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UNFPA West and Central Africa
Acceleration Paper

**Towards Zero Unmet
Need for Family Planning
in West and Central Africa**



Ensuring rights and choices for all



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INTRODUCTION

UNFPA and partners are committed to moving forward faster. This paper is part of a series of “acceleration papers” that analyse bottlenecks and identify priority focus areas at regional and country level in West and Central Africa. The aim is to accelerate efforts to implement the International Conference on Population and Development (ICPD) Programme of Action and UNFPA’s three transformative results: ending preventable maternal deaths, ending the unmet need for family planning and ending gender-based violence and all harmful practices. As UNFPA assesses progress in a midterm review of the UNFPA Strategic Plan, 2022–2025, these papers call for an acceleration of efforts to achieve the Sustainable Development Goals by 2030. This paper is the result of a co-creation by the UNFPA representatives from Cameroon, The Central African Republic, Nigeria and UNFPA advisors from the regional office.

Family planning is the foundation of sexual and reproductive health and rights, with multiplier effects and bi-directional relationships with other socioeconomic dimensions such as education, skills and work, gender equality, health and climate change. For all individuals, whether they want to plan their family or simply protect their reproductive health and rights, access to modern contraception

is critical to their ability to fulfil their aspirations and potential. This is the transformational power of family planning. Decreasing the unmet need for family planning respects and protects human rights. Responding to the unmet need for family planning is not a health system responsibility alone – it is multisectoral. The UNFPA West and Central Africa Regional Office (WCARO) recognizes the importance of a nuanced approach and the need to go beyond a “business as usual” approach to accelerate progress towards zero unmet need for family planning and ensure alignment to the UNFPA Strategic Plan, 2022–2025.

Key considerations proposed in this acceleration paper include:

- » Integrating family planning, both within the health system as part of comprehensive sexual and reproductive health (SRH), and beyond the health system in other sectors
- » Applying human rights-based and gender-transformative approaches
- » Using equity-focused data for planning (disaggregated data) and for tracking progress

- » Strengthening human, health and community systems capacity
- » Putting women, girls and clients at the centre, particularly adolescents and youth
- » Engaging men and boys in family planning programming and policy-making processes, including in family planning decision-making, spousal communication, support, approval, use of contraceptives, demand mobilization and influencing the policy environment
- » Reinforcing the link between family planning and comprehensive sexuality education
- » Addressing both the demand and supply aspects
- » Programming along the development–humanitarian–peace nexus.
- » Situating family planning programmes within megatrends being experienced in the region, as these are unavoidable yet impact socioeconomic development and sexual and reproductive health and rights
- » Promoting sustainability through scale-up of evidence-based proven practices in family planning and sustainable financing from external and domestic resources.

1. THE WHAT AND WHERE: SITUATION ANALYSIS

West and Central Africa is a region with enormous potential that faces complex and interconnected health, humanitarian, demographic, economic and governance challenges. The region’s population, estimated at 503 million in 2023, is projected to reach one billion by 2050. Approximately 33 per cent of the population is between the ages of 10 to 24 years.¹ This large proportion of young people – due to high population growth – contributes to a high population dependency ratio in which the overall economy faces a greater burden to support and provide the social services needed by children.

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. Despite the known and evidence-based transformational power of family planning, there are about **257 million** women worldwide who want to avoid pregnancy but are not using modern contraceptives. These women, most of whom are adolescents and youth, are left behind because of different barriers and

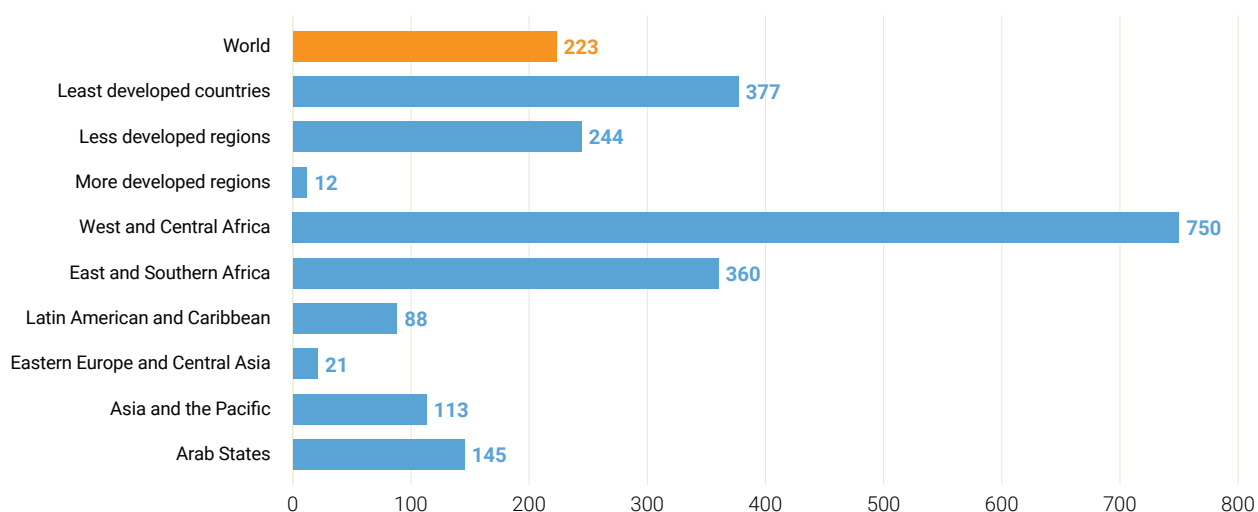
gaps within the health system and beyond the health system, e.g. through laws, policies, economic and political contexts, and sociocultural norms.

