

# EXPANDING CHOICES ENSURING RIGHTS

in a diverse and  
changing world

**UNFPA Strategy for  
Family Planning  
2022–2030**



A photograph of a woman holding a baby, overlaid with a blue tint. The woman is on the left, looking down at the baby on the right. The baby is wearing a white onesie. The woman is wearing a patterned top with 'CHANEL' visible on it. The background is blurred.

“The first mark of  
respect for women  
is support for their  
reproductive rights.”

DR. NAFIS SADIK, 1929–2022,  
TO WHOM THIS STRATEGY  
IS DEDICATED



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# Acronyms

AAAQ	Availability, Accessibility, Acceptability and Quality framework
BCC	Behaviour change communication
CAC	Comprehensive abortion care
CSE	Comprehensive sexuality education
DHS	Demographic and Health Survey
EmONC	Emergency obstetric and newborn care
EPMM	Ending Preventable Maternal Mortality
GBV	Gender-based violence
GFF	Global Financing Facility for Women, Children and Adolescents
ICPD	International Conference on Population and Development
IFI	International financial institution
LARC	Long-acting reversible contraceptives
LGBTQI+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex and other minority groups
LMA	Last Mile Assurance
LMIS	Logistics management information systems
LNOB	Leave no one behind
mCPR	Modern contraceptive prevalence rate
MHTF	Maternal and Newborn Health Thematic Fund
MISP	Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHC	Primary health care
PMTCT	Prevention of mother-to-child transmission
PSA	Population Situation Analysis
RHSC	Reproductive Health Supplies Coalition
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SCMU	UNFPA Supply Chain Management Unit
SDG	Sustainable Development Goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SRMNCAH	Sexual, reproductive, maternal, newborn, child and adolescent health
STI	Sexually transmitted infection
SWEDD	Sahel Women's Empowerment and Demographic Dividend project
TMA	Total market approaches
UHC	Universal health coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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# Foreword

A world where every pregnancy is wanted. This aim is a central pillar of our mission at UNFPA. The basic human right to determine freely and responsibly the number and the spacing of one's children has been recognized in numerous international human rights agreements over the past half century.

In 1994, the Programme of Action of the International Conference on Population and Development (ICPD) affirmed that the empowerment and full equality of women and girls were essential to social and economic progress and that reproductive health and rights, including access to family planning, were central to women's empowerment. Today, these aims are among the cornerstones for achieving the 2030 Agenda for Sustainable Development.

UNFPA's visionary new family planning strategy: *Expanding Choices Ensuring Rights in a Diverse and Changing World*, presents forward-looking approaches to meeting the unmet need for family planning in diverse situations and settings, anticipating emerging issues and trends. It embraces a broader, more inclusive conceptualization of family planning and places even greater emphasis on gender equality and human rights. The aim, in line with the Sustainable Development Goals, is universal access to family planning.

Increasingly, countries are investing in universal health coverage that integrates family planning, enacting laws and policies that uphold human rights, and reduce barriers to access. They recognize that voluntary rights-based family planning offers tremendous short- and long-term returns on investment. Indeed, in a 2022 analysis, UNFPA estimates that for every dollar invested in family planning and maternal health in developing countries, the return on investment to families and societies is US\$ 8.40. From 2022 to 2030, it is estimated that these countries will need to spend an additional US\$ 79 billion to end unmet need for family planning and preventable maternal deaths. If these additional investments are made, it would generate US\$ 660 billion in economic benefits by 2050.

Family planning is the foundation of sexual and reproductive health and rights, with multiplier effects that ripple across education, skills and work, gender equality, health, and more. For all individuals, whether they want to plan their family or simply protect their reproductive health, access to contraception is critical to their ability to fulfil their aspirations and potential. This is the transformational power of family planning.

**Dr. Natalia Kanem**

Executive Director

United Nations Population Fund

# UNFPA Strategy for Family Planning 2022–2030

## A changing world

**Rapid population growth, conflict, migration, urbanization, environmental degradation and declining fertility are growing issues and interacting trends that are reshaping entire communities and societies. As the world changes all around us, achieving universal access to family planning takes on new urgency.**

Access to sexual and reproductive health, including family planning, is central to the ability of everyone, everywhere, to exercise their right to choice, bodily autonomy and agency. Half of all pregnancies are unintended – this is a human rights crisis.

In humanitarian crises and other emergencies, women’s loss of access to contraceptives increases the risk of unintended pregnancy when they are at their most vulnerable. Inequalities, discrimination and systemic inequities compound the situation for marginalized groups and other individuals. At the same time, we face challenges in institutionalizing and financing the sexual and reproductive health agenda, especially when it comes to integrating family planning and maternal health within universal health coverage. If current trends continue, the global community will simply not meet its commitment towards ending unmet need for family planning by 2030. Leadership, backed by a sharpened strategic focus and increased resources, is needed to turn the tide.

## A new strategy

As the United Nations sexual and reproductive health agency, UNFPA recognizes the scale of the challenge – the need, opportunity and responsibility to expand choices and ensure rights amid this evolving landscape. Through a new family planning strategy, *Expanding Choices – Ensuring Rights in a Diverse and Changing World*, UNFPA is reframing its approach towards meeting family planning needs in the current decade. Drawing on lessons learned over the past decade, the strategy will shift UNFPA’s work in key ways to drive progress towards 2030.

## Organizational shifts

- **Building decisive leadership for family planning as the foundation of sexual and reproductive health and rights.** This vision goes beyond contraception to encompass a range of issues – including infertility, bodily autonomy, agency, and engagement with men and boys. It calls for expanding beyond the health sector to change social and gender norms, laws and policies to uphold human rights that enable all individuals to realize their reproductive intentions, whether they wish to start a family, increase their family size, or delay, space or avoid pregnancy.
- **Breaking down silos to integrate family planning across all that UNFPA does.** The strategy seeks to reposition family planning as a foundation of health, development and economic growth, central to women’s



# PRIORITIES FOR ACTION

UNFPA and its partners will:



**Expand availability and access** to family planning choices, including through self-care interventions and new contraceptive method innovations

**Engage adolescents and youth** as agents of change and provide rights-based and gender-responsive services, including contraception

**Strengthen and disaggregate data** to assess barriers, identify opportunities and improve financial tracking, using tools to generate, analyse and apply evidence in advocacy

**Deepen integration** of family planning into national health policies, strategies and plans, including primary health care and universal health coverage

**Increase sustainability** of national family planning programmes with strengthened health systems, more domestic commitment to financing and more efficient use of resources

**Build resilience and improve adaptation**, in settings of humanitarian crisis and environmental change, starting with the Minimum Initial Service Package and including family planning in national policies, plans and strategies

**Improve quality** of person-centred care and services by expanding contraceptive choices, counselling, health workforce skills, competency and quality of care at the service delivery point

**Enhance agency and address discrimination** to ensure the full range of family planning services for women and girls from marginalized groups and others at risk of being left behind

empowerment and gender equality which, in turn, drives progress for all. This work is accelerated through innovation, use of evidence-based high impact practices, maximizing procurement services, and responding to emerging needs.

- **Fostering a shift from the reliance of countries on external funding to sustainable financing**, including supporting countries to invest domestic resources and to diversify financing with innovative approaches.
- **Revitalizing family planning programming to be effective and efficient, making UNFPA fit-for-purpose.** This is about strategic policy and programming that advances UNFPA humanitarian actions from pre-positioned supplies to integration in the long term, South–South cooperation and catalytic ways of working.

The strategy takes a long-view vision of UNFPA's role in shaping the future of family planning, including through self-care interventions, new contraceptive methods, and resilient, sustainably financed health systems. It offers greater intentionality regarding leveraging the United Nations as a convening platform, with country commitment and resources. While aligning with the 2030 Agenda for Sustainable Development and the UNFPA Strategic Plan, the strategy also revitalizes momentum for the International Conference on Population and Development (ICPD) Programme of Action. It intensifies the focus on engaging adolescents and youth, and reaching to the last mile, to marginalized groups and to those most vulnerable in humanitarian and fragile settings.

This strategy is the start of a conversation. It establishes the roadmap with principles, strategic priorities and organizational shifts, and will be complemented by a series of roundtable policy convenings over the coming years to amplify emerging issues and keep our focus current.

The strategy is grounded through an operational acceleration plan that provides UNFPA staff with a menu of evidence-based actions and interventions backed by tools and resources to implement what is needed to drive progress forward. This guidance on how to operationalize the family planning components of the UNFPA Strategic Plan enables country offices to tailor programming in diverse contexts.

### UNFPA roles

To fully realize its ambitious plans, UNFPA recognizes the need to make critical adjustments to its political and operational capacity. This strategy lays out how UNFPA will approach its role and mandate, build on its comparative advantage and what the organization will invest in and prioritize. Key roles in family planning include:

- Serving as United Nations global lead, a mandated and longstanding role in brokering, convening and facilitating expertise and technical advice and building capacity for sexual and reproductive health and rights
- Promoting advocacy and stronger policy by providing evidence-based guidance and strengthening its normative role
- Procuring quality-assured RH commodities for quality services, along with health systems strengthening

- Generating data and evidence for policy, programming, accountability and knowledge management
- Leveraging partnership, coordination and collaboration to accelerate family planning access

### Purposeful partnerships

The UNFPA Strategy for Family Planning, 2022–2030, serves as a timely call to action for the importance of family planning and its transformational power in a diverse and changing world.

Through this strategy, UNFPA presents a vision of what is needed to accelerate progress and energize commitments to country action everywhere. Yet it comes down to all of us to breathe life into it—purposeful partnerships are the cornerstone of the work ahead.

UNFPA’s unique value proposition in advancing family planning combines more than 50 years of experience as a trusted partner with a

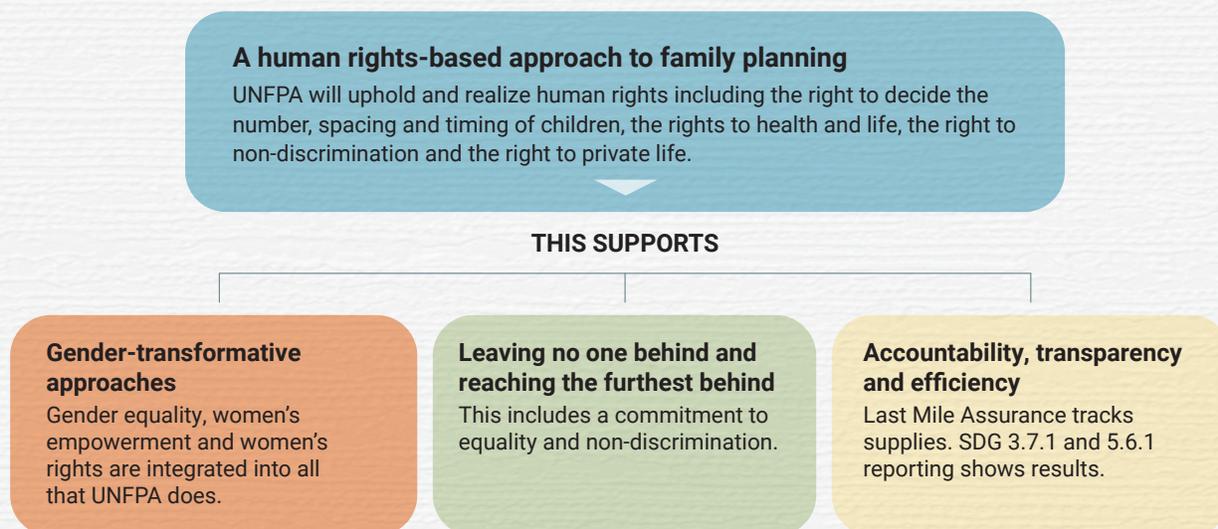
presence in 120 offices serving more than 150 countries and territories that are home to the vast majority of the world’s people. UNFPA has leveraged its global family planning programme, the UNFPA Supplies Partnership, to foster positive environments conducive to normalizing family planning and supporting its integration into primary health services. In addition, this global programme has the capability to use its purchasing power and influence to affect global markets for contraceptives.

We call on partners to join us in collective action to fulfil our shared aspirations, address the unfinished agenda for sexual and reproductive health and rights and face the challenges ahead with unwavering conviction.

More than ever, we must move forward together towards a world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind.

FIGURE 1

### Applying UNFPA principles and approaches





## CHAPTER 1

# Development

### 1.1 Rationale and methodology

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Family planning is at the heart of this mission, so much so that ending the unmet need for family planning by 2030 is one of three transformative results in the UNFPA Strategic Plan.

Through this strategy, UNFPA articulates its unique mandate and concrete contribution to the 2030 Agenda for Sustainable Development in the area of family planning, in line with the Decade of Action, to achieve the Sustainable Development Goals (SDGs), particularly targets 3.7 and 5.6 on ensuring universal access to sexual and reproductive health and reproductive rights. This strategy takes a long view to shape the future beyond 2030.

The strategy was developed through a process of internal and external consultations with stakeholders. It builds on learning from the UNFPA Global Consultation on Ending the Unmet Need for Family Planning and the Nairobi Summit on ICPD25 in 2019, as well as evaluations of UNFPA support for family planning and the UNFPA Supplies Partnership. The strategy development process and consultations in 2021 and 2022 considered three ways of working: where UNFPA will lead, where it will contribute by working with partners, and what it will step away from and encourage others to do more of. Input focused on areas of UNFPA comparative advantage, strategic priorities and collaboration with staff across the organization. Steps also included internal review and

validation of the strategy, socialization among partner organizations and launch at the 2022 International Conference on Family Planning.

This strategy is the start of a conversation. It establishes the roadmap with principles, strategic priorities and organizational shifts, and will be complemented by a series of roundtable policy convenings over the coming years to amplify emerging issues and keep our focus current. The strategy is grounded through an operational acceleration plan that provides UNFPA staff with a menu of evidence-based actions and interventions backed by tools and resources to implement what is needed to drive progress forward. (Figure 2 outlines these three components of UNFPA’s family planning strategy.)

FIGURE 2

**Three parts of the UNFPA Strategy for Family Planning**



## 1.2 What is new in this strategy?

The role of UNFPA in family planning is evolving. A new strategy is needed to build on the progress achieved through the UNFPA Family Planning Strategy 2012–2020: *Choices not Chance*. This strategy defines the role of UNFPA in family planning leadership in a diverse and changing world. It reframes UNFPA's leadership towards meeting family planning needs in the current decade and beyond. It positions family planning as the foundation of sexual and reproductive health and rights.

The strategy recognizes the role of family planning in responding to emerging issues and megatrends, from growing youth populations in some countries to falling fertility and ageing in others, people on the move, and the environmental crisis seen in famine, floods and fires. UNFPA must address these threats to hard-won development gains in delivering its mission. Further, the COVID-19 pandemic, food insecurity, economic hardship, volatile market dynamics, political instability and regressive policies with a rollback of progress on women's rights in many countries are forming multiple intersecting crises that compound risks and vulnerabilities for women and girls.

The strategy draws on lessons learned from experience over the last decade. It is informed by a number of evaluations, responding to findings such as the following: emphasis on the supply side of reproductive health commodities and capacity to deliver; gaps on the demand side for sexual and reproductive health and reproductive

***This strategy positions family planning as the foundation of sexual and reproductive health and rights.***

rights<sup>1</sup>; less focus on social, cultural and gender-related constraints to women's empowerment and decision making<sup>2</sup>; uneven domestic allocations and expenditures for contraceptives; donor dependence; and the exacerbated challenges faced by population groups due to COVID-19, notably persons with disability.<sup>3</sup> The need to integrate family planning in humanitarian response was another key finding.<sup>4</sup>

As an overarching response to the evaluations and other lessons learned, the strategy calls for the application of the human rights-based approach and gender-transformative approaches, with increased focus on social and gender norms change, autonomy and agency. The strategy positions family planning in the humanitarian–development–peace nexus.

The strategy is propelled by a shift from the reliance of countries on external funding to sustainable financing, including from domestic resources. It incorporates actions to ensure sustainability of supplies through advocating for domestic financing as well as integration of family planning into universal health coverage.<sup>5</sup> Experience also affirms the importance of

utilizing the systems that UNFPA has built into its programming for tracking finances at the activity level for family planning and other purposes.

