

2022 International Conference on Family Planning (ICFP) Key Messages

The following key messages will provide a guiding framework for official communications outputs around the 2022 International Conference on Family Planning (ICFP), including community messaging, media advisories, press releases and digital collateral. They also will serve as a resource of approved language and concepts for partners to borrow from in creating their own materials. (Partners are encouraged to adapt these messages as needed to fit organizational voice and priorities).

Current State of FP Globally

[According to the World Health Organization](#) (WHO), even before the COVID-19 pandemic, at least half of the world's population could not obtain essential health services, including family planning services 800 million people spent at least 10% of their household budget on health care expenses, and half a billion people were pushed or pushed further into extreme poverty (\$1.90/day) by out-of-pocket health spending.¹ These gaps are especially pronounced in low- and middle-income countries. In particular, an estimated 23 million adolescent girls in low- and middle-income countries were not able to meet their needs for contraception pre-pandemic.²

COVID's Impact

The pandemic diverted much-needed funding to the COVID-19 response, leaving health systems weaker, supply chains disrupted, and [halting expansion](#) – and progress towards equity - in family planning services. Exactly one year after the World Health Organization (WHO) made its pandemic declaration, the [United Nations Population Fund \(UNFPA\)](#) estimated that 12 million women experienced disruptions to family planning services during the pandemic, resulting in 1.4 million unintended pregnancies. The pandemic has also exposed where countries are off-track in progress towards achieving universal health coverage (UHC), revealing serious inequities and gaps in emergency preparedness. Suffice to say, women suffered more disproportionately from the economic blowback and serious health consequences of the pandemic.

Despite these setbacks, COVID-19 proved the resilience and quick adaptation of our health systems. Measures such as telemedicine provided young people new avenues of access to contraception and FP services; and according to UNFPA, women in 115 low- and middle-income countries faced an average of only 3.6 months of disruption to family planning services despite stay-at-home orders that lasted much longer.

Why now?

We are at a turning point. The pandemic highlighted that healthier, more resilient societies respond more effectively to health emergencies and that essential health services—including FP—must be available to all during times of calm *and* crisis to ensure individual, community, and national health.³ As we move forward from the crisis, now is the time to incorporate these learnings as well as reinstate services where disruption occurred, especially where populations are vulnerable.

Now is also the time for greater equity- intersecting gender, racial and socio-economic realities. The coverage of reproductive, maternal, newborn and child health (RMNCH) interventions varies substantially both within and

¹ <https://datatopics.worldbank.org/universal-health-coverage/>

² <https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0725-pandemic-reproductive-health-20210723-d7bgei4ebvd4ffp2mv5cn4lz4a-story.html>

³ World Health Organization; World Bank. 2021. Tracking Universal Health Coverage: 2021 Global Monitoring Report. World Health Organization and World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/36724> License: CC BY-NC-SA 3.0 IGO.

across countries, with coverage skewing to the most advantaged groups such as the richest, most educated, or those living in urban areas. These inequalities can be twice as large in low-income countries as in middle-income countries.⁴

Lastly, we are facing threats to the hard-won gains in FP due to political pushback that restricts access to and realization of Sexual and Reproductive Health and Rights (SRHR) as well as lack of donor funds due to the global crises we have recently faced. The 2022 ICFP comes at an urgent moment to convene diverse stakeholders to address these issues, measure our progress on previous commitments and renew our dedication to new milestones.

Partners at the frontline of building Momentum and co-creating a robust #FPinUHC agenda

Recognizing the platform and opportunity provided by ICFP2022, FP2030, in partnership with PAI, Knowledge Success, and MSH, hosted a three-part collaborative dialogue series on UHC and family planning in June, August and October 2022. The collaborative dialogues aimed to shape policy, programming, and research on Family Planning in the UHC agenda. The series harnessed the expertise of actors working on UHC, family planning, Sexual and reproductive health and rights and gender equality, to provide insights on the strategic levers that could drive and shape the UHC global discourse to advance family planning. Specifically, the 3-parts series provided a platform for young people, government representatives, the private sector, and health financing experts with space and platform ahead of the ICFP to:

- Expand discourse on UHC and unpack the intersections between UHC and Family Planning.
- Generate insights and content for a policy paper on family planning and UHC to inform engagements and positioning of family planning during the 2023 High Level Meeting on UHC

⁴ “World Health Organization; World Bank. 2021. Tracking Universal Health Coverage: 2021 Global Monitoring Report. World Health Organization and World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/36724> License: CC BY-NC-SA 3.0 IGO.