1.1 Key indicators

West and Central Africa has seen slow progress in key indicators related to maternal mortality, contraception and fertility, and the region remains behind globally in meeting 2030 targets in these areas. From 1995 to 2020, the regional maternal mortality ratio (MMR) in West and Central Africa declined from 1,040 deaths to 750 deaths per 100,000 live births – yet this is still too high. There are tremendous variations within the region, with countries such as Cabo Verde recording a low MMR of 42 deaths while others are very high, such as Chad with 1,063 deaths and Nigeria with 1,047 deaths per 100,000 live births. Sierra Leone is among the countries that has shown a steady decline in MMR from 1,360 deaths to 443 deaths per 100,000 live births between 2015 and 2023.

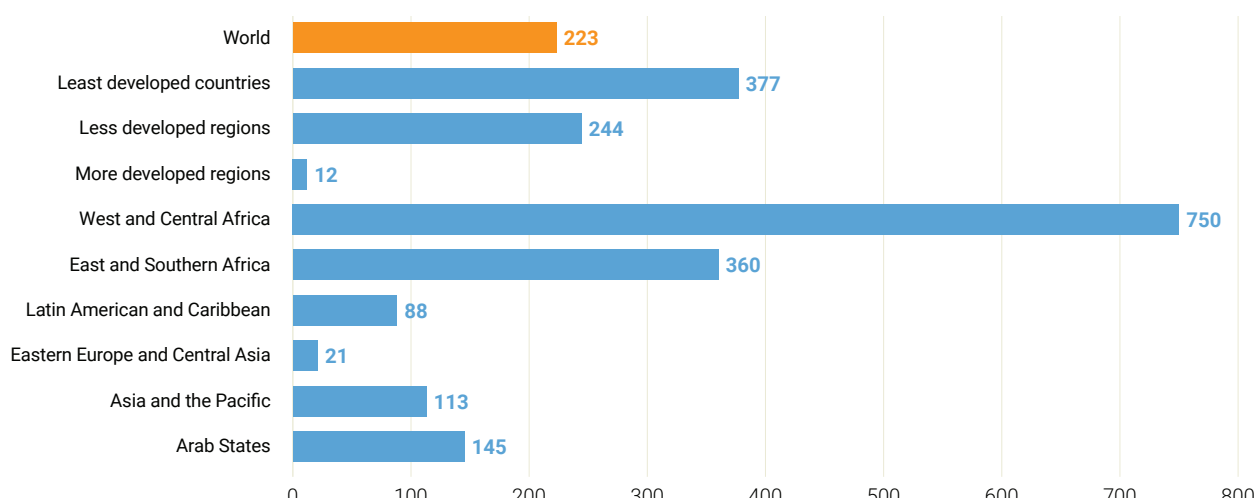
¹ UNFPA. 2023. State of World Population 2023. Available at: www.unfpa.org/sites/default/files/swop23/SWOP2023-ENGLISH-230329-web.pdf

Figure 1: Variations in maternal mortality ratio (MMR) per 100,000 live births



Source: UNFPA. 2023. State of World Population 2023.

Figure 2: Unmet need for family planning, mCPR, demand satisfied with modern methods (all women 15-49) in West and Central Africa, 2015–2023



Source: UNFPA. 2023. State of World Population 2023.