Compared with past strategies, it also provides more operational guidance. This will enable UNFPA to better advise and support countries in diverse contexts facing significant political, health, economic, demographic and environmental changes – employing differentiated approaches in different contexts. Issues such as contraception for adolescents and youth, gender, low-fertility settings, subfertility and infertility, and the agency of individuals to achieve their reproductive intentions are more visible in this strategy, with dynamic intersections with other UNFPA strategies in gender, human rights, partnership and more.

Lessons learned are reflected in the call for investment in disaggregated data to inform an evidence-based advocacy and agenda-setting; the promotion of evidence-based

opportunities to accelerate reduction in the unmet need for family planning; and the call for more purposeful partnerships, with country commitment and resources. Learning from the COVID-19 pandemic, the strategy looks to digital technology and community-based approaches to integrate family planning to build resilience and improve adaptation.

The strategy aligns with the timeline of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals and looks beyond to the future of family planning, with new contraceptive methods and innovative modalities such as self-care, and the integration of family planning into primary health care and universal health coverage (UHC). It continues to lead on global efforts to keep the promises of the London Summit on Family Planning in 2012, driving momentum for the International Conference on Population and Development (ICPD) Programme of Action.



## CHAPTER 2

# Family planning in UNFPA

### 2.1 UNFPA mandate

UNFPA is the United Nations sexual and reproductive health agency. UNFPA's unique value proposition in advancing family planning combines more than 50 years of experience as a trusted partner with a presence in 120 offices serving more than 150 countries and territories that are home to the vast majority of the world's people. Within the organization, UNFPA has

leveraged the UNFPA Supplies Partnership to foster positive environments conducive to normalizing family planning and supporting its integration into primary health services. In addition, this global programme has the capability to use its purchasing power and influence to affect global markets for contraceptives.

The mandate of UNFPA was established by the United Nations Economic and Social Council in

1973 and reaffirmed in 1993. UNFPA is mandated by the United Nations “to build the knowledge and the capacity to respond to needs in population and family planning” and to assume a leading role in the United Nations system in promoting population programmes.\* In 1994, United Nations Member States gave UNFPA the lead role in helping countries carry out the ICPD Programme of Action, emphasizing the gender and human rights dimensions of population. In 2010, the United Nations General Assembly extended the ICPD beyond 2014.

## 2.2 What is family planning?

UNFPA uses the term “family planning” to capture a full range of fertility and contraceptive policies and services. Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies.<sup>6</sup> Family planning services must be situated in the broader context of human rights and integrated sexual and reproductive health and rights which, in turn, are delivered in ways that promote equality and empowerment, challenge social and gender norms and enable all women and girls, individuals and couples to realize their reproductive intentions, take charge of their own choices and make decisions about their own bodies.

In the past, family planning efforts centred on the need for married couples to space the timing of births and to limit family size; however, needs, attitudes and practices have changed and continue to evolve. Many people, including but not only adolescents and young people, want to

avoid or delay pregnancy and may perceive the terms “contraception” or “birth control” as more relevant to their lives. “Birth spacing” continues to be a widely-used term referring to the use of contraception to space birth to leave an interval of 2 to 3 years between births as recommended for maternal and newborn health.<sup>7</sup>

For some people, family planning is about seeking information and services when they want to have more children. And, for increasing numbers of people experiencing infertility, family planning means something that has nothing to do with contraception, but is focused on addressing the causes of infertility and supporting individuals and couples to become pregnant. “Infertility prevention and management” refers to individuals and couples who are seeking information and services to increase family size.

“Family planning” is not just another word for contraception.<sup>8</sup> Family planning programming supported by UNFPA draws on expertise across the organization to address barriers to bodily autonomy, maternal health, infertility, engagement of men and boys in sexual and reproductive health, and women’s empowerment to exercise individual choice about whether, when and how often to become pregnant. The full range of family planning services intersects with services to prevent sexually transmitted infections (STIs) and contributes to quality post-rape care, post-abortion care and menstrual regulation. For many individuals, family planning services offer an entry point to a fuller range of reproductive health services. It should also be noted that unintended

\* The mandate of UNFPA, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is: (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries’ needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund.

pregnancies are not the same as unwanted pregnancies and pregnant individuals are not the same as mothers.

By preventing unintended pregnancies, contraception reduces recourse to abortion. UNFPA supports countries to establish a comprehensive package of sexual and reproductive health information and services, including addressing comprehensive abortion care (CAC), within national legal frameworks as one key effort to reduce maternal mortality.\* Closing the gap in the unmet need for contraceptives would further reduce the number of abortions worldwide. Of the 121 million unintended pregnancies annually (2015-2019), over 60 per cent of unintended pregnancies ended in abortion.<sup>9</sup> More than half of all abortions occurring in developing countries are unsafe, and fewer unsafe abortions would lead to fewer maternal deaths and injuries.

UNFPA uses the framing of the ICPD Programme of Action language which refers to “couples and individuals, especially women” although this has broadened to include women and girls, men and boys, including all adolescents. It also includes those who may identify as female or male or non-binary, who may be LGBTQI+ and who may be in a union or not and married or not. Transgender men and non-binary people can and do become pregnant. They also face serious barriers to accessing non-judgmental sexual and reproductive health care and contraception, increasing their risk of unintended pregnancy.

This framing recognizes that family planning is relevant to a wide range of people at various stages over their life-course. People have different and changing sexual and reproductive health needs throughout their lives. UNFPA recognizes the intersectionality experienced by those left furthest behind. Multiple factors cause people to be left behind in accessing family planning information and services such as age, culture, ethnicity, race, language, religion, disability, HIV status, wealth, geography, migration status, marital status for adolescents and sexual orientation and gender identity. Who is family planning for? Family planning is for everyone who needs or wants it. Access to family planning is a universal right.\*\*

## 2.3 Family planning impacts

Progress is being made. Contraceptive use is increasing in every region in the world, and unmet needs are declining. Some 1.1 billion of the 1.9 billion women of reproductive age (aged 15 to 49) are considered to have a need for contraception, meaning they have a desire to limit or delay childbearing, and of them 858 million are using a modern method of contraception and 85 million are using a traditional method.<sup>10</sup> Access to contraception has enabled more young women to participate in the labour-force and has significantly contributed to increasing women’s earning power and to decreasing the gender pay gap.<sup>11</sup>

When the full range of family planning services are implemented in ways that respect, protect and

\* Comprehensive abortion care is included in the list of essential health care services published by the World Health Organization in 2020. Available from: [www.who.int/emergencies/diseases/novel-coronavirus-2019/related-health-issues](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/related-health-issues)

\*\* The Proclamation of Tehran, adopted by consensus on 13 May 1968 at the International Conference on Human Rights, affirmed, for the first time in a global agreement, the basic right of parents “to determine freely and responsibly the number and the spacing of their children” (para. 16). This was later to become a cornerstone of the 1994 ICPD Programme of Action, agreed by 179 countries. For more information, see: [www.unfpa.org/events/international-conference-human-rights](http://www.unfpa.org/events/international-conference-human-rights)

fulfil human rights, family planning is a best-buy, value-for-money investment that delivers a wide range of health, social and economic benefits for women and girls and their families, communities and countries. Family planning is a core ingredient of women's social and economic empowerment, with significant wider impacts for family well-being, community and national development. It is important that it addresses the full spectrum of women's reproductive intentions and preferences ranging from those wishing to prevent pregnancy to those wishing to become pregnant.

Family planning directly supports women's and girls' health and well-being through delaying, limiting and spacing pregnancy and by averting maternal and infant deaths. Access to quality services can strengthen agency and choice and support a wide range of life-goals, including through the achievement of education goals, the increase of labour-force participation and household poverty reduction. Access to family planning is not only related to women's reproductive rights and the reduction of unintended pregnancies, but also to improved health and nutritional status of children, brought about by longer birth spacing and the reduction in maternal mortality.<sup>12</sup> Further, family planning is essential for men and boys, those who may identify as female or male or non-binary, who may be LGBTQI+ and who may be in a union or not, or married or not.

The use of modern contraception is an important factor in bringing about a demographic dividend.

Countries with the greatest demographic advantages for development are those entering a period in which the working age population will have a low proportion of young dependents, and the benefits of good health, quality education and decent employment. The smaller number of children per household generally leads to larger investments per child, more freedom for women to enter the formal workforce and more household savings for a secure old age. When women and couples are able to choose to have a smaller number of children, the national economic payoff can be substantial, leading to a demographic dividend.

Condoms have played a decisive role in HIV, STI and pregnancy prevention efforts in many countries. Condoms remain a key component of high-impact HIV prevention programmes. Given their higher risk of HIV infection, youth and key populations are a focus of support through integrated sexual and reproductive health services, including family planning.

Global evidence consistently supports the proposition that investing in family planning offers a tremendous short- and long-term return on investment. A 2022 UNFPA analysis shows that for every dollar invested in family planning and maternal health in developing countries, benefits to families and societies are estimated to be around US\$ 8.40. If the additional investment needs are met, this would generate US\$ 660 billion in economic benefits by 2050.\*

\* From 2022 to 2030, the scale up of family planning and maternal health interventions across 120 countries to reach 95 per cent coverage and to end the unmet need for family planning by 2030 was estimated to cost an additional US\$ 75 billion more than the business-as-usual scenario and would avert 393 million unplanned pregnancies, 1.46 million maternal deaths, 6.15 million stillbirths and 3.49 million newborn deaths. Of the total economic benefits, half were due to unwanted pregnancies averted while half were due to maternal deaths, stillbirths and neonatal deaths averted. Source: UNFPA (2022, forthcoming). Investing in the Three Transformative Results: Realizing Powerful Returns. New York: United Nations Population Fund



## CHAPTER 3

# Strategic focus

### 3.1 Vision

UNFPA's vision for family planning is "A world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind".

This vision is expressed in one goal: universal access to family planning.

UNFPA's vision is grounded in its conviction that ending the unmet need for family planning – and action to accelerate towards this goal – can both contribute to and result from women's empowerment and gender equality, a valuable result in itself and a critical element of economic development.

The strategy uses existing sources for performance monitoring: the targets and indicators of the Sustainable Development Goals and the UNFPA Strategic Plan.

## 3.2 Global commitments

The ICPD Programme of Action (para 7.3) asserts “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so”. At the Nairobi Summit on ICPD25, a high-level conference to mobilize the political will and financing to fully implement the ICPD Programme of Action, 104 commitments were made towards achieving zero unmet need for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives.<sup>13</sup>

These principles of the ICPD are expressed in the Sustainable Development Goals (SDGs) adopted in 2015 particularly in SDG target 3.7: “By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” and SDG target 5.6: “Ensure universal access to sexual and reproductive health and reproductive rights”.

Underlying the 2030 Agenda for Sustainable Development is a promise that every girl and every woman can achieve her full potential, take advantage of opportunities, and have agency to make her own decisions based on the fulfilment of human rights and economic empowerment to secure the best possible physical and mental well-being for herself and her family. UNFPA aims to keep that promise and to lead and inspire the world to attain universal access to sexual and reproductive health and rights.

Achieving the SDG family planning targets would contribute to the achievement of all global goals, and especially Goal 3 Ensure healthy lives and promote well-being for all at all ages and Goal 5 Achieve gender equality and empower all women and girls. Family planning contributes through protecting health and enabling women, individuals and couples to choose whether and when to have their children. Family planning helps reduce poverty and improve household nutrition (Goal 1), helps to keep girls in school (Goal 4), enables women to join the labour-force (Goal 8), reduces

***A world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind.***

inequalities (Goal 10) and strengthens the partnerships needed to end the unmet need for family planning (Goal 17).

### 3.3 Intersections

The family planning strategy brings to life the UNFPA Strategy for Promoting Gender Equality and the Rights of Women and Adolescent Girls (2022–2025)<sup>14</sup> and gender-transformative

approaches, guidance on leaving no one behind and applying the human rights-based approach, the UNFPA Humanitarian Response Strategy (2012)<sup>15</sup> and the UNFPA Humanitarian Supplies Strategy (2021–2025). It also engages with the UNFPA Global Strategy on Adolescents and Youth<sup>16</sup> and youth, the UNFPA Disability Inclusion Strategy (2022–2025),<sup>17</sup> and guidance on bodily autonomy, among others.

#### BOX 1

### Human rights law and family planning

Human rights law establishes the right to determine the number and spacing of one's children and the right to the information and means to do so, including sexuality education and family planning services (CEDAW). Human rights law and the ICPD Programme of Action recognize States' obligations to ensure that the full range of good quality, modern, and effective contraceptives, including emergency contraception, are available and accessible to everyone (WHO, CESCER).

States are obligated to ensure that the use of contraceptives is voluntary, fully informed, and free from coercion and discrimination, and they should pay particular attention to groups who have historically been subject to coercive family planning practices, such as certain ethnic groups or indigenous people, persons with disabilities and women living with HIV (CESCR). States must also guarantee the right to seek, receive and disseminate contraceptive-related information; this includes providing access without discrimination to unbiased, comprehensive, and evidence-based information and services for family planning and contraception, including to adolescents and youth (ICPD).

Source: UNFPA and Center for Reproductive Rights (2022). Toolkit on Advancing SRH in Universal Health Care through the Human Rights-Based Approach. References include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW Committee); International Covenant on Economic, Social and Cultural Rights, CESCER (Committee on Economic, Social and Cultural Rights); Convention on the Rights of the Child (CRC Committee); WHO Model List of Essential Medicines and the ICPD Programme of Action.

Cross-cutting strategies and approaches create intersections along pathways throughout the organization, each strengthening the other. This is evident in UNFPA's three transformative results.\* Ending gender-based violence and harmful practices contributes to ending the unmet need for family planning and ending preventable maternal deaths. Ending the unmet need for family planning is critical to ending preventable maternal deaths. Interventions to end preventable maternal deaths and end the unmet need for family planning also contribute to ending gender-based violence.<sup>18</sup> Accelerating progress towards ending the unmet need for family planning (and beyond that, achieving and sustaining results) requires cross-organizational focus and vertical as well as horizontal collaboration. It requires engagement across the transformative results and sustained progress on all three areas at global, regional and country levels.

Family planning is vital to achieving the gender equality that will bring about change in gender-based violence and harmful practices such as child marriage,<sup>19</sup> gender-biased sex selection and female genital mutilation. The prevalence of violence, extending to reproductive coercion, is a barrier to women's bodily autonomy. Nearly a quarter of all women are not able to say no to sex (where data are available). Contraceptive use is 53 per cent lower among women who have experienced intimate partner violence. And studies show that rape-related pregnancies are equally or more likely to occur than pregnancies from consensual sex.<sup>20</sup> Sexual violence is correlated with increased risk of mistimed and unwanted pregnancies.<sup>21</sup> UNFPA will contribute to developing multifaceted interventions to reduce unintended pregnancies, informed by a deeper understanding of the link between sexual violence and unintended pregnancy.

\* UNFPA has three planned organizational strategies covering the decade up to 2030. The UNFPA Family Planning Strategy is expected to have a lifespan to at least 2030, thus covering two organizational strategic plan periods. The accompanying operational UNFPA Ending the Unmet Need for Family Planning Acceleration Plan will be revised in 2025 to reflect the third organizational strategic plan from 2026–2030.



## CHAPTER 4

# Scale of the challenge

### 4.1 Context

The most life-altering reproductive choice – whether or not to become pregnant – is no choice at all for millions of women and girls. More than 121 million unintended pregnancies occur every year.<sup>22</sup> Over 60 per cent of unintended pregnancies end in abortion and an estimated 45 per cent of all abortions

are unsafe, causing 5 to 13 per cent of all maternal deaths. In humanitarian crises and other emergencies, the risk of unintended pregnancy increases at a moment when it is most threatening. Unintended pregnancies are the result of poor quality services, limited access or availability of services, harmful norms and stigma, sexual violence and reproductive coercion, poverty and gender inequality.

