service providers

• Endorse internationally agreed clinical protocols and guidelines (WHO) on family planning and reproductive health
• Expand the type of service providers eligible to provide family planning/contraceptive services
• Build the capacity of service providers (through pre- and post-graduate education, for instance through the use of modern technology such as distance learning modules)
• Monitor and evaluate the quality of contraceptive services (including counseling) provided by service providers
• Health system mechanisms should address the motivational issues of service providers
  • By certification and qualification based on regular monitoring and evaluation

5. Range of methods available

• Introduce the WHO eligibility criteria for contraceptives and international standards, including for voluntary sterilization nation-wide
• Strengthen supply-chain management\(^3\) of reproductive health/family planning commodities
  • Logistical management information system
  • Monitoring and evaluation system
  • Collaboration/coordination with different actors (from public and private sector) led by the government
• Introduce simplified procedures and reduce related costs for registration and importation of a wide range of modern contraceptives

6. Affordability of contraception

• Include a broad range of modern contraceptive methods in the government essential drug list and insurance coverage, prioritizing vulnerable groups\(^4\)
• Introduce sustainable financing mechanisms (such as the total market approach)
  • Government funding should prioritize the affordability of contraceptives for vulnerable populations

7. Social norms, expectations and gender power dynamics

• Develop and implement community development and women empowerment programmes (such as WHO IFC Programme) as part of broader strategies aimed to increase access to family planning
• Ensure that sexuality education programmes in and out of school are comprehensive and thus include education on gender, rights and sexuality.
• Increase the use of condoms as a family planning method through its promotion as dual protection (protection from unintended pregnancy and STIs)\(^5\)
• Involve men and address the needs of men in family planning efforts

\(^3\) All actions related to planning and monitoring of implementation by all companies/organizations, which are involved into production and distribution of commodities: producers, providers, distributors, etc. In short: the path from manufacturing of commodities till clients/users

\(^4\) Each country should have its specific list of vulnerable people

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