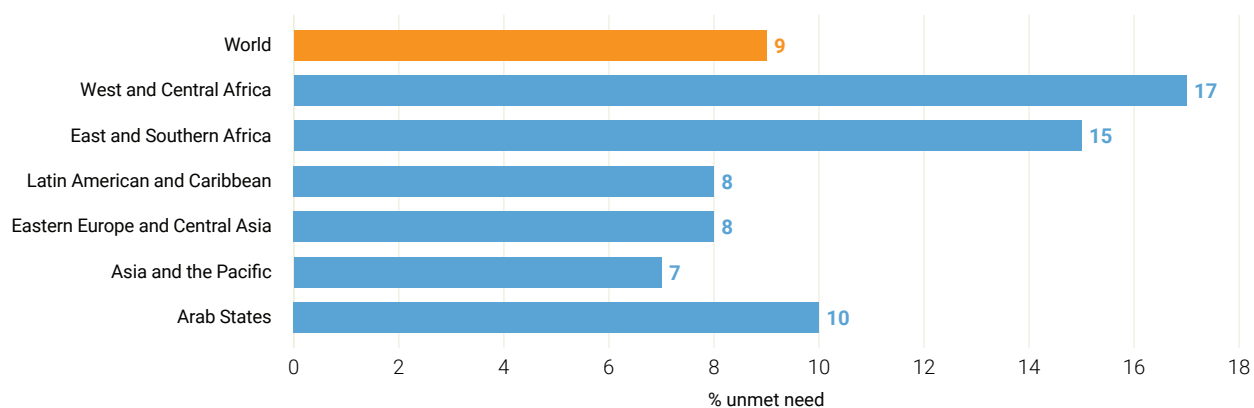
There have not been significant changes in the trends for unmet need for family planning, demand satisfied with modern methods and contraceptive prevalence in West and Central Africa between 2015 and 2023.² These values fall behind the global

average according to the UNFPA State of World Population data for 2023, and West and Central Africa is performing less well as a region compared with other regions (Figure 3).

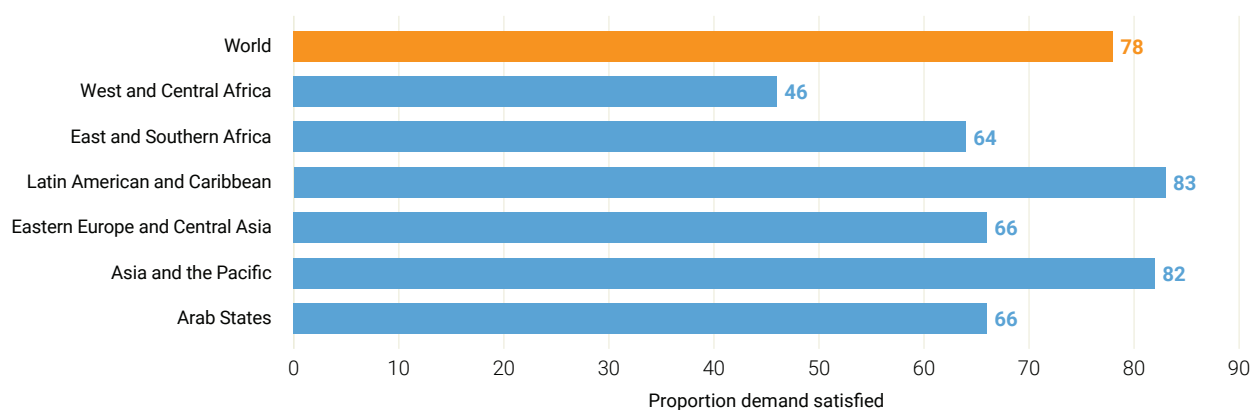
² **Unmet need for family planning** is measured as the percentage of women who do not want to become pregnant but are not using contraception. **Modern contraceptive prevalence** (mCPR) is measured as the percentage of women using modern methods of family planning. **Demand satisfied with modern methods** is the percentage of women aged 15–49 years, married or in union, who are currently using any modern method of contraception, among those in need of contraception.