An estimated 257 million women who want to avoid or delay pregnancy are not using safe, modern methods of contraception.\* By 2030, this number is expected to rise to 271 million because family planning services are not keeping pace with rapid population increases in developing countries.<sup>23</sup>

The highest level of unmet need for modern contraception is among adolescents. Approximately 32 million sexually active girls aged 15–19 in developing countries want to prevent or delay pregnancy each year; more than 14 million of them are not using contraceptives.<sup>24</sup> Nearly one third of all women in low- and middle-income countries begin childbearing in adolescence (aged 19 and younger). Almost half of first births to adolescents are among girls aged 17 and younger, while 6 per cent are to adolescents aged 14 and younger. Each year, girls aged 15–19 in low- and middle-income countries have an estimated 21 million pregnancies, nearly half of which are unintended and more than a quarter (an estimated 5.7 million) end in abortion, the majority in unsafe conditions.<sup>25</sup>

Population dynamics must also be taken into account. The number of reproductive-age women has increased faster than the pace of access to family planning. Since the ICPD in 1994, the proportion of women around the world using modern contraceptives has increased by only 6 per cent to 58 per cent.<sup>26</sup> The proportion of women of reproductive age (aged 15–49) who have their need for family

planning satisfied with modern contraceptive methods has increased by just 2 per cent since 2010 to 77 per cent in 2020.<sup>27</sup>

## 4.2 Barriers to family planning

Accelerating progress depends on overcoming persistent barriers. Understanding the factors that cause women and men to have fewer or more children than they want to have is an important step towards developing policies and programmes that support women and men in achieving their reproductive intentions. Despite significant barriers, rapid improvements have been made through political will and strategic programming.<sup>28</sup> Countries have made the fastest progress in meeting national family planning goals where they have elevated family planning as a national development priority, bringing to bear sustained political and financial commitment, increasing resources and multifaceted programming approaches that reach those most in need.

Making faster progress on reaching all women and girls, individuals and couples, with the services they need will require innovative approaches, and patient, sustained, multisectoral strategies that effectively target those most in need. For example, meeting the need for contraception among adolescents will require addressing high rates of discontinuation and for many, a need for information and access to quality services, often underpinned by social and gender norms, discrimination in service delivery

\* In the UNFPA report, State of World Population 2022, the figure 257 million is based on 2010 estimates by the United Nations Department of Economic and Social Affairs (UN DESA) in the 2019 World Contraceptive Use. Recent data estimates have become available indicating unmet need is closer to 270 million as of 2019 (Kantorová et al).

TABLE 1

**Critical barriers limiting contraceptive use**

Root causes and determinant factors	Barriers and bottlenecks
<ul style="list-style-type: none"> <li>• Inequalities affecting disadvantaged populations</li> <li>• Stigma: Accessing and using different methods including myths and misconceptions</li> <li>• Harmful social and gender norms</li> <li>• Perception of responsibility for family planning</li> <li>• Taboos, poor communication and inadequate knowledge</li> <li>• Large family size desired</li> <li>• Limited decision-making autonomy/power of women and girls</li> <li>• Early-marriage/family pressure to become pregnant</li> <li>• Poor partner communication</li> <li>• Sexual coercion and GBV, including some forms of transactional sex</li> <li>• Reproductive violence</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to services, particularly among young, poorer and unmarried people, due to geographic, financial, legal or social access barriers including cultural or religious opposition</li> <li>• Stagnant, insufficient or declining government/public funding</li> <li>• Low health service provider quality and competence and/or poor quality information or services</li> <li>• Discriminatory attitudes by providers towards or against contraceptive use or specific methods such as emergency pills, long-acting reversible contraceptives (LARC), vasectomy</li> <li>• Discriminatory attitudes by providers towards or against individual users such as youth, persons with disabilities, unmarried, HIV-positive, sex workers and LGBTIQ+ persons</li> <li>• Limited choice of methods or no availability of a preferred method</li> <li>• Service provision disruptions due to humanitarian crisis and conflicts.</li> <li>• Opposition to sexual and reproductive health and rights, including discriminatory laws that restrict the use of family planning for some individuals (e.g. need for third party authorization)</li> <li>• Laws and policies not meeting internationally agreed human rights standards</li> </ul>

and other barriers within society and the health system. In some cases, legal frameworks prevent access to services by youth and adolescents.

Although age alone does not constitute a medical reason for denying contraceptive methods to adolescents, health workers may, for example, believe that it is wrong for adolescents to be sexually active before marriage, that contraceptive use is contraindicated in adolescents, that only short-acting methods should be offered to adolescents, or that married adolescent girls and young women who have yet to have children do not need contraception. These attitudes translate into discrimination, made visible through judgmental and disrespectful behaviour or a refusal to offer services altogether, in particular to persons with disabilities, gender fluid, non-binary or LGBTQI+ youth and other marginalized groups.

Experience points to persistent barriers to access and use of quality, voluntary, rights-based

services. These barriers include the denial of agency, the insufficiency of services and the influence or impact of pernicious environmental factors, weak governance and unsustained political commitment or financing, all of which can be exacerbated in conflict or humanitarian situations.<sup>29</sup> For those seeking contraception, the result of barriers of all kinds is discontinuation (abandoning the use of contraception while still having a need for it) or not being able to demand and access contraceptives at all.

### 4.3 Diverse and changing world

In 2020, the United Nations identified megatrends that influence the path of the Sustainable Development Goals: climate change; demographic shifts, particularly population ageing; urbanization; the emergence of digital technologies; and inequalities.<sup>30</sup> Barriers to family planning are intensified by humanitarian crises, conflicts and climate change, among other megatrends and emerging issues. A major threat to the achievement of the UNFPA transformative results by 2030 is the combination of three factors: COVID-19, conflict and the climate crisis (and related nature and pollution crises) that has increased extreme weather events.

#### Humanitarian–development–peace nexus

Nearly two billion people worldwide live in areas affected by fragility, conflict and violence, where the intersection of poverty, high population growth, environmental degradation, natural hazards and protracted conflict intensifies vulnerability.<sup>31,32</sup> The sexual and reproductive

***Many of the 257 million women with unmet need for contraception are actively displaced by conflict or natural disaster.***

health needs of women and adolescent girls increase during times of crisis and this also exacerbates gender inequalities. Girls and women are among the most vulnerable to the negative social and health consequences of displacement, facing higher risk in several areas: sexual exploitation; gender-based violence including forced marriage, intimate partner violence and sexual violence; unplanned pregnancy; and negative birth outcomes.<sup>33</sup>

Many of the 257 million women with unmet need for contraception globally are actively displaced because of conflict or natural disaster. Girls living in conflict-affected countries are 2.5 times more likely to be out of school than boys.<sup>34</sup> More than 50 per cent of maternal deaths occur in countries with fragile and emergency settings, including countries with pockets of fragility<sup>35</sup>; many of these deaths are the result of unsafe abortion.<sup>36</sup> Conflicts and crises around the world are expected to drive an increase in unintended pregnancies, as access to contraception is disrupted and sexual violence increases. Climate-related emergencies cause major disruptions in access to health services and life-saving commodities, including contraception.<sup>37</sup> Climate-related events may also enable situations where people are at greater risk of contracting HIV.<sup>38</sup>

The constantly-evolving landscape and emerging challenges are pushing UNFPA to be more agile, more flexible and more innovative. Women's sexual and reproductive health needs must be met regardless of the context and indeed, across the humanitarian–peace–development nexus. Decisive action is needed to ensure that

women and girls who are living in areas affected by climate crises do not lose access to SRHR, including family planning. Comprehensive high-quality sexual and reproductive health services across the life-course, including family planning, contributes to strengthening resilience of individuals in the face of humanitarian, climate<sup>39</sup> and economic shocks, advancing the United Nations Secretary-General's vision elaborated in Our Common Agenda, a global road map for peace, solidarity and prosperity for all.

### **Demographic trends and population dynamics**

As the world population continues to grow, it is important to recognize the growing diversity between countries in demographic terms. High population growth and fertility levels in excess of replacement level are concentrated in an ever smaller group of countries – many of the poorest countries in Africa and Asia. By contrast, slow population growth and fertility levels below desired fertility are concentrated in an ever growing number of countries. According to the latest population estimates, 66 per cent of the world population are living in countries which are below replacement level fertility of 2.1 children per woman. Against this background, there is a need to come to terms with the question of what an unmet need for family planning means in countries where women and men have fewer, rather than more, children than they want to have. The answers to this question might include an expansion of family planning services. For example, there might be a need to address issues of secondary infertility, or age-related infertility, in comprehensive sexuality education programmes. Universal and

unrestricted access to comprehensive sexuality education services is a fundamental human right which shall not be made contingent upon the demographic context, and it shall not be compromised because of political objectives to change the demographic futures of a country. Also, countries that are concerned about the implications of low and falling fertility for labour markets, for instance, should consider the full range of policy options that are available to address potential labour or skills shortages while also respecting individual reproductive choices.

UNFPA will lead and collaborate on initiatives to enable women and girls, individuals and couples to access quality, people-centred family planning information and services to support their reproductive intentions, ensure bodily autonomy and strengthen agency. Increasingly, it is anticipated that countries will turn to UNFPA, the World Health Organization and other United Nations agencies for advice and technical support to expand their fertility policies in a range of directions. UNFPA will invest in building knowledge about

the multisectoral dimensions of infertility and, working closely with the World Health Organization, develop information, policies and guidelines to support the availability and accessibility of infertility prevention. Over time, UNFPA will provide more support where countries wish to offer appropriate, accessible services to women, individuals and couples facing infertility. Initially this will centre on understanding the drivers of infertility, subfertility and infertility prevention and management.

Finally, it is important to underscore that even in countries with low fertility, where the desired fertility is higher than the actual fertility for most women and men, there always are people for whom the desired fertility is lower than the actual fertility. In many cases, these are marginalized populations, in economic, social, political or ethnic terms, who do not have access to necessary information and services. The aim is to support individuals in all countries, regardless of context, to achieve their reproductive intentions.



## CHAPTER 5

# Principles

### 5.1 UNFPA organizational principles

As an organization, UNFPA works in accordance with its key principles. These organizational principles and the values they uphold shape and guide the organization's work to deliver the UNFPA mandate. This includes delivering through a human rights-based approach to family planning, reaching those left furthest behind, working through gender-transformative approaches and strengthening accountability, efficiency and effectiveness. Integrating these principles into everything it does

will sometimes require difficult trade-offs and may affect the pace of progress; it is harder to reach the furthest behind, for example, than more accessible populations. These principles determine how UNFPA will approach its role and affect how it will make choices about where and how to invest its resources.

#### Human rights-based approach

UNFPA will define and implement a human rights-based approach to family planning. UNFPA will uphold and realize human rights including the right to decide the number, spacing and timing of children, the rights to health and life, the right

to non-discrimination and the right to private life. As the ICPD Programme of Action (para. 7.3) states: “Rights-based family planning is driven by the needs and rights of the people the programme is meant to serve, rather than the programme’s structure, systems, staff or numeric goals”<sup>40</sup> to meet the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children”.

The human rights-based approach to family planning serves as an organizing framework for advancing key principles on which the strategy is based. It addresses many of the barriers identified in the strategy (table 1). The human rights-based approach to family planning is defined as a conceptual framework and systematic process that:

- Ensures that States meet their legal obligations under international law to respect, protect and fulfil human rights.
- Ensures family planning programmes maintain a focus on key human rights-related principles and standards that apply to family planning.
- Applies these principles and standards in all phases and at all levels of programming.
- Enables duty-bearers to meet their obligations and rights holders to claim their rights.<sup>\*41</sup>

Fully applying a human rights-based approach to family planning leads to holistic programming and strategic partnerships. This includes addressing restrictive laws, capacity development of health workers, advocacy with duty-bearers,

disaggregating data, targeted interventions for marginalized groups, strengthening participatory processes, addressing gender inequality and promoting women’s bodily autonomy, as well as strengthening accountability mechanisms. It will also advance the family planning strategy’s eight strategic priorities and advance and reinforce the following principles and approaches.

### **Leaving no one behind and reaching the furthest behind**

This includes a commitment to equality and non-discrimination. UNFPA is committed UNFPA to addressing the structural barriers, stigma and discrimination and harmful social and gender norms that create inequalities.<sup>42</sup> In essence, it implies a shift away from aggregate numbers and averages, and towards focusing much more energetically on who has not yet been reached. For UNFPA, leaving no one behind has become a cornerstone of organizational policy and practice. It informs pathways to achieve the ICPD Programme of Action and efforts during the Decade of Action to realize the Sustainable Development Goals.<sup>43</sup> The UNFPA Strategic Plan, 2022–2025, specifically focuses on leaving no one behind as integral to setting a vision and charting a path to the three transformative results, including towards ending the unmet need for family planning. To prioritize the most in need, one required action is to collect data about the needs and barriers of a marginalized group as, for example, when addressing inequalities in access to family planning services for indigenous populations to make high-quality services geographically available and financially affordable.

\* Human rights-related principles and standards that apply to family planning include non-discrimination and equality as well as AAAQ+ (quality, accessibility, acceptability, availability, privacy and confidentiality, informed decision-making), participation and accountability, and bodily autonomy and agency.

## Gender-transformative approaches

UNFPA will apply gender-transformative approaches to family planning to contribute to gender equality, women's empowerment and women's rights. Using gender-transformative approaches aims to ensure women's right to equality is fully integrated into all that UNFPA does, underpinning its advocacy, policy analysis and programme model at all levels.<sup>44</sup> Gender-transformative approaches aspire to tackle the root causes of gender inequality, and redresses the power dynamics and structures that serve to reinforce those inequalities. These changes can happen at many levels including at individual, household, community, institutional, legal and policy levels. A gender-transformative approach attempts to promote gender equality as follows: (i) by fostering critical examination of inequalities and gender roles, norms and dynamics; (ii) recognizing and strengthening positive norms that support equality and an enabling environment; and (iii) by promoting the relative position of women, girls and marginalized groups and transforming the underlying social structures, policies and broadly held social and gender norms that perpetuate and legitimize gender inequalities.<sup>45</sup> Inequitable social and gender norms and power imbalances prevent people from accessing family planning services. Evidence shows programmes and trainings that include a gender and power perspective are more effective, including the area of sexual and reproductive health.<sup>46</sup>

Gender-transformative approaches applied to family planning take many forms, for example, partnering closely with women-led organizations and other community-based organizations to change discriminatory gender and social norms

that affect access to sexual and reproductive health and rights, including family planning. This can be at the level of individuals, e.g. working with couples on equitable decision-making related to contraception, or using evidence-based approaches to engage men on the importance of equitable social and gender norms, including shared responsibility and decision-making for family planning. Gender-transformative approaches also shape action to strengthen policies, legislation and accountability mechanisms that promote and protect women and girls' right to bodily autonomy, including in relation to accessing contraception.

## Assuring accountability, transparency and efficiency

The focus on accountability, transparency and efficiency pertains to governance and transparency in the efforts of UNFPA and its partners, promoting value-for-money and maximizing efficiency. At the same time, it requires delivering programmes and supporting services that promote availability, accessibility (including affordability), acceptability and quality (the AAAQ framework of the right to health).<sup>47</sup> The AAAQ principles are international human rights obligations that States are legally required to fulfil. It also requires support to participatory processes within UNFPA's family planning programming, including in the monitoring and evaluation phase. The Last Mile Assurance (LMA) process carried out by UNFPA is an example of how the principles of accountability, transparency and efficiency can be applied to family planning. This process tracks the visibility of reproductive health commodities through the last mile and facilitates stronger accountability from the recipients of the supplies provided with support from UNFPA. Accountability

is also ensured through global and regional frameworks, demonstrated for example by reporting on SDG 3.7.1 and SDG 5.6.1 indicators.