Figure 3: Family planning performance of West and Central Africa compared with other regions

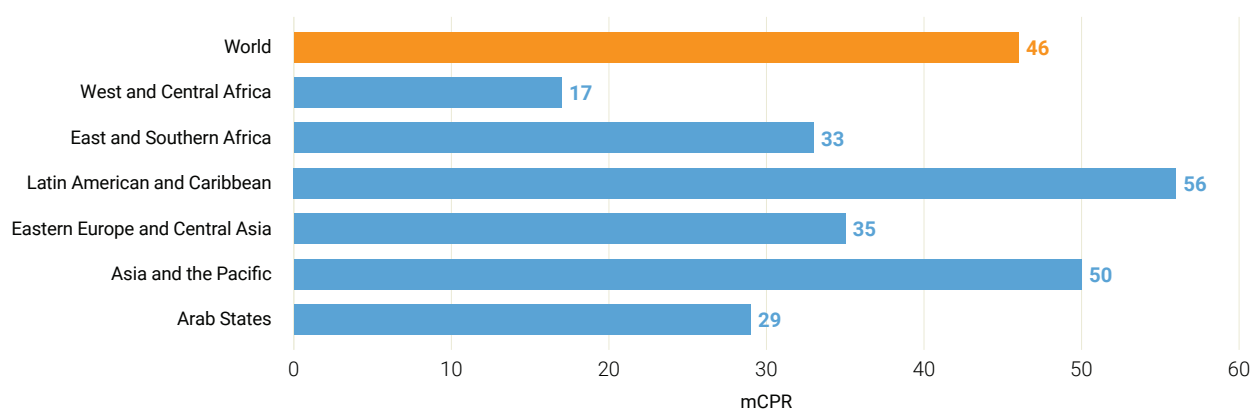
3a: Unmet need for family planning, all women aged 15–49



3b: Proportion of demand satisfied with modern methods, all women aged 15–49



3c: Contraceptive prevalence rate, all women aged 15–49, modern methods



Source: UNFPA. 2023. State of World Population 2023.

1.2 Variations by country within the region

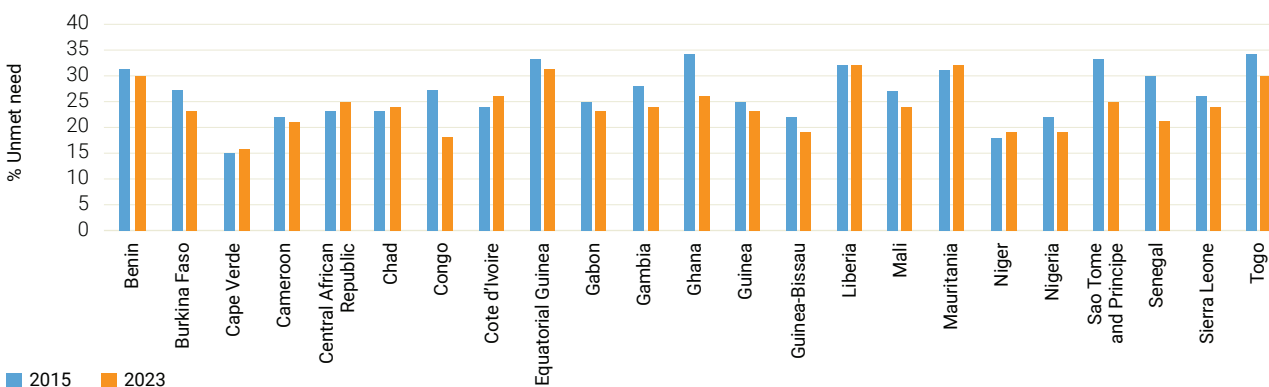
Analysis of country trends reveals variations between countries in West and Central Africa.

Unmet need for family planning ranges widely from 16 per cent in Cabo Verde to 32 per cent in Liberia and Mauritania. The region’s average is 22 per cent, meaning that about one in five women who do not want to become pregnant are not using contraception. Other countries with high unmet need include Equatorial Guinea at 31 per cent and Benin and Togo each at 30 per cent (Figure 4).

Modern contraceptive prevalence (mCPR) stands at 44 per cent in Cabo Verde whereas in Chad only 7 per cent of women who are married or in union are using modern contraception, despite the considerable efforts made leading to doubling the mCPR during the last decade (Figure 5).