## 5.2 UNFPA roles

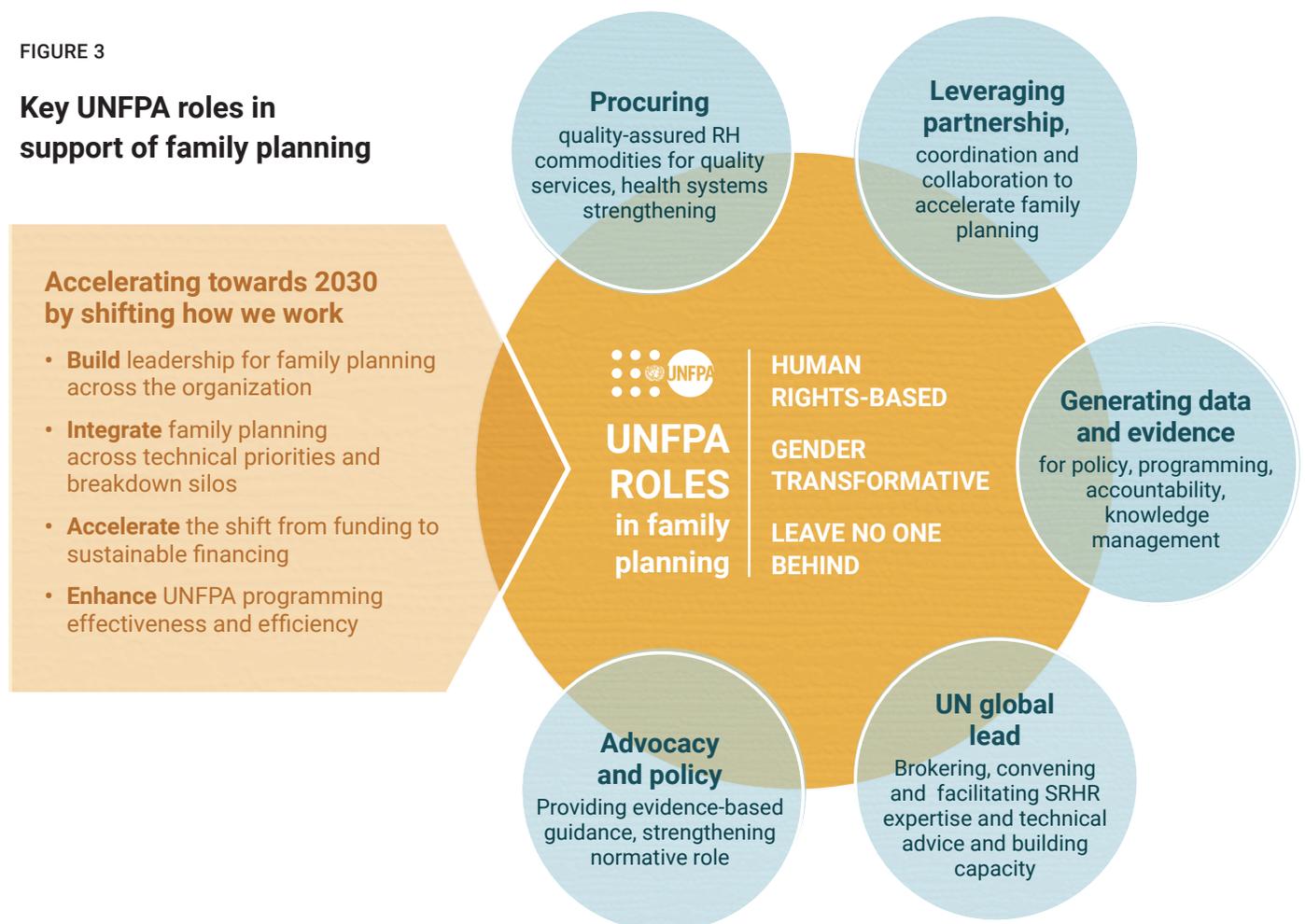
To fully realize its ambitious plans, UNFPA recognizes the need to make critical adjustments to its political and operational capacity. This strategy lays out how UNFPA will approach its role and mandate, build on its comparative advantage and what the organization will invest in and prioritize. It also addresses what and how UNFPA will partner with others to take this strategy forward. UNFPA will fulfil its mandate

by prioritizing the roles it is best placed to deliver (figure 3). It will do so by applying principles and approaches that add value to every process.

As both a development and a humanitarian organization, UNFPA is uniquely situated to play a role in emergency preparedness, response and recovery, and in the identification and operationalization of synergies across the humanitarian–development–peace nexus. The evolving roles will adapt to a range of diverse country contexts and needs. For decade, UNFPA has been present before, during and after crisis and is therefore well positioned to contribute to building and sustaining peace.

FIGURE 3

### Key UNFPA roles in support of family planning





## CHAPTER 6

# Strategic priorities

Eight priority areas for action form the core of the UNFPA Strategy for Family Planning, 2022–2030. Action based on these strategic priorities leads to 2030 and achievement of universal access to sexual and reproductive health and rights, including family planning. Countries will take the lead on prioritizing actions that are most impactful and responsive to the needs of their people and particular contexts, also considering the menu of options proposed in the accompanying operational acceleration plan.

The strategic priorities are grounded in UNFPA's global mandate and draw on experience and lessons learned. They will enable UNFPA to optimize its impact and response to the root causes and persistent barriers that prevent women and girls, individuals and couples from realizing their reproductive intentions. In approaching programming in these priority areas, everything flows from UNFPA values and principles – applying approaches that are human rights-based, gender-transformative and leave no one behind.

The eight strategic priorities look to the future. UNFPA will embrace forward-looking solutions that unlock progress, recognizing that innovation is critical to achieving goals. Future-ready practices include, for example, scaling up evidence-based practices, looking at new and emerging reproductive health technologies, promoting the development of implants and longer-acting injectable methods, introducing self-care, using drones in hard-to-reach places, and exploring digital health and virtual delivery modes. A focus on the future will include building capacity in UNFPA for sustainable financing and applying the Minimum Initial Service Package (MISP) to build resilience in the face of humanitarian emergencies, climate change and increasing numbers of people on the move. A focus on the future will include telling the story of the transformative power of family planning to increase political will by promoting the economic growth potential that certain countries can harness through the demographic dividend.

## 6.1 Expand availability and access

UNFPA will sharpen its focus on where it can add the most value at global, regional and country levels to support the expansion of family planning availability and accessibility.

**Availability** reflects the extent to which a provider has the facilities, staff, commodities and necessary equipment to provide a service that meets a client's needs. UNFPA will work to support governments in improving the availability of quality contraceptive products, services and

information. Where a wide range of methods are available, modern contraceptive method discontinuation decreases and continued use and new uptake increases. UNFPA will support countries to expand contraceptive options and choices and improve the delivery of good quality counselling and information on each option, free from discrimination, including the benefits and risks of each method for the user to freely choose according to their preference and lifestyle.

UNFPA will support countries to address legal and regulatory barriers, strengthen national procurement and supply chain systems, improve collaboration between public and private implementing partners, anchor the distribution of contraceptives in national supply chains and strengthen logistics management Information systems (LMIS). Working through partners, UNFPA will promote a wide range of efforts to expand method mix, strengthen supply chains, strengthen health workforce capacities, improve quality of services and products, expand coverage, integrate innovative modalities for service provision such as self-care and telemedicine, and make contraceptive options for men more accessible. Also, through its market shaping efforts, improvements in forecasting and planning, and working with suppliers, UNFPA aims to achieve better prices, ensure availability of quality-assured products and stimulate innovation for new technologies including multipurpose technologies that address women's needs and add new contraceptive options for men.

**The UNFPA Supplies Partnership** will serve as a key vehicle for expanding access and availability, building on significant impact and learning

since its inception in 2007. The UNFPA Supplies Partnership is one of the world's largest providers of donated contraceptives. Its strategic priorities towards 2030 are to: (i) increase availability and choice of quality-assured reproductive health commodities, including for family planning; (ii) strengthen supply chains to ensure contraceptives and other reproductive health commodities reach the last mile, and promote harmonization and integration of supply chains; and (iii) increase government commitment through country financial contributions to quality reproductive health supplies and services.

**Accessibility** reflects whether services can be used by those who need them. Work in this area is guided in particular by the principles of equity and leaving no one behind, and endeavours to deliver services to the last mile. Using a mixture of different service delivery platforms beyond the public sector facilities, such as community-based distribution, mobile outreach and other private sector partners, expands access not only for the hard to reach but also for those most in need. Services must also meet the needs of women and young persons with disabilities.<sup>48</sup>

UNFPA will work on improving access to contraceptives by supporting governments in removing geographic, legal, cultural, social and financial barriers undermining access to contraception. This includes, for example, promoting legal reforms to remove legal barriers, addressing harmful social and gender norms, building agency and women's empowerment, demand creation and addressing discontinuation, among other measures. UNFPA will encourage partners to harness community engagement

and participation as a dynamic force for demand creation, and continue working with partners to address barriers based on harmful social and gender norms and strengthen pathways to quality of care and services.

The future of family planning includes a much wider role for self-care and self-management. Aided by World Health Organization's consolidated guidance on self-care interventions for health,<sup>49</sup> UNFPA will look beyond traditional health provider-to-client systems to include a range of self-care options. Not only pills and condoms, such options will include, for examples, vaginal rings, self-administration of subcutaneous injectable contraceptives, longer supplies of over-the-counter oral contraceptives without prescription, over-the-counter access to emergency contraception and other self-care interventions. Self-care is a strategic modality for family planning and a significant contributor to women's agency and empowerment.

Section 6.7 addresses access and availability challenges in humanitarian settings. Section 4.3.2 addresses population-level and individual challenges in low-fertility settings.

## 6.2 Improve quality

Improving the quality of family planning services requires government commitment through policy frameworks as well as investment in human resources to cultivate the provision of better care. Quality is about promoting sexual and reproductive health care services, including family planning, that are effective, safe, person-centred, timely, equitable, integrated and

efficient.<sup>50</sup> When health care is person-centred, individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways. The drive for quality affects both delivery of and demand for family planning services. Inadequate quality of care contributes to limited knowledge about family planning and contraceptive methods, low uptake of modern contraception, discontinuation of contraceptive use and limited access to services.

Investing in the health workforce is at the centre of enhancing the quality of care and services. A skilled and competent health workforce operating in a culture of improving quality in all aspects of service delivery has to be supported with ongoing mentorship, supportive supervision, well-equipped health care facilities, functional information systems, uninterrupted supply of reproductive health commodities and

***The eight strategic priorities look to the future. UNFPA will embrace forward-looking solutions that unlock progress, recognizing that innovation is critical to achieving goals.***

strong monitoring of performance, quality of care and client satisfaction.

Working with other partners, including the World Health Organization, UNFPA will support countries to close gaps in the health workforce and shortcomings in staffing for contraceptive services addressing in particular skills and competencies, attitudes and behaviours especially those rooted in social and gender norms. UNFPA will also support countries to improve working environments and professionalization, including through promoting task sharing policies and the social, administrative and national accountability mechanisms needed to improve quality of care in family planning services.

### 6.3 Strengthen data

Good data transformed into actionable evidence will be used by UNFPA in myriad ways to advance decision-making that furthers family planning. UNFPA will continue to strengthen data generation, visualization and dissemination, working with countries and a wide range of partners both within and beyond the United Nations system. For family planning, UNFPA reports on SDG 3.7.1: Proportion of women of reproductive age who have their need for family planning satisfied with modern methods, among other measures (table 5).

Through the UNFPA Supplies Partnership, UNFPA will assure increased data visibility for country investments into family planning, and support more strategic investing by a wider range of existing and new partners. UNFPA will

continue to support the availability of key data sources such as Demographic and Health Survey (DHS) and conduct Population Situation Analysis (PSA) to promote multisectoral approaches for addressing family planning. Increasingly, UNFPA will utilize population and housing census data, and model-based population estimates, to analyse geographic access to family planning, to better identify those with unmet need, and to better distinguish situations of low access, low demand or both. UNFPA will use innovative approaches to assess the barriers to family planning service uptake by combining population data with facility data, such as those from UNFPA Health Facility Surveys for reproductive health commodities and services. UNFPA will use its georeferenced Population Data Portal (PDP) for core population and family planning indicators. The PDP provides easy-to-use interfaces to manage, visualize and analyse data sets that will make them more broadly accessible.<sup>51</sup>

At the global level, UNFPA will leverage its work on population data to improve forecasting accuracy and hence efficiency of contraceptive procurement and equitable distribution. It will continue to be a lead partner in the Global Family Planning Visibility and Analytics Network (GFPVAN),<sup>52</sup> a platform for sharing data about inventories and shipments of commodities.

Disaggregated data are essential. As one of the leading research collaborators in the field of family planning, UNFPA will continue generating evidence for areas where research gaps are identified using population data, with an emphasis on those with programmatic impact.

Potential areas include contraceptive method mix studies including among adolescents, the causes of method switching and discontinuation, impact of introducing a new method on other existing methods, and distinguishing where low use of family planning reflects low access, low demand or both. In each of these areas data will be disaggregated to ensure information is available on specific categories of users for support interventions aimed at reaching those furthest behind.

Regarding data in humanitarian settings, UNFPA will work with the United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), International Organization for Migration (IOM) and others to strengthen the availability of disaggregated data throughout the preparedness, response and recovery phases of a crisis. This will strengthen forecasting and quantification exercises for crisis-affected areas, for example, and count and characterize populations in need of family planning services.

To strengthen accountability, UNFPA relies on quality data. UNFPA will continue to publish relevant data as an important tool for holding UNFPA and its partners accountable for progress towards organizational and global sexual and reproductive health goals. Accountability efforts are carried out in partnership with other United Nations agencies including the World Health Organization, United Nations Development Programme (UNDP), the World Bank, United Nations Children's Fund (UNICEF) International Labour Organization and others. This includes,

for example, support to governments for routine monitoring data for family planning services and logistics data on contraceptives distribution, informing ongoing collaboration with World Health Organization to support countries to strengthen health and logistics management information systems (HMIS and LMIS).

## 6.4 Deepen integration

UNFPA will advocate for and support countries to invest in comprehensive sexual and reproductive health, particularly family planning, to be fully integrated into relevant national health policies, strategies, plans and guidelines – including primary health care and universal health coverage plans.

Integration improves value-for-money and ensures that where women and girls interact with health and other relevant services, they are more likely to access the services they need. This allows people to access a wide range of services in a more convenient way. Integration is also an important strategy for reaching those left behind and allowing people to access health services across the care continuum. With partners across many sectors, UNFPA will advocate for family planning (and broader sexual and reproductive health care) to be included at the centre of the national development agenda and given more priority as a contribution to national development, women's empowerment and economic growth.

UNFPA will focus on ensuring that every opportunity to support women and girls to

access family planning information and services is fully utilized across the health services, within the health system more broadly and within its own programming. Working with other partners such as the World Health Organization, UNFPA will advocate for and provide technical support to, boost country capacity to better design, plan, manage and evaluate integrated health services using a primary health care approach. This requires integration of sexual and reproductive health and rights at policy, service delivery and across sectors (e.g. agriculture, economic sectors, education, environment and gender).

UNFPA will support integration of health services through taking a life-course approach to sexual and reproductive health, promoting the integration of family planning services and information at high-impact entry points including maternal health, HIV and STI services and gender-based violence prevention and response services.

## 6.5 Increase sustainability

Increasing access to family planning methods\* can raise the contraceptive prevalence rate and prevent unintended pregnancies, which not only results in fewer maternal deaths, stillbirths and neonatal deaths, but also reduces the costs associated with maternal health services. Investment in maternal health interventions not only decreases maternal mortality but also diminishes maternal morbidity and health complications associated with childbirth, which can cut health costs and avert economic events such as loss of income.

\* Reducing unmet need for family planning requires additional demand-side interventions including those targeting social and gender norms.

At least double the funding currently allocated to family planning in developing countries will be needed to end the unmet need for modern contraception.\* Increasing financial sustainability of family planning programmes will thus require a significant expansion in financing as well as better, more efficient use of all available resources, the engagement of new partners including the private sector, and innovative financing mechanisms. UNFPA has been increasing its focus on a multifaceted approach to promoting financial sustainability at global, regional and country levels with three main areas of engagement in the forefront of its efforts. The shift from funding to financing means gradually shifting from a donor assistance model to a more sustainable model based on domestic financing of national development needs.

First, UNFPA will invest in deeper political economy analysis in countries and across different settings in order to advocate for repositioning family planning as a core development investment, a best-buy for health and a driver of economic development. UNFPA will build expertise to develop family planning investment cases and will target advocacy efforts to ministries of health and finance, to parliaments and to a wide range of stakeholders for an increased resource allocation for family planning at the national and subnational level. This will be carried out working with key partners including International Financial Institutions, the Global Financing Facility (GFF), the World Health Organization and country governments.

***UNFPA will advocate for family planning to be fully integrated into primary health care and universal health coverage plans.***

UNFPA will work closely with the World Health Organization and with relevant global health H6 partners to prioritize family planning as a key component of sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) in the context of primary health care and universal health coverage. Since 2015, many countries have been developing plans to advance UHC policies to expand access to a basic package of health care for all people while protecting against financial hardship. Where family planning is integrated into a basic package of care available to all individuals, investments into UHC also contribute to financing family planning.

Second, UNFPA will expand the pool of available funding sources, primarily through focusing on strengthening domestic resource mobilization, but also through encouraging and fostering innovative public–private financing mechanisms, increasing the access and use of established

\*\* The cost from 2020 to 2030 of ending the unmet need of modern family planning is estimated at US\$ 68.5 billion in 120 priority countries of which an estimated US\$ 8.6 billion will likely come from donors leaving US\$ 59.9 billion for countries themselves to finance. See: UNFPA (2021). Costing the Three Transformative Results. [www.unfpa.org/sites/default/files/pub-pdf/Transformative\\_results\\_journal\\_23-online.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Transformative_results_journal_23-online.pdf)

financing instruments, e.g. expanding the use of matching funds, exploring debt buy-down in some contexts.

Third, UNFPA will develop its role in supporting countries to maximize the efficiency in the use of existing resources and better manage family planning commodities. This includes contributing to and engaging partners on market shaping initiatives, and encouraging governments to adopt total market approaches (TMA) to maximize market efficiency, equity and sustainability through the coordination of the public, social marketing and commercial sectors. UNFPA will work through the newly established Supply Chain Management Unit (SCMU) in collaboration with the World Health Organization in order to ensure reproductive health commodity market stability and increase sustainability. This will support regional and local manufacturers to adopt international quality standards, thus enhancing their capacity to deliver quality reproductive and maternal health commodities. Coupled with strengthening governments' procurement and domestic resource capabilities, UNFPA will improve market

***Family planning facilitates gender equality by expanding women's ability to access resources and employment.***

dynamics, rendering them resilient to global market and supply shocks and fluctuations.

## **6.6 Build resilience and improve adaptation**

Although family planning is one of the most life-saving, empowering and cost-effective interventions, there remains an overwhelming gap in addressing the needs of women and girls during crises due to a failure to prioritize and provide sufficient funding. Consequently, many women and girls are forced to contend with an unmet need for family planning and unintended pregnancies in addition to the traumas of conflict, disaster and displacement. UNFPA is intensifying efforts to make contraception available at the onset of every emergency response, along with maternal health and obstetric emergency care and other essential sexual and reproductive health services. Humanitarian response can contribute to changes in health seeking behaviour, including contraceptive uptake.

As a multisectoral intervention, family planning contributes to reaching vulnerable populations with life-saving care, mitigating conflict and achieving state stability and peace.<sup>53</sup> Countries around the world are taking steps to adapt their systems and services in the face of rapid onset events such as natural disasters, pandemics such as COVID-19, and conflict as well as longer-term trends that create risks to population stability including climate change and population dynamics of age and size over time. UNFPA will support countries in preparedness, response and recovery, to build

BOX 2

### MISP Objective 5: Prevent unintended pregnancies

- Ensure availability of a range of long-acting reversible and short-acting contraceptive methods [including male and female (where already used) condoms and emergency contraception] at primary health care facilities to meet demand.
- Provide information, including existing information, education and communications (IEC) materials, and contraceptive counselling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination.
- Ensure the community is aware of the availability of contraceptives for women, adolescents and men.

Source: Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: <https://iawgfieldmanual.com>

resilience and take steps to adapt to risks and challenging trends.

UNFPA will promote the implementation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations.<sup>54</sup> This includes investing in ensuring the continued availability of contraceptives through adequate preparedness. Steps include the development of minimum preparedness actions and contingency plans; strengthening the supply chain before, during and after a humanitarian crisis to guarantee availability of a wide range of contraceptive methods; strengthening coordination mechanisms; and constantly exploring innovative approaches to the transition from the delivery of humanitarian assistance to the provision of long-term

development assistance with comprehensive sexual and reproductive health services.

Working with global, regional and local humanitarian partners, UNFPA will invest in building better knowledge and practices around engaging women, adolescent girls and those most often the furthest behind, including sex workers, persons with disabilities (PWDs) and those identifying as LGBTQI+ in the design and implementation of sexual and reproductive health services and will continue to expand links to GBV prevention and response during periods of crisis. UNFPA will also support advocacy for the stronger integration of family planning into preparedness disaster risk reduction planning.

UNFPA will assist governments and implementing partners to ensure the availability of a wide range

of contraceptive methods and services during crises and to strengthen referral systems to respond to the sexual and reproductive health and GBV prevention and response needs of the most vulnerable, particularly adolescents and marginalized groups. As part of its long-term approach, UNFPA will continue to strengthen preparedness and recovery efforts, including through sustained, multi-year and flexible family planning funding.

UNFPA will support countries in their efforts to integrate family planning into climate change response strategies, including National Adaptation Programmes of Action (NAPAs), ensuring family planning is implemented in a way that respects and supports human rights. Working with country partners to highlight adaptation models that connect ICPD, climate change and family planning, UNFPA will advocate for climate-resilient health systems and facilities and integrated climate change and sexual and reproductive health

***Youth understand the problems they face and can offer new ideas and alternative solutions, and play a critical role as agents of change.***

services, including family planning services, positioning family planning as an integral part of green building back better programmes.

UNFPA is both a development and a humanitarian organization. It is uniquely situated to play a role in emergency preparedness, response and recovery, and in the identification and operationalization of synergies across the humanitarian–development–peace nexus.<sup>55</sup>

## **6.7 Engage adolescents and youth**

UNFPA will support the voice and participation of young people, engaging them in efforts to apply innovative solutions to accelerating progress towards the three transformative results and achievement of the ICPD Programme of Action and Sustainable Development Goals. Youth understand the problems they face and can offer new ideas and alternative solutions, and play a critical role as agents of change.

Comprehensive sexuality education (CSE), empowerment programmes and social and behaviour change programming will be linked more actively across sectors, notably health systems to education systems. CSE is part of providing both in- and out-of-school youth with the necessary skills and opportunities needed to reach their potential.

It includes scientifically accurate information about contraception, childbirth and sexually transmitted infections, including HIV. CSE for girls and boys is also protective, so adolescent

girls can remain in school, acquire skills to raise lifetime earnings and break the cycle of poverty.

Sexually active adolescent girls and young women are less likely than older age groups to use modern contraceptives and have their demand for contraception satisfied. This is the situation almost everywhere. This is especially the case for younger groups, for all LGBTQI+ youth, and for those from disadvantaged backgrounds or who are particularly isolated or denied the autonomy or freedom (agency) to find information or use services. UNFPA will support advocacy for an effective combination of a rights-based legal and policy framework that facilitates access, appropriate service delivery, demand from young people to access and use care.

Through its global youth strategy,<sup>56</sup> UNFPA focuses on what it will invest in to build adolescent and youth-responsive sexual and reproductive health services. It also focuses on where and how UNFPA will accelerate efforts to prevent harms such as unintended pregnancy, unsafe abortion, maternal mortality, new HIV infections and child marriage. Efforts also focus on the prevention of gender-based violence and sexual and reproductive coercion affecting adolescent and youth. UNFPA will help partner countries to diversify channels used to engage young people. Such efforts will go beyond public and private health facilities to embrace community-based distribution, mobile services, school-based services, direct-to-consumer and self-care models. UNFPA will work with partners to improve provider competencies through

whole-clinic training, setting quality standards, supportive supervision and values clarification, removing financial barriers through inclusion of adolescents in UHC, providing subsidized services or vouchers in some settings or where opportunities for innovative mechanisms can be created, and collecting and using age-disaggregated data on service utilization and client feedback.

UNFPA will support the efforts of countries to expand access to contraceptive services and comprehensive sexuality education to meet a full range of needs and demands.

## 6.8 Enhance agency and address discrimination

Inequalities, discrimination and systemic inequities make it more challenging for rights to be realized for women and girls from marginalized groups and other individuals. They are people at risk of being left behind in relation to family planning services, often including adolescents, the poorest, persons with disabilities, refugees and the internally displaced, indigenous peoples, LGBTQI+ people, and sex workers and other key populations.

UNFPA will apply its expertise on agency and bodily autonomy, both critical for individuals making decisions about when, if or how often they want to become pregnant. Bodily autonomy means that individuals have the power and agency to make choices over their bodies and futures, without violence or coercion. This includes when, whether or with whom to

have sex. It includes when, whether or with whom one wants to become pregnant. Bodily autonomy and bodily integrity are violated, for example, when a husband prevents a woman from using contraception.<sup>57</sup> The most persistent barriers to bodily autonomy involve stereotypes, assumptions and misconceptions about bodily autonomy and the rights of women and girls. Nearly a quarter of all women are not able to say no to sex (where data are available).<sup>58</sup>

UNFPA will expand its expertise around addressing discriminatory social and gender norms, with a particular emphasis on promoting the shared responsibility of family planning between partners and, more broadly, promoting positive masculinities by engaging men and boys as agents and beneficiaries of change and as strategic partners and allies in promoting and protecting women and adolescent girls' sexual and reproductive health and rights.

Family planning facilitates gender equality by expanding women's ability to access resources and employment. UNFPA will support synergies between and investments in women's social, economic and reproductive empowerment. UNFPA aims to increase demand for family planning by supporting community-based programming and comprehensive knowledge and awareness that build the agency of women and girls and across marginalized groups.

UNFPA will sharpen its focus on how it supports countries to strengthen policies, legislation and accountability mechanisms that guarantee universal access to sexual and reproductive health and rights, including the right to be free from violence and discrimination. This work will engage a wide range of partners and through targeted and multisectoral approaches.



## CHAPTER 7

# Delivery

The UNFPA Strategy for Family Planning extends the vision of the organization to 2030. This section describes how UNFPA, at an organizational level, will develop and use its resources to deliver on its priorities.

This strategy is accompanied by an operational acceleration plan that contains details about implementation. Please see the *UNFPA Ending the Unmet Need for Family Planning Acceleration Plan, 2022–2025*.

The strategy shifts UNFPA’s work in four key ways to drive progress:

- Invest more in building leadership for family planning across the organization
- Integrate family planning across all UNFPA technical priorities and breakdown silos
- Accelerate the shift from funding to sustainable financing
- Enhance UNFPA programming effectiveness and efficiency

## 7.1 Organizational shifts

Delivering on the UNFPA Strategy for Family Planning will require UNFPA to make several key organizational shifts and to strengthen and expand its partnerships. UNFPA will optimize its business model in order to deliver its mandate on family planning, and to be fit for purpose and relevant in light of the emerging challenges and current trends. These shifts have been largely anticipated in the UNFPA Strategic Plan, including for humanitarian settings, and are applied here to family planning. Some of these shifts are already in progress while others call for new thinking in the coming months and years, with implications for organizational and programmatic approaches.

### Invest more in building leadership for family planning across the organization

- Increase UNFPA visibility and meaningful engagement in global and regional intergovernmental forums, UN Commissions and Regional Economic Communities, political platforms and scientific events.
- Strengthen UNFPA knowledge management capacity to harness the collective knowledge of the organization on family planning, leading to better operational efficiencies and leveraging lessons learned from different units and partners.
- Strengthen capacity to generate and analyse data and skills required to apply evidence through advocacy to make voluntary, rights-based family planning a priority on agendas not only for health but for national economic growth and development.

- Strengthen UNFPA capacity to advocate for and promote adherence to family planning norms and strengthen the interlinkages between policy and programming for improved accountability.
- Strengthen UNFPA capacity to engage and leverage on existing and new partnerships, including with the private sector.

### Integrate family planning across all UNFPA technical priorities and breakdown silos

- Improve alignment and harmonization of UNFPA policy development work to strengthen the integration of family planning across UNFPA corporate policy efforts, and identify entry points to roll out family planning policy and programming.
- Strengthen critical analysis around family planning services integration into primary health care, especially through strengthening UNFPA capacity to support the introduction of innovative practices including self-care interventions, virtual delivery modes and other opportunities to disseminate information and services.

***UNFPA will continue to refine and define where the organization will lead, contribute and encourage others to engage.***

- Provide guidance to countries on policy advocacy and programming to step up the integration by countries of evidence-based, proven and High Impact Practices.<sup>59</sup>
- Identify responses in challenging contexts linked to megatrends and ensure technical knowledge building responds quickly to emerging trends and needs, including analysis of low-fertility trends.
- Maximize the procurement and quality assurance services of the UNFPA Supply Chain Management Unit.

### **Accelerate the shift from funding to sustainable financing**

- Expand health financing literacy across UNFPA through targeted capacity building and skills development, peer-to-peer learning, online course and knowledge and guidance support in order to increase UNFPA engagement in domestic resource mobilization, innovative financing opportunities and long-term sustainability for family planning programming.
- Invest in strengthening advocacy and negotiation skills, political economy analysis skills and public financial management among UNFPA staff at all levels to enhance the organization's capacity to engage in policy dialogue and reform around domestic resource mobilization and sustainable financing.
- Explore new avenues for finance and alliances with partners beyond the health sector, calling for visible, measurable expenditure in national health budgets and accounting for donor contributions.<sup>60</sup>

### **Enhance UNFPA programming effectiveness and efficiency**

- Revitalize the momentum for family planning in organizational efforts to advance UNFPA humanitarian actions, for example: improve its supply chain management, forecasting and prepositioning; implement rapid and efficient human resource deployments; build stronger data systems; and focus on all humanitarian needs related to ending the unmet need for family planning.
- Increase prioritization and strategic use of resources linked to identified roles and objectives with less gap-filling focused on service delivery, and reduce staff time spent on transactional activities in order to strengthen strategic policy and programming efforts.
- Strengthen South–South cooperation mechanisms and systematization of lessons learned and best practices to be adapted and scaled up across regions.
- Invest resources into scaling up catalytic ways of working for results, and future-looking strategic actions in line with the other strategic shifts.

Accelerating progress on family planning is an important part of becoming a “fit for purpose” organization. UNFPA will work to deepen its knowledge of and support for a holistic approach to social policies linked to enabling women and girls, individuals and couples to realize their right to access quality, person-centred family planning information and services to support their reproductive intentions, ensure bodily autonomy and strengthen agency.

## 7.2 Modes of engagement

The organization’s modes of engagement define the way UNFPA combines its resources, experience, knowledge and organizational capacity to deliver results. They enable UNFPA to focus on a limited set of modalities through which it can support country partners to make the fastest progress. The modes of engagement are laid out here with specific regard to family planning priorities (see Table 2). UNFPA is moving away from a centrally defined determination to a country-led approach to provide more customized solutions.

## 7.3 Where UNFPA will lead, contribute and encourage others to engage

In the consultative process to develop this strategy, participants identified actions for each strategic priority that identify areas where UNFPA will place its greatest resources for maximum impact. Over the course of the strategy, UNFPA will continue to refine and define where UNFPA will lead, contribute and encourage others to engage. Table 3 provides illustrative examples.

TABLE 2

### Five modes of engagement through which UNFPA will provide support for family planning

<b>Advocacy and policy dialogue and support</b>	Increase advocacy and policy dialogue, especially around integration, multisectoral collaboration, advancing inclusive and non-discriminatory access, and more sustained investment in family planning.
<b>Knowledge management</b>	Improve knowledge management and evidence-based programming, promoting the adoption of evidence-based practices such as the High Impact Practices developed with the HIPs Partnership, promoting best practices especially around innovations in financing and commodity security, and expand catalytic working.
<b>Capacity development</b>	Focus capacity development for quality assurance of integrated family planning services, information and products, procurement and supply chain management, health financing, negotiation and advocacy skills.
<b>Service delivery</b>	Target investments into technical support and guidance for health systems and services strengthening to expand high-quality family planning information and services, including in humanitarian settings.
<b>Coordination, partnership and South–South and triangular cooperation</b>	Coordinate among strategic partners and networks, and within regions and countries, including through public-private partnerships and promoting South–South cooperation, facilitating broad-based and meaningful participation, particularly with those furthest behind in access to family planning.