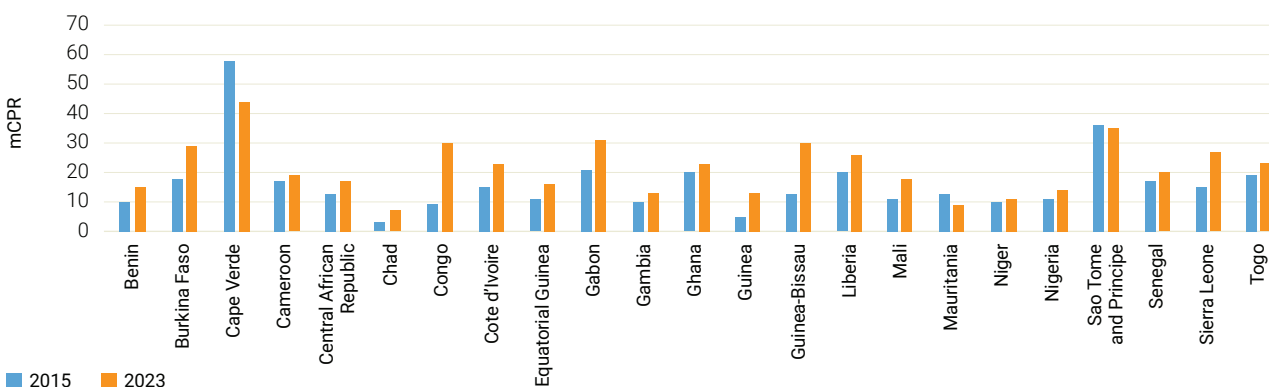
The demand satisfied with modern methods ranges from 76 per cent in Cabo Verde to 26 per cent in Chad, with a decrease during the last decade in many countries (Figure 6).

Figure 4: Unmet need for family planning (all women aged 15–49) in West and Central Africa



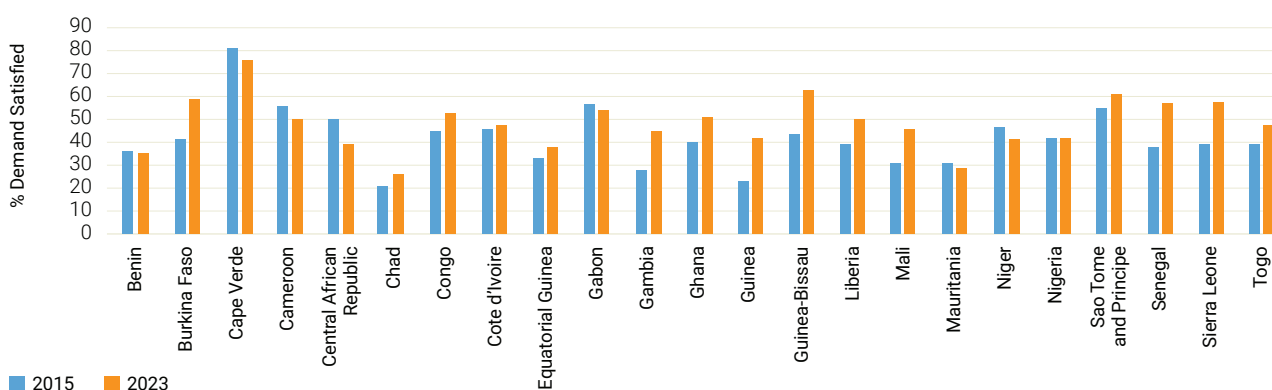
Source: UNFPA. 2023. State of World Population 2023. Data from 2015 and 2023 reports.

Figure 5: mCPR (all women aged 15–49) in West and Central Africa



Source: UNFPA. 2023. State of World Population 2023. Data from 2015 and 2023 reports.

Figure 6: Demand satisfied with modern methods (all women aged 15–49) in West and Central Africa



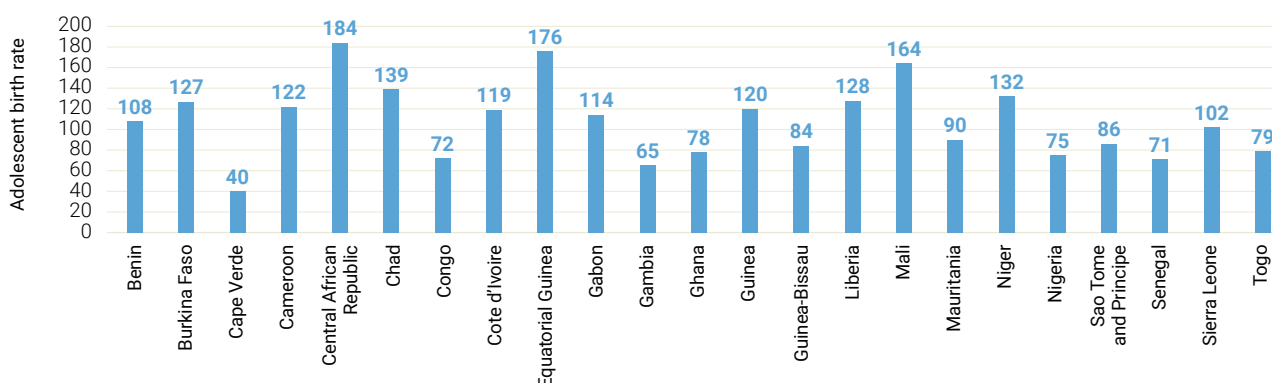
Source: UNFPA. 2023. State of World Population 2023. Data from 2015 and 2023 reports.