TABLE 3

**Illustrative examples:  
Where UNFPA will lead, contribute and encourage others to engage**

**LEAD:** UNFPA will make its major investment of resources in these areas. Through these actions, UNFPA will carry out its UN mandate as the lead agency for sexual and reproductive health. UNFPA leads jointly with others in some areas. For example UNFPA and the World Health Organization jointly convene the Ending Preventable Maternal Mortality (EPMM) process.

**CONTRIBUTE:** UNFPA will make investments in a wide range of areas. Here, UNFPA will contribute to results and activities alongside others. For example, UNFPA will support countries to integrate family planning information and services into UHC plans and programmes where, within the United Nations family, UHC support to countries is led by the World Health Organization.

**ENCOURAGE OTHERS:** For some areas, UNFPA will step away and encourage others to engage, e.g. to scale up service delivery. In other areas, UNFPA will invest in understanding evidence, identifying partners and expanding advocacy to encourage better-placed partners to engage in certain areas. UNFPA may support time-limited investments in demonstration projects to spark catalytic engagement.

LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

**STRATEGIC PRIORITY 1: IMPROVE QUALITY**

Advocate for/support readiness of delivery systems to provide human rights-based voluntary family planning information and services in all settings.	Prioritize competency-based family planning in-service and pre-service training for health personnel, including midwives, using World Health Organization Guidelines.	Encourage partners to establish accreditation processes, maintenance of professional standards and quality improvement methods and mechanisms.
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**STRATEGIC PRIORITY 2: DEEPEN INTEGRATION**

Advocate for and support family planning integration into the essential package of sexual and reproductive health services as part of efforts in primary health care and universal health coverage (UHC).	Advocate for family planning integration into preparedness and disaster risk reduction planning, National Adaptation Programmes of Action (NAPAs) and climate change response strategies.	Encourage research on multisectoral approaches that integrate family planning as a development intervention.
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**STRATEGIC PRIORITY 3: EXPAND ACCESS AND AVAILABILITY**

Monitor availability, storage, rational use and accountability of contraceptives through the Last Mile Assurance (LMA) process.	Collaborate in mapping current supply chain processes to understand where duplication or wastage is happening.	Encourage capitalization of private sector supply chain capacity, where appropriate.
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LEAD	CONTRIBUTE	ENCOURAGE OTHERS
Where UNFPA will lead or make a high priority	Where UNFPA will contribute (with others)	Where UNFPA will encourage others to engage and lead

#### STRATEGIC PRIORITY 4: INCREASE SUSTAINABILITY

Build the case for increased and sustained budget allocation for family planning.	Track and monitor family planning expenditures and funding flows.	Conduct fiscal space analysis and broad financial policy analysis in the context of health systems strengthening and UHC.
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#### STRATEGIC PRIORITY 5: ENHANCE AGENCY AND ADDRESS DISCRIMINATION

Identify and support approaches for strengthening women's and girls' leadership and expand their agency to make decisions related to sexual and reproductive health.	Advocate for/contribute to increase comprehensive knowledge of sexual and reproductive health and rights, and promote shared responsibility of family planning between partners.	Encourage partners to implement community-level action to engage men and boys.
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#### STRATEGIC PRIORITY 6: STRENGTHEN DATA

Support countries to periodically undertake a national census to track and validate their sexual and reproductive health results in support of national outcomes including those linked to the implementation of the ICPD Programme of Action.	Establish mechanisms for routine data quality audits and corrective action to ensure contraceptive and supply chain data in HMIS and LMIS data are timely, accurate and complete.	Encourage academia, civil society organizations and research partners to undertake implementation research to identify and address barriers and bottlenecks of family planning services provision.
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#### STRATEGIC PRIORITY 7: BUILD RESILIENCE AND IMPROVE ADAPTATION

Secure adherence to minimum international standards through implementation of the MISP during the onset of a crisis.	Support humanitarian actors to integrate emergency reproductive health supplies into the logistics management information system.	Encourage implementation of strategic purchasing mechanisms by contracting out services to private or NGOs or through performance/ results-based financing programmes during crisis.
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#### STRATEGIC PRIORITY 8: ENGAGE ADOLESCENTS AND YOUTH

Advocate for and support the implementation of comprehensive sexuality education (CSE) and operationalize promising practices.	Link health and education systems through CSE, behaviour change communication (BCC) programming and services where possible.	Encourage diversification of channels used to engage young people.
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## CHAPTER 8

# Resources

The resources required to implement this strategy are not only financial. To accelerate achievement of universal family planning, UNFPA will also invest in staff at all levels and invest in partnerships, both long-standing and new.

### 8.1 Human resources

UNFPA relies on the skills and capacity of its staff to take forward the priorities outlined in this strategy. An assessment conducted in 2021 underlined the importance of reinforcing UNFPA staff skills and capacity in key functional areas

in order to scale up and expand family planning programming at all levels, especially in response to the institutional shifts to accelerate impact.

New capabilities are called for in Our Common Agenda,<sup>61</sup> a report of the Secretary-General that identifies five areas<sup>62</sup> that speak to staff capacity that will accelerate the United Nations work towards achieving the SDGs: data, analysis and communications; innovation and digital transformation; strategic foresight; behavioural science; and performance and results orientation. Likewise, UNFPA is developing and rolling out a

multi-year capacity-building plan to invest in its people and strengthen staff knowledge and core skills at all levels.

Capacity building for family planning programming aims to reinforce skills in three key functional areas:

### **Capacity for family planning policy dialogue, strategy and advocacy**

- Strengthen advocacy and negotiation skills and invest in developing political economy analysis among staff at country offices
- Expand and deepen data analysis and communication skills across the organization, including to distil and convey complexities concisely for policy and programming, lesson learning, accountability and advocacy
- Promote the human rights-based approach to family planning by convening international and national partners around the issue and ensure staff have the capacity to apply the approach to family planning
- Invest in programme design skills, especially for multisectoral work

### **Capacity for sustainable financing for family planning**

- Expand foundational knowledge in health financing generally and family planning financing specifically. Financing literacy includes understanding the use of national health accounts, government budget systems, public expenditure analysis including for health

and public financial management, particularly around the budget cycle process

- Build UNFPA capacity to advocate for sustainability through the development, roll out and use of health financing and public expenditure management knowledge, focusing on sexual and reproductive health in the context of UHC
- Increase understanding and capacity of relevant UNFPA staff to develop investment cases, including estimates of costs and impacts through the use of relevant tools and resources

### **Capacity for contraceptive method mix and choice**

- Build UNFPA capacity to harness the contributions of human rights-based approaches to ensuring contraceptive choice and quality
- Increase technical knowledge of different contraceptive methods available in the public and private sectors and method mix
- Deepen knowledge and facility around supporting the introduction of new contraceptive methods including cost estimates, implementation plans and scale up strategies in order to diversify the method mix and improve choice.\* This should include new and lesser-used methods, the scale up and sustained use of commonly used methods to attract new users, addressing and/or reducing

\* Much of the implementation work linked to introducing and scaling up new methods will be undertaken by health authorities and/or other partners. UNFPA will lead on advocacy and technical guidance around the expansion of method choice, but will encourage others to take on capacity building of service delivery and scaling up of family planning services. UNFPA will invest in knowledge building and improve its capacity to advise partners.

discontinuation using human rights-based approaches

- Advocate for the implementation of task shifting and task sharing policies, inclusion of new methods in national treatment guidelines, national essential medicines list, in-service and pre-service training curriculum

## 8.2 Financial resources

UNFPA estimates the total resources needed to end the unmet need for family planning, one of three transformative results in the UNFPA Strategic Plan, will be approximately US\$ 68.5 billion between 2020 and 2030. Donors are currently projected to provide US\$ 8.6 billion of this need between 2020 and 2030 leaving the new investment required US\$ 59.9 billion. Total resources from all sources will have to increase from about US\$ .3 billion annually in 2020 to about US\$ 10.8 billion annually by 2030 in order to end the unmet need for family planning.<sup>63</sup> The additional resources are needed to support a wide range of inputs, including well-trained and supported health workers, quality-assured commodities delivered to the last mile, strengthened demand for information and services especially among adolescents, and for investments into social and gender norms change, adequately equipped facilities and appropriate, accessible services, as well as monitoring, supervision and accountability mechanisms.

UNFPA works directly in countries and at regional and global levels, leveraging its core and non-core funding in support of organizational priorities and goals. UNFPA has committed to allocate at least 40 per cent of its indicative

programme resources towards ending the unmet need for family planning annually over the course of 2022–2025. This is expected to amount to approximately US\$ 1.7 billion over the four-year period. Using a range of programming approaches, including improved financial data tracking, UNFPA will support the efforts of countries to expand the pool of available funding sources, maximize efficiencies in the use of existing resources and reposition family planning – implemented in ways that respect, protect and fulfil human rights – as a core development investment.

## 8.3 Partnerships

UNFPA has committed to expanding multi-stakeholder ecosystems of partnerships and innovative collaborations for impact. These partnerships are expected to provide opportunities to leverage and unlock the resources required, as well as develop new collaborations with traditional and non-traditional partners. UNFPA works with partners in everything it does at country, regional and global levels. UNFPA is mandated by the United Nations to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund. UNFPA is a catalyst for action and advocacy.

UNFPA will work with civil society, youth and women-led and feminist organizations and National Human Rights Institutions in partnerships for financing, and South–South and triangular cooperation. New shifts will be implemented to harness high-value partnerships and build robust ecosystems of private strategic

partners. Partnerships will work at multiple levels: in countries, with governments, civil society, academia, donors, the private sector and others; and in global settings, for advocacy, accountability, intergovernmental engagement, development of reports and briefs and data synthesis and dissemination.

UNFPA will build on its long-standing commitment based on mutual respect, to be a trusted and reliable partner to countries in support of their national family planning policies and programmes, and related efforts in a wide range of areas, from social and gender norms change to health systems strengthening, from improving procurement and supply chain management to advancing UHC. UNFPA will strengthen its support to parliamentary committees, engaging with civil society organizations, especially for social and gender norms change, demand creation and increasing accountability for reaching the furthest behind. UNFPA will utilize its global convening role to strengthen collaboration among global stakeholders in support of sexual and reproductive health, including family planning. UNFPA will invest in partnerships with academic institutions and professional associations, such as the International Federation of Gynecology and Obstetrics and the International Confederation of Midwives, to strengthen capacity building of health workers on family planning and family planning formative/ exploratory research and data analysis.

UNFPA will work to deepen its knowledge of and support for a holistic approach to social policies linked to enabling women and girls, individuals and couples to realize their reproductive

intentions. This will include the formulation, delivery and financing of a broad range of social security policies to support household well-being, women's access to the workforce and the economy (with the International Labour Organization, the World Bank and others), supportive policies around childcare and the protection of rights (with the United Nations Children's Fund and the Office of the High Commissioner for Human Rights), autonomy and decision-making (with UN Women).

UNFPA will engage with other United Nations agencies to ensure that United Nations Sustainable Development Cooperation Frameworks and Common Country Analyses reflect family planning goals and investments; and with the World Health Organization, the World Bank, Global Financing Facility, UNICEF, UN Women, UNAIDS, UNDP and other partners on specific programme design and implementation.

UNFPA will seek to expand its partnerships with the development banks and other partners in support of its aim to shift from funding to financing and to engage in innovations in support of domestic resource mobilization and diversifying the resource base for family planning services. Within its country support remit, UNFPA will invest in forging partnerships among local stakeholders to strengthen domestic resource mobilization and use. For example, the Sahel Women's Empowerment and Demographic Dividend Project (SWEDD) provides women and girls across West Africa vocational training, strengthens girls' education, increases access to reproductive health services, and engages whole communities

on issues including child marriage, human rights and gender equality, in a partnership of UNFPA and the World Bank. The Ouagadougou Partnership, formed in 2011, works closely with UNFPA and supports nine Francophone countries in West Africa to strengthen donor coordination to address the need for modern contraception.

UNFPA will continue to lead the United Nations system in developing strategic alliances with human rights-based faith-inspired groups, building on a legacy of partnerships with religious actors since the 1970s, which now involves most UNFPA country offices. Through the United Nations inter-agency task force for engagement with faith-based organizations on sustainable development, UNFPA will engage with traditional community leaders and religious and faith-based actors to reach communities and accelerate changes in attitudes and practices to promote and protect human rights and save and improve lives through family planning as part of comprehensive services.

The High Impact Practices (HIPs) Partnership promotes a set of evidence-based family planning practices vetted by global experts. Members include UNFPA and The Bill & Melinda Gates Foundation, FP2030, IPPF, USAID and the World Health Organization. HIPs are based on evidence and formulated using practical approaches that can be adapted to country context. The HIPs cover family planning in humanitarian settings, domestic public financing, adolescent-responsive contraceptive services and human rights-based family planning, among many other topics. As a trusted partner to governments around the world, UNFPA has a key

role in helping countries identify sound policies and to implement these policies through scaling up effective programmes. UNFPA will help to broaden evidence generation and validation for evidence-based proven and promising practices, particularly from country-level implementation and support countries to undertake bottleneck and opportunity analysis.

The United States Agency for International Development (USAID) is a leading public procurer of commodities. UNFPA will support market shaping through its partnership with USAID, particularly in support of expanding method mix, improving quality and reducing price. USAID collaborates with UNFPA in expanding access to voluntary family planning and maternal health and addressing gender-based violence in humanitarian crises and shares a commitment to preventing sexual exploitation and abuse.

UNFPA will continue to engage with the Reproductive Health Supplies Coalition (RHSC), the world's largest network of reproductive health supplies organizations and itself a partnership of 500+ public entities, private corporations and NGOs working to make high-quality reproductive health supplies available wherever they are needed. In partnership with the RHSC, UNFPA has supported the development and advancement of the Global Family Planning Visibility Analytics Network (Global FP VAN), which enables enhanced supply chain data visibility to detect and avoid overstocks and anticipate stock-outs.

The examples above are illustrative and not an exhaustive list of partnerships.

BOX 3

### **UNFPA and FP2030 – Advancing family planning commitment and accountability together**

FP2030 is a global movement dedicated to advancing the rights of people everywhere to access reproductive health services safely and on their own terms. UNFPA has played an integral role in this consortium from the start, working with and through the partnership to increase coordination and commitment to family planning. UNFPA has supported national governments to develop and meet country commitments at the 2012 and 2017 London Summits as well as those of new “FP2030 commitment makers” that are evidence-based and quality-assured, measurable and inclusive. These commitments raise the profile of family planning and advance national priorities in financing, data and service delivery to reach more women and girls with information and services.

Source: <https://fp2030.org/unfpa> and <https://fp2030.org/about>

## **8.4 Leveraging joint programmes and thematic trust funds**

Strategic internal partnerships across programmes and thematic areas will also contribute resources to the realization of the family planning strategy. Examples of some of these valued partnerships are listed below. UNFPA works through a number of joint programmes that enable cooperation across the United Nations family in support of shared outcomes such as reducing child marriage, addressing HIV and ending female genital mutilation. UNFPA also hosts a number of thematic funds that focus on specific priorities. The largest is the UNFPA Supplies Partnership, which enables UNFPA to support countries deliver quality-assured family planning commodities to millions of

women and girls. Built into the UNFPA Supplies Partnership modalities and programming approach is a drive for sustainability – for systems strengthening, for financing commitment and for accountability to ensure that quality commodities get to the last mile. Table 4 contains a brief summary of the programmes and funds positioned to enable UNFPA to advance its strategic priorities in family planning.

UNFPA works through its core resources with governments and other non-governmental entities to implement family planning programmes in countries. There are also various UNFPA thematic trust funds and joint programmes with other United Nations agencies that contribute to the results in family planning programming at global, regional and country levels.

TABLE 4

## Joint programmes and thematic trust funds through which UNFPA will advance its family planning strategic priorities

Purpose and main features	Contribution to family planning
<b>UNFPA Supplies Partnership</b>	
<p>This global partnership supports country-led actions to reach the last mile with quality-assured contraceptives, and procurement and supply chain management. The partnership is made up of national governments, donors, non-governmental organizations, implementing partners, civil society organizations and other United Nations agencies.</p>	<p>Since its launch in 2008 through 2021, contraceptives provided through the UNFPA Supplies Partnership had the potential to avert:</p> <ul style="list-style-type: none"> <li>• 94.4 million unintended pregnancies</li> <li>• 28.3 million unsafe abortions</li> <li>• 2 million maternal and child deaths</li> </ul> <p>The programme is in its third phase (2021 to 2030) and works with the 54 countries most in need.</p>
<b>UNFPA Maternal and Newborn Health Thematic Fund (MHTF)</b>	
<p>The Maternal and Newborn Health Thematic Fund (MHTF) aims to make childbirth safer for all women, girls and newborns by bolstering midwifery and strengthening health systems to deliver life-saving emergency obstetric and newborn care (EmONC) to those who face the greatest risks in giving birth.</p>	<p>Created in 2008 and working in 32 countries, the MHTF has contributed to averting an estimated 92,000 maternal deaths through strategic interventions in 39 countries. It contributes to in-service and pre-service training for thousands of midwives including around family planning especially in the post-partum period.</p>
<b>Unified Budget, Results and Accountability Framework (UBRAF), UNAIDS</b>	
<p>The UBRAF is the instrumental framework to operationalize the Global AIDS Strategy. The UBRAF provides a roadmap for the 11 UN organizations of UNAIDS towards ending the AIDS epidemic by 2030.</p>	<p>Family planning provides an essential delivery platform for HIV prevention in reproductive-age women and prevention of mother-to-child transmission (PMTCT). Areas of collaboration include condom programming and antiretroviral-based prevention and treatment.</p>
<b>UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage</b>	
<p>Launched jointly with UNICEF in 2016, this programme works in 12 high-prevalence or high-burden countries to support legal, cultural and social and gender norms change to end child marriage.</p>	<p>The programme promotes the rights of adolescent girls to avert marriage and pregnancy, enables them to achieve their aspirations through education and alternative pathways, and strengthens services that allow them to do so.</p>
<b>UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation</b>	
<p>Established in 2008, UNFPA and UNICEF jointly lead the largest global programme to accelerate the elimination of female genital mutilation (FGM).</p>	<p>Resources address harmful practices and social norms that impede access to sexual and reproductive health and rights and bodily autonomy including strengthening access to family planning and other services.</p>

### UNFPA Population Data Thematic Fund

Expands the scope and quality of modern census and registry data, increases the use of georeferenced population data to accelerate progress towards the SDGs, and advances the objectives of the UNFPA mandate.

In supporting countries to monitor and report progress towards SDG Goal 3 using DHS and other population based health surveys and the Census, the Data Fund provides technical support to more than 125 countries.

### HRP, the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction

HRP supports research into human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities to improve sexual and reproductive health.

The HRP programme conducts and supports others to undertake research in family planning, publishes guidelines, supports the identification of evidence-based practices, and policy documents on optimizing health worker roles through task shifting, etc.

### UNFPA Humanitarian Action Thematic Fund

The Humanitarian Thematic Fund provides flexible and multi-year financing, enabling UNFPA to respond quickly at the beginning of a crisis, and to assist when humanitarian responses are underfunded, including as a family planning service provider of last resort.

The Fund supports implementation of the MISRP, the distribution of reproductive health and dignity kits, and actions to prevent GBV in emergencies and support survivors. UNFPA also provides services where no other partner is available and contributes data for humanitarian response planning.

### H6 Partnership

The H6 partnership (formerly H4+) harnesses the collective strengths of the UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank Group to advance the Every Woman Every Child (EWEC) Global Strategy and support country leadership. H6 ensures that financial resources invested in SRMNCAH programmes, including from the Global Financing Facility, are optimally utilized and deliver maximum impact in 27 countries.

By uniting the mandates of these six organizations, H6 increases the volume and coherence of technical support, policy engagement, advocacy and investments; minimizes overlap and duplication; and deepens collaboration to improve outcomes in sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) including family planning.

### UNFPA Equalizer Accelerator Fund

The UNFPA Equalizer Accelerator Fund aims to equalize opportunities for women and girls through innovation providing new funding for sexual and reproductive health, GBV, maternal health and data.

The Fund provides an opportunity to leverage resources to create proof of concept and innovations on family planning programmes for countries with potential for scale up.

### Catalytic Leadership Investment (CLI) of The Bill & Melinda Gates Foundation and UNFPA

Enabling expanded provision of high-quality technical assistance, UNFPA will provide credible, innovative and trusted leadership, leveraging its gender-transformative and human rights-based approaches, partnerships and large programmatic footprint to drive measurable and sustainable impact.

UNFPA will further strengthen its own leadership and global, regional and country capacities for sustainable financing for sexual and reproductive health and rights, including family planning. It will also generate and disseminate evidence that help position sexual and reproductive health and rights, including family planning, as a priority development investment and as a best-buy within and beyond the health sector.



## CHAPTER 9

# Performance monitoring

Reporting is an important aspect of accountability, both internally and externally, for family planning progress. UNFPA will track existing targets and indicators drawn from the Sustainable Development Goals and the UNFPA Strategic Plan. Reporting will take place

on an annual basis through existing channels. A full performance framework with additional indicators is provided in the operational guidance, *UNFPA Ending the Unmet Need for Family Planning Acceleration Plan, 2022–2025*.

TABLE 5

## High-level performance measures and targets for the family planning strategy and acceleration plan

### Sustainable Development Goals

GOAL 3: Ensure healthy lives and promote well-being for all at all ages	
<b>Target 3.1</b> MMR	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
<b>Indicator 3.1.1</b> MMR	Maternal mortality ratio
<b>Target 3.7</b> Access and integration	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes
<b>Indicator 3.7.1</b> Demand satisfied (UNFPA Strategic Plan outcome)	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (“Demand satisfied”)
<b>Indicator 3.7.2</b> Adolescent birth rate (UNFPA Strategic Plan outcome)	Adolescent birth rate (aged 10–14; aged 15–19 years) per 1,000 women in that age group
<b>Target 3.8</b> Universal health coverage	Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
<b>Indicator 3.8.1</b> Coverage	Average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population
<b>Indicator 3.8.2</b> Household expenditures	Proportion of population with large household expenditures on health as a share of total household expenditure or income
GOAL 5: Achieve gender equality and empower all women and girls	
<b>Target 5.6</b> Universal access	Ensure 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 and the Beijing Platform for Action and the outcome
<b>Indicator 5.6.1</b> Make own decisions	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
<b>Indicator 5.6.2</b> Laws and regulations	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

## GOAL 13: Take urgent action to combat climate change and its impacts

**Indicator 13.1.2**  
Disaster risk reduction

Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030

### UNFPA Strategic Plan, 2022–2025<sup>64</sup>

Goal level	
Impact-level 5 (IM5) Unmet need	Unmet need for family planning
Impact-level 2 (IM2) Adolescent birth rate	Adolescent birth rate (aged 10–14; aged 15–19 years) per 1,000 women in that age group
Outcome level	
Outcome 1 (OC1) Reduction in unmet need	Annual rate of reduction of unmet need for family planning
Outcome 4 (OC4) Demand satisfied	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
Outcome 5 (OC5) Laws/regulations on access to SRHR	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care services, information and education
Outcome 9 (OC9) Stock-outs	Percentage of countries where 60 per cent of service delivery points (SDPs) reporting no stock out of any contraceptives
Outcome 11 (OC11) Contraceptive availability	Percentage of countries where there is at least 85 per cent of (a) primary SDPs; and (b) secondary and tertiary SDPs have at least three modern family planning methods available
Outcome 14 (OC14) Informed decision-making	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
Outcome 16a (OC16a) Data	Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years
Outcome 19 (OC19) Disaster risk reduction strategies	Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction, 2015–2030

TABLE 6

## How the 8 strategic priorities align with the strategic plan and acceleration plan

Eight strategic priorities	Six outputs	Six outputs
UNFPA Strategy for Family Planning, 2022–2030	UNFPA Strategic Plan, 2022–2025	UNFPA Ending the Unmet Need for Family Planning Acceleration Plan, 2022–2025 <i>(operational guidance to implement the family planning strategy)</i>
Increase sustainability Deepen integration	Policy and accountability	Make family planning a higher and more sustained priority
Expand availability and access Improve quality	Quality of care	Catalyse and foster the delivery of better quality information and services
Enhance agency and address discrimination	Social and gender norms	Address discrimination and the harmful social and gender norms that limit access, availability, acceptability and quality
Strengthen data	Population change and data	Make robust data and evidence available to guide planning, decision-making, sustainable investments and accountability
Build resilience to crisis and climate change	Humanitarian action	Deliver more effectively to people affected by disasters, conflicts and climate instability
Engage adolescents and youth	Adolescents and youth	Focus on the particular needs of adolescents and young people



## CHAPTER 10

# Future ready

New strategies and approaches are vital. Rapid population growth, declining fertility, migration, urbanization, conflict and environmental degradation are actively reshaping entire communities and societies. At the individual level, complex barriers are denying people opportunities to fulfil their own aspirations and potential; for some, fundamental rights to bodily autonomy and sexual and reproductive health are eroding. Despite significant progress, access has not kept pace with the number of women wanting to use family planning, which has more than

doubled over the past two decades to more than 1 billion women.<sup>65</sup>

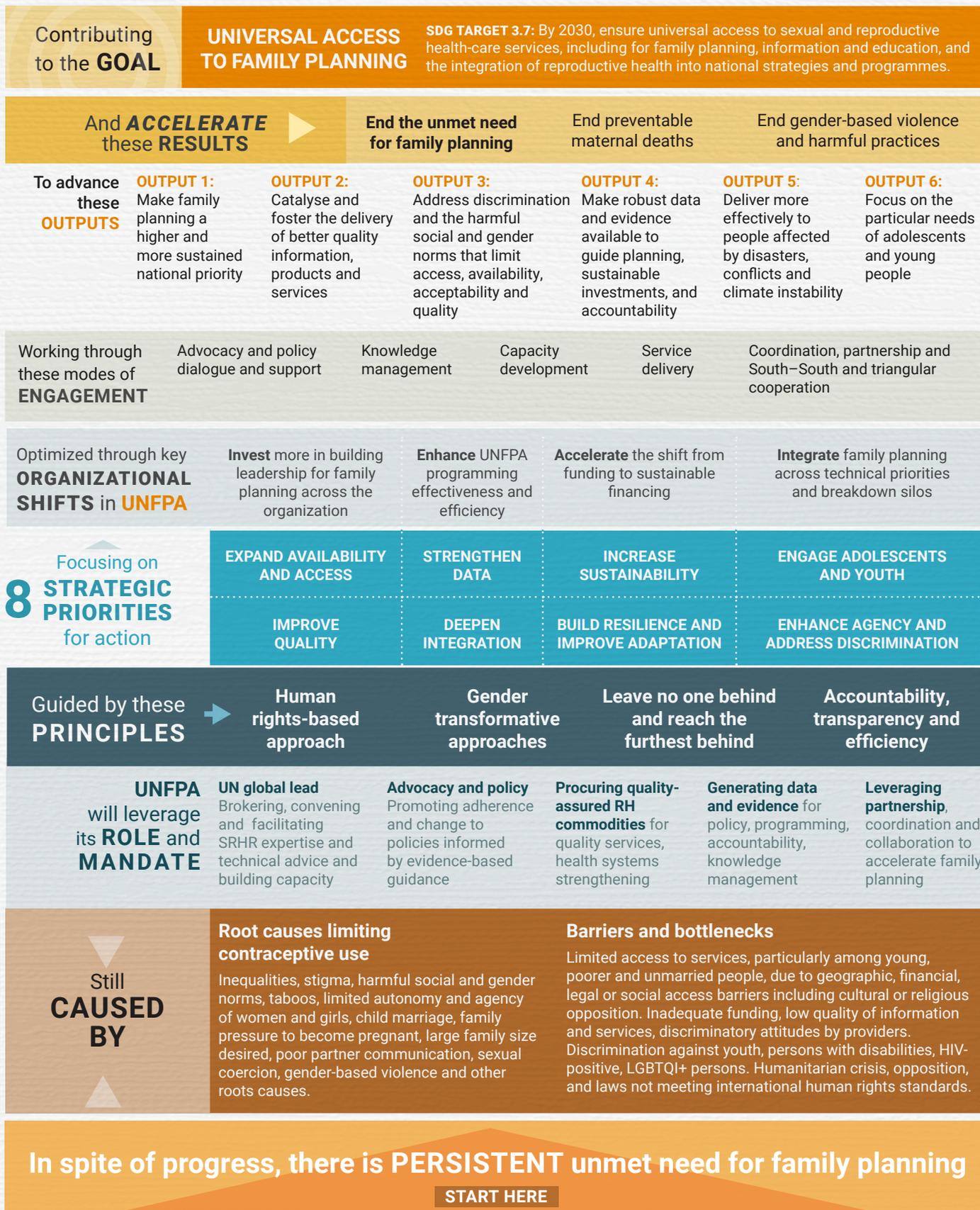
Together with our partners and with women and girls the world over, we aim to accelerate progress for family planning. Countries pledged at Cairo and through the Sustainable Development Goals to achieve universal access sexual and reproductive health, including family planning. It is past time to keep our promise and to enable women and girls to plan for and realize the future they want for themselves and their children.

Through this strategy, UNFPA presents a vision of what is needed to accelerate progress and energize commitments to country action everywhere. The strategy seeks to reposition family planning as a foundation of health, development and economic growth, central to women's empowerment and gender equality which, in turn, drives progress for all. It envisages building stronger health systems by expanding access and availability, improving quality and strengthening data. It calls for deepening integration, increasing sustainability and building resilience. And it aims to reach those most in need, by delivering family planning to adolescents and youth, women and

men, marginalized groups and people caught in humanitarian situations.

As a United Nations agency, UNFPA works in service of the world's peoples. We work with partners to transform the trajectory of human development by supporting countries to make the right to family planning real. Family planning transforms lives and unlocks opportunities for women and girls to invest in their own future and improve the future for their families, communities and countries. Working together we will achieve the goal of universal access to family planning and shape our shared future by upholding rights and choices for all.

# Annex 1: Framework of the UNFPA Strategy for Family Planning, 2022–2030



## Annex 2: **Glossary**

### **Contraception**

The act of intentionally preventing pregnancy, such as through the use of devices, practices, medications or surgical procedures.<sup>66</sup> Methods of contraception include oral contraceptive pills, implants, injectable methods, patches, vaginal rings, intrauterine devices, condoms and male and female sterilization. These methods have different mechanisms of action and effectiveness in preventing unintended pregnancy.<sup>67</sup>

### **Demand satisfied**

The percentage of women of reproductive age (15–49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern method of contraception. This SDG indicator is also referred to as the demand for family planning satisfied with modern methods. The proportion of demand for family planning satisfied with modern methods is useful in assessing overall levels of coverage for family planning programmes and services.<sup>68</sup> Demand satisfied reflects a need for family planning met.

### **Evidence-based practice**

Evidence-based, high-impact and proven practices describe family planning practices that have demonstrated impact, are applicable across settings and are scalable, sustainable and cost-effective.

### **Family planning**

Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.<sup>69</sup>

### **Reproductive intentions**

Reproductive intentions include the desire to have a child, delay childbearing or to avoid having a child altogether.

### **Gender-based violence**

Gender-based violence (GBV) is any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.<sup>70</sup> Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private, by family members, the community or the State.<sup>71</sup> It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation (FGM), so-called "honour crimes"<sup>72</sup> and technology-facilitated violence.

### **Integrated sexual and reproductive health and rights<sup>73</sup>**

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression

- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.

Family planning services must meet public health and human rights standards, including the AAAQ framework of the right to health, and should be offered as part of a comprehensive approach to SRHR.