1.3 Adolescents and young people

West and Central Africa has the highest percentage of young people under the age of 25 years in the world. Extra efforts are needed if the region is to take advantage of the potential of this youthful population. The situation of adolescents and young people remains a challenge:

- » 66.2 per cent of the population is less than 25 years old
- » Adolescent fertility rates show more than 1 in 10 girls aged 15–19 giving birth
- » 80 per cent of unintended pregnancies in the 15–19 age group occur among adolescents not using modern contraception
- » 3 out of 5 girls are married before the age of 18, and the region included 6 out of 10 countries in the world with the highest prevalence of child marriage
- » The adolescent maternal mortality rate is 13 per cent
- » 1 in 4 girls and 1 in 5 boys are not in education, employment or training.

Figure 7: Adolescent birth rate per 1,000 girls aged 15–19 in West and Central Africa



Source: UNFPA. 2023. State of World Population 2023.

1.4 Other dynamics in access to family planning

A number of other dynamics should be considered as contributing factors to the family planning trends in West and Central Africa. Girls face disproportionately higher new HIV infections rates, early pregnancies, and gender-based violence. In addition high rates of child marriage and female genital mutilation in the region depict the gender inequality faced by women and girls and highlight

the extent to which they can be disempowered in terms of decision-making on their sexual and reproductive health and rights. Enrolment in education, especially at a higher level, can empower women and girls to claim their rights to access SRH information and services, including family planning services – yet millions of children in the region are out of school. Table 1 provides a few examples of factors that can have an impact on women and girls' access to family planning.

Table 1: Variations across countries: child marriage, FGM and secondary education

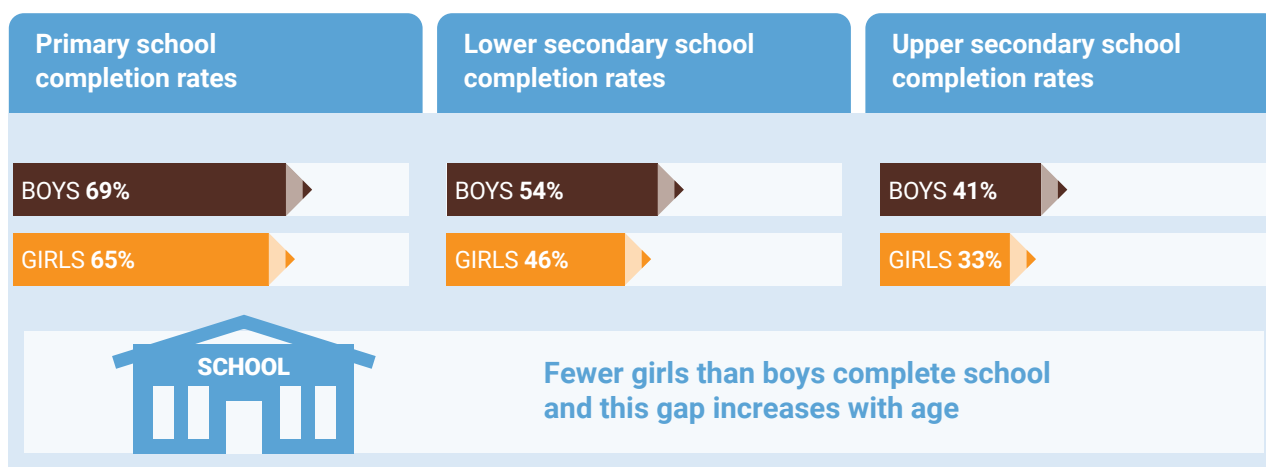
	Regional average	Variations across countries
Child marriage by age 18, percentage	35%	Cape Verde (8%), Central African Republic (61%), Congo (61%), Niger (76%)
Female genital mutilation prevalence among women aged 15-49, percentage	25%	Cameroon (1%), Ghana (2%), Togo (3%) Sierra Leone (83%), Mali (89%), Guinea (95%)
Total net enrolment rate, upper secondary education, percentage	41%	Sao Tome and Principe (83%), Ghana (75%), Cape Verde (73%), Central African Republic (19%), Niger (13%)

Source: UNFPA. 2023. State of World Population 2023.

Figure 8 also shows the gender disparity in school completion rates in West and Central Africa³, which can further contribute to low empowerment of girls – a situation that has negative impacts

on their capacity to claim their sexual and reproductive health and rights, including for access to contraception.

Figure 8: School completion rates in West and Central Africa



³ Kettaneh, A. 2021. West and Central Africa Commitment for educated, healthy and thriving adolescents and young people: Situation analysis July 2021. Available at: <https://commit4youngpeople.org/sites/default/files/2023-04/Regional%20report%20-%20ENGLISH%20-%20Dec%202022%20-%20DIGITAL.pdf>

1.5 Impacts of megatrends on family planning

Access to family planning as part of sexual and reproductive health and rights is influenced by deep and long-term transformation processes that are irreversible. The megatrends are interlinked and affect each other and the population. Population growth, urbanization and migration are among the megatrends at work in West and Central Africa.

1.5.1 Population growth

By 2050, the population of sub-Saharan Africa is expected to double, with some countries in West Africa experiencing the fastest population growth on a global level. Niger is the country with the highest fertility rate globally. While fertility rates may be going down in some countries in Africa, population growth will continue despite falling fertility levels because the average length of life has improved significantly across the continent and especially in sub-Saharan Africa, and large parts of the population are children and young people who will enter their reproductive years. Continuous efforts are needed to further reduce fertility levels. This can be achieved with human rights-based programming that is contextually- and culturally-tailored including, but not limited to, family planning services, educational opportunities and awareness-raising campaigns. Through multisectoral approaches, women and girls of all ages can be empowered to make informed decisions about pregnancy.

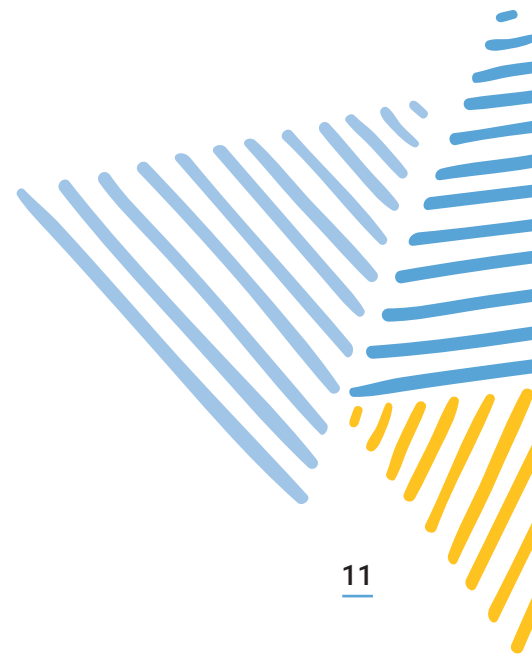
1.5.2 Urbanization

Urbanization is taking place faster in Africa than anywhere else in the world. The share of the urban population in Africa is forecast to rise to 50 per cent by 2050. In contrast to Asia, for instance, urban fertility rates in Africa remain high. In countries such as Mali, Niger and Nigeria, urban fertility rates are above 5 children per woman. In such settings, there is a need for urban planning to ensure equitable access to high-quality social services, including health and other SRH services.

1.5.3 Migration

The United Nations estimates more than 30 per cent of all forcibly displaced people reside in Africa, including 6.3 million refugees and asylum seekers, as well as 14.5 million internally displaced people (IDP). Up to 80 per cent of African migration occurs within the continent itself. Most Africans migrate for family reasons, work or studies, and about 86 per cent of cross-border migration within Africa is not primarily related to conflict. However, Africa hosts at least a quarter of the world's refugees and some of the largest displacement crises are currently occurring in Africa. The ongoing conflicts in Cameroon, the Central African Republic, the Democratic Republic of Congo, Mali and Nigeria, for example, have resulted in increasing numbers of refugees, who have by and large ended up in neighbouring countries. Nonetheless, there are also returnees; for instance, some 1.5 million refugees returned to Nigeria from Niger and Cameroon in 2018 alone.

Migratory movements exacerbate the proliferation of slums, creating niches with limited access to SRH services. It should be noted that the majority of IDPs are women and children, they often come from already marginalized groups and, due to their legal position and sheer number, are particularly vulnerable to abuse and neglect including human trafficking. Their needs for family planning increases in times of disruption and dislocation and yet they may face multiple barriers to access.





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2. THE WHY: BOTTLENECK ANALYSIS

The current issues constraining availability and access to quality and client-centred family planning services fall under health system factors, non-health system factors, supply and demand factors, and the broader legal, policy and financial environment.