### Self-care interventions

Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health care provider.<sup>74</sup> The World Health Organization recommends self-care interventions for sexual and reproductive health in four categories: maternal and child health; family planning; abortion; and STIs and cervical cancer. Some of the self-care interventions in sexual and reproductive health include: non-product health care including aspects of maternal health and delivery; contraceptives such as self-administered injectable contraceptives, oral contraceptives without prescription, emergency contraception, peri-coital pill (in development) and condoms; fertility awareness methods; medical abortion; and non-contraceptive products including HIV self-test kits, and STI and human papillomavirus (HPV) self-sample collection.

### Unmet need for family planning

Unmet need for family planning is defined as the percentage of women of reproductive age who want to stop or delay childbearing but are not using any method of contraception.<sup>75</sup> Ending the unmet need for family planning means that every woman and girl, and every couple that has an expressed need is able to access quality services and information without financial hardship to help them manage their reproductive intentions.

### Unintended pregnancy

A pregnancy that occurs to a woman who was not planning to have any (more) children, or that was mistimed, in that it occurred earlier than desired. This definition is applied independent of the outcome of the pregnancy (whether abortion, miscarriage or unplanned birth). An unintended pregnancy is not necessarily an unwanted one.<sup>76</sup>

## References

- 1 UNFPA (2021). Evaluation of UNFPA support to gender equality and women's empowerment (2012-2020). [www.unfpa.org/admin-resource/evaluation-unfpa-support-gender-equality-and-womens-empowerment-2012-2020](http://www.unfpa.org/admin-resource/evaluation-unfpa-support-gender-equality-and-womens-empowerment-2012-2020)
- 2 UNFPA (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). [www.unfpa.org/admin-resource/mid-term-evaluation-unfpa-supplies-programme-2013-2020](http://www.unfpa.org/admin-resource/mid-term-evaluation-unfpa-supplies-programme-2013-2020)
- 3 UNFPA (2021). Annual Report on the evaluation function 2020. [www.unfpa.org/admin-resource/annual-report-evaluation-function-2020](http://www.unfpa.org/admin-resource/annual-report-evaluation-function-2020)
- 4 UNFPA (2020). Evaluation of the UNFPA capacity in humanitarian action (2012-2019). [www.unfpa.org/admin-resource/evaluation-unfpa-capacity-humanitarian-action-2012-2019](http://www.unfpa.org/admin-resource/evaluation-unfpa-capacity-humanitarian-action-2012-2019)
- 5 UNFPA (2016). Evaluation of the UNFPA Support to Family Planning (2008-2013). [www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013](http://www.unfpa.org/admin-resource/evaluation-unfpa-support-family-planning-2008-2013)
- 6 World Health Organization. Contraception. [www.who.int/health-topics/contraception#tab=tab\\_1](http://www.who.int/health-topics/contraception#tab=tab_1).
- 7 World Health Organization (2006). Policy brief: Birth spacing. Department of Reproductive Health and Research. [https://apps.who.int/iris/bitstream/handle/10665/73710/RHR\\_policybrief\\_birthspacing\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/73710/RHR_policybrief_birthspacing_eng.pdf)
- 8 Rodríguez M, Say L, Temmerman M (2014). Family planning versus contraception: what's in a name? Vol 2 March 2014, [www.thelancet.com/lancetgh pp e131-132](http://www.thelancet.com/lancetgh pp e131-132).
- 9 Bearak J, Popinchalk A, Ganatra B, Moller A, Tunçalp O, Beavin C, Kwok L, Alkema L. (2020) Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Glob Health*. Sep;8(9):e1152-e1161. doi: 10.1016/S2214-109X(20)30315-6. Epub 2020 Jul 22. PMID: 32710833.6
- 10 World Health Organization (2020). Family planning/contraception. [www.who.int/news-room/fact-sheets/detail/family-planning-contraception](http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception)
- 11 Guttmacher Institute (2013). The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children. Sonfield A, Hasstedt K, Kavanaugh M and Anderson R. [www.guttmacher.org/sites/default/files/pdfs/pubs/social-economic-benefits.pdf](http://www.guttmacher.org/sites/default/files/pdfs/pubs/social-economic-benefits.pdf)
- 12 United Nations (2019). Family Planning and the 2030 Agenda. [www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning\\_Data-Booklet\\_2019.pdf](http://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_Data-Booklet_2019.pdf)
- 13 UNFPA. Nairobi Summit on ICPD25 (internal analysis). [www.nairobisummiticpd.org/content/icpd25-commitments](http://www.nairobisummiticpd.org/content/icpd25-commitments)
- 14 UNFPA Strategy for Promoting Gender Equality and the Rights of Women and Adolescent Girls, 2022-2025: Agency, Choice and Access. (2022, forthcoming)
- 15 UNFPA Humanitarian Response Strategy (2012). <https://www.unfpa.org/resources/humanitarian-response-strategy>
- 16 UNFPA Global Strategy for Adolescents and Youth. My Body, My Life, My World. <https://www.unfpa.org/youth-strategy>
- 17 UNFPA Disability Inclusion Strategy (2022-2025) We Matter. We Belong. We Decide. <https://www.unfpa.org/publications/we-matter-we-belong-we-decide-unfpa-disability-inclusion-strategy-2022-2025>
- 18 UNFPA (2021). UNFPA Strategic Plan, 2022-2025 (DP/FPA/2021/8). Annex 2 "Change stories" to accelerate the achievement of the three transformative results.
- 19 SDG Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- 20 UNFPA (2022). State of World Population Report: Seeing the Unseen. [www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report](http://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report)
- 21 Ahinkorah B., et al (2020). Effect of sexual violence on planned, mistimed and unwanted pregnancies among women of reproductive age in sub-Saharan Africa: A multi-country analysis of Demographic and Health Surveys. <https://doi.org/10.1016/j.ssmph.2020.100601>
- 22 Bearak J, et al (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990-2019. *Lancet Glob Health*. Sep;8(9):e1152-e1161. doi: 10.1016/S2214-109X(20)30315-6. Epub 2020 Jul 22. PMID: 32710833.
- 23 United Nations DESA (2022).
- 24 Guttmacher Institute (2020). Sully EA et al. Adding It Up: Investing in Sexual and Reproductive Health 2019.
- 25 Guttmacher Institute (2019). Adding It Up. Investing in Sexual and Reproductive Health 2019. Adding It Up 2019.
- 26 World Health Organization (2022). Fact sheet. Family planning/contraceptive methods.

- 27 United Nations Department of Economic and Social Affairs, Population Division (2020). World Family Planning 2020 Highlights: Accelerating action to ensure universal access to family planning (ST/ESA/SER.A/450).
- 28 Choi Y, Fabic MS, Hounton S, Koroma D. (2015) Meeting demand for family planning within a generation: prospects and implications at country level. *Glob Health Action* Nov 9;8:29734. doi: 10.3402/gha.v8.29734. PMID: 26562140; PMCID: PMC4642369. www.ncbi.nlm.nih.gov/pmc/articles/PMC4642369/#CIT0013.
- 29 IAWG (2018). Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. <https://iawgfieldmanual.com/>
- 30 Report of the UN Economist Network for the UN 75th Anniversary Shaping the Trends of Our Time, September, 2020.
- 31 OCHA (2021). Global Humanitarian Overview 2022, United Nations Office for the Coordination of Humanitarian Affairs.
- 32 OCHA (2018). Citing Vu, Alexander, et al. (2014), 'The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Metaanalysis'. *Public Library of Science*.
- 33 UNFPA (2022). State of World Population 2022: Seeing the Unseen..
- 34 UNICEF (2017). Education Uprooted, [www.unicef.org/media/files/Education\\_Uprooted\\_DIGITAL.pdf](http://www.unicef.org/media/files/Education_Uprooted_DIGITAL.pdf). See also: [https://ec.europa.eu/echo/what/humanitarian-aid/education-emergencies\\_en](https://ec.europa.eu/echo/what/humanitarian-aid/education-emergencies_en)
- 35 World Health Organization (2019). Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
- 36 Chukwumalu, K., et al. (2017). Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia. *Reproductive Health Matters* 25, no. 51: 48–57.
- 37 Weitzman J & Behrman JA (2016). Disaster, disruption to family life, and intimate partner violence: the case of the 2010 earthquake in Haiti. *Sociological Science*, March 7.
- 38 Low AJ et al., (2019). Association between severe drought and HIV prevention and care behaviors in Lesotho: a population-based survey 2016-2017. *PLoS Med.* 2019;16(1):e1002727.
- 39 PRB (2018). Building Resilience Through Family Planning and Adaptation Finance. [www.prb.org/wp-content/uploads/2018/03/18-057-Building-Resilience-Through-FP-and-Adaptation-Finance-2018-03-20-1555\\_FINAL.pdf](http://www.prb.org/wp-content/uploads/2018/03/18-057-Building-Resilience-Through-FP-and-Adaptation-Finance-2018-03-20-1555_FINAL.pdf)
- 40 Kumar J, Bakamjian L, Harris S, Rodriguez M, Yinger N, Shannon C, and Hardee K (2014). *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: Conceptual Framework Users' Guide*. Washington, DC: Futures Group.
- 41 UNFPA, FP2030 and WWA. Forthcoming. *The Holistic Human Rights-based Family Planning Program Framework*. Brief.
- 42 UNFPA Evaluation Office (2022). Guidance on integrating the principles of leaving no one behind and reaching the furthest behind in UNFPA evaluations. [www.unfpa.org/sites/default/files/admin-resource/Guidance\\_LNOB\\_Final.pdf](http://www.unfpa.org/sites/default/files/admin-resource/Guidance_LNOB_Final.pdf)
- 43 United Nations (2015) Resolution 70/1: Transforming our world: the 2030 Agenda for Sustainable Development
- 44 UNFPA (2019). UNFPA Gender Equality Strategy. [www.unfpa.org/publications/unfpa-gender-equality-strategy](http://www.unfpa.org/publications/unfpa-gender-equality-strategy)
- 45 UNFPA (2022). Agency, Choice and Access. UNFPA Strategy for Promoting Gender Equality and the Rights of Women and Adolescent Girls, 2022-2025.
- 46 Guttmacher Institute (2015). Nicole Haberland. The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies. [www.jstor.org/stable/10.1363/4103115#metadata\\_info\\_tab\\_contents](http://www.jstor.org/stable/10.1363/4103115#metadata_info_tab_contents)
- 47 UNFPA (2020). Elevating Rights and Choices for All: Guidance Note on Applying a Human Rights-Based Approach to Programming. [www.unfpa.org/sites/default/files/pub-pdf/2020\\_HRBA\\_guidance.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/2020_HRBA_guidance.pdf).
- 48 UNFPA (2018). Women and Young Persons with Disabilities. Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities. <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>
- 49 World Health Organization (2022). WHO guideline on self-care interventions for health and well-being, 2022 revision. WHO: Geneva. [www.who.int/publications/i/item/9789240052192](http://www.who.int/publications/i/item/9789240052192).
- 50 World Health Organization, Quality of care. [www.who.int/health-topics/quality-of-care#tab=tab\\_1](http://www.who.int/health-topics/quality-of-care#tab=tab_1)
- 51 UNFPA. Population Data Portal. <https://pdp.unfpa.org/>

- 52 RHSC: Global Family Planning Visibility & Analytics Network, About. [www.rhsupplies.org/gfpvan/about.html](http://www.rhsupplies.org/gfpvan/about.html)
- 53 Starbird E, Norton M and Marcus R, Investing in family planning: key to achieving the Sustainable Development Goals, *Global Health: Science and Practice*, 2016, 4(2): 191–210.
- 54 IAWG MISP reference: [www.unfpa.org/sites/default/files/resource-pdf/MISP-Reference-English.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/MISP-Reference-English.pdf)
- 55 UNFPA's Role in Peacebuilding and Sustaining Peace The role of sexual and reproductive health and rights, gender-based violence prevention and response, and youth participation, for peace. [www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/unfpa\\_and\\_peacebuilding\\_-\\_final\\_external.pdf](http://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/unfpa_and_peacebuilding_-_final_external.pdf)
- 56 UNFPA (2019). My Body My Life My World: Rights and choices for all adolescents and youth: a UNFPA global strategy. [www.unfpa.org/sites/default/files/pub-pdf/FinalVersion-Strategy-Web.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/FinalVersion-Strategy-Web.pdf)
- 57 UNFPA (2021). State of World Population 2021: My Body is My Own. [www.unfpa.org/sowp-2021](http://www.unfpa.org/sowp-2021)
- 58 Women's Ability to Decide: Issue Brief on Indicator 5.6.1 of the Sustainable Development Goals. [www.unfpa.org/sites/default/files/resource-pdf/20-033\\_SDG561-IssueBrief-v4.1.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/20-033_SDG561-IssueBrief-v4.1.pdf)
- 59 Operational strategies and actions are detailed in UNFPA Ending the Unmet Need for Family Planning Acceleration Plan, 2022–2025.
- 60 2021 Report of the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. [www.nairobi-summiticpd.org/sites/default/files/files/Nairobi%20HLC-ExSumm-English%20\(1\).pdf](http://www.nairobi-summiticpd.org/sites/default/files/files/Nairobi%20HLC-ExSumm-English%20(1).pdf)
- 61 United Nations (2021). 'Our Common Agenda'. UN75 declaration - A/RES/75/1. [www.un.org/en/common-agenda](http://www.un.org/en/common-agenda)
- 62 United Nations (2021). UN 2.0 Quintet of Change. [www.un.org/sites/un2.un.org/files/2021/09/un\\_2.0\\_-\\_quintet\\_of\\_change.pdf](http://www.un.org/sites/un2.un.org/files/2021/09/un_2.0_-_quintet_of_change.pdf)
- 63 UNFPA (2021). Costing the Three Transformative Results: The cost of the transformative results UNFPA is committed to achieving by 2030. [www.unfpa.org/sites/default/files/pub-pdf/Transformative\\_results\\_journal\\_23-online.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Transformative_results_journal_23-online.pdf)
- 64 UNFPA (2021). UNFPA Strategic Plan, 2022-2025. Annex 1: Integrated results and resources framework (DP/FPA/2021/8).
- 65 Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ (2020). Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Med* 17(2):e1003026. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003026>
- 66 UNFPA (2022). State of World Population 2022: Seeing the Unseen.
- 67 World Health Organization. Fact sheets on "Contraception" and "Family planning/contraceptive methods", November 2022. [www.who.int/news-room/fact-sheets/detail/family-planning-contraception](http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception)
- 68 World Health Organization. The Global Health Observatory. SDG Indicator 3.7.1. [www.who.int/data/gho/indicator-metadata-registry/imr-details/4988](http://www.who.int/data/gho/indicator-metadata-registry/imr-details/4988)
- 69 World Health Organization. Contraception. [www.who.int/health-topics/contraception#tab=tab\\_1](http://www.who.int/health-topics/contraception#tab=tab_1).
- 70 UNFPA (2012). Managing Gender-based Violence Programmes in Emergencies. [www.unfpa.org/publications/managing-g](http://www.unfpa.org/publications/managing-g)
- 71 United Nations General Assembly, Declaration on the Elimination of Violence against Women, A/RES/48/104, 20 December 1993. [www.un.org/documents/ga/res/48/a48r104.h](http://www.un.org/documents/ga/res/48/a48r104.h).
- 72 UNHCR. Gender-based violence. [www.unhcr.org/gender-based-violence.html](http://www.unhcr.org/gender-based-violence.html)
- 73 The Lancet Commissions (2018). Vol 391 June 30, 2018. [www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930293-9](http://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930293-9).
- 74 World Health Organization (2019). WHO consolidated guideline on self-care interventions for health: Sexual and reproductive health and rights. <https://apps.who.int/iris/handle/10665/325480>. License: CC BY-NC-SA 3.0 IGO.
- 75 SDG Indicator Metadata (2022). <https://unstats.un.org/sdgs/metadata/files/Metadata-03-07-01.pdf>
- 76 UNFPA (2022). State of World Population 2022: Seeing the Unseen.

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**More than ever, we must move forward together towards a world where every person is able to access quality family planning information and services delivered through approaches that empower women and girls, affirm individual human rights and leave no one behind.**



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