2.1 Health system bottlenecks

- » **Governance:** National governments are lagging behind in their commitments to allocate more financial and human resources for family planning, in creating enabling environments and in reinforcing accountability mechanisms to track their own commitments.
- » **Financing:** Despite the recent commitments by governments to increase their domestic resources for family planning, efficient and effective investment in family planning through the public and private sectors remains one of the major factors that hinder availability and access to family planning services and products.
- » **Service delivery:** Challenges remain in ensuring essential products and well-maintained facilities for providing integrated SRH and contraceptive services.
- » **Human resources for health:** Capacity challenges create bottlenecks to the delivery of integrated, quality services especially at lower levels of the health system. Service delivery points face challenges in terms of staffing numbers coupled with poor working environments. While there are evidenced-based recommendations in support of task sharing, there is still inadequate scale up of this approach.
- » **Access to contraceptives and health technologies:** Contraceptives are not widely available due to poor data for quantification and limited resources for procurement and distribution up to the last mile. Some methods require a certain level of expertise that is still not widely available. Even when contraceptives are available, their acceptability is a challenge as some women have concerns about side effects and their contraceptive needs might also change over time while alternative methods may be in short supply or not available at all. Among many needs is the global need for more funding for research and development for new and more acceptable contraceptives.

» **Information systems:** Countries are still facing challenges in creating an enabling environment for managing and using family planning information and to integrate family planning in routine health information systems. Moreover, health care providers have gaps in skills for analysing, interpreting and using routine family planning data for informed decision-making.

2.2 Non-health system bottlenecks

The interplay of several sociocultural, political and legal dimensions described in the sections above contribute to bottlenecks in accessing family planning services for women and girls, especially those who are vulnerable and marginalized. Social and gender norms that disempower women and girls create barriers to access for family planning information and services. These norms are associated with child marriage, female genital

mutilation, low enrolment in education, and low coverage of comprehensive sexuality education in and out of schools.

2.3 Humanitarian crises

West and Central Africa is one of the regions with the greatest humanitarian needs in the world. In 2023, an estimated 67.5 million people are in need (OCHA, 2023).⁴ At the same time, the region hosts some of the most underfunded and under-supported crises (Humanitarian Funding Forecast, 2023).⁵ These humanitarian crises are impacted and driven by megatrends including the demographic dividend, climate change, displacement and migration and peace and security. These megatrends contribute to the growing conflict and insecurity that the region is experiencing and pose major threats to achieving the International Conference on Population and Development (ICPD) Programme of Action and the Sustainable Development Goals

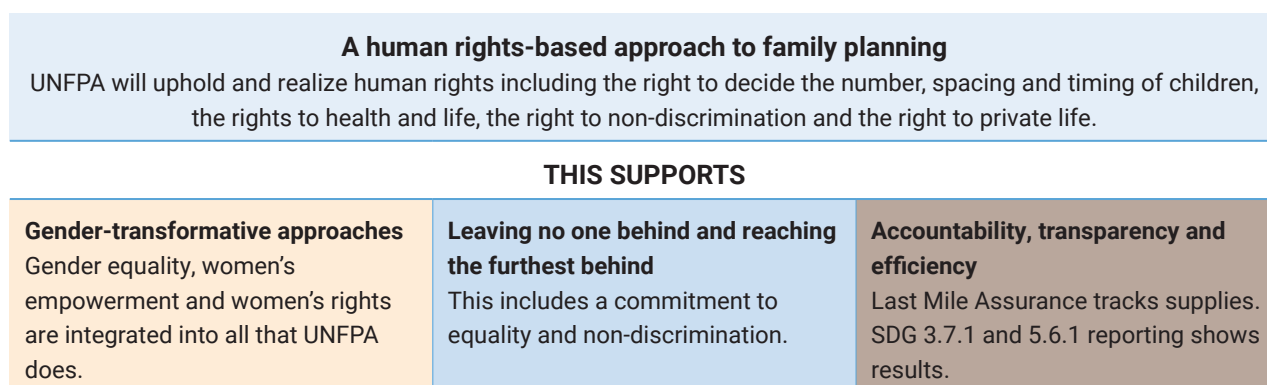
3. THE HOW: WHAT WORKS

3.1 Applying key principles

UNFPA WCARO will continue to work in accordance with UNFPA key principles. These organizational

principles and the values they uphold will shape and guide the Regional Office’s work to deliver the UNFPA mandate.

Figure 9: Principles applied in family planning programming



4 OCHA (website). 2023 Humanitarian Needs and Response. Available at: <https://response.reliefweb.int/west-and-central-africa/2023-humanitarian-needs-and-response>

5 Humanitarian Funding Forecast 18 September 2023). Underfunded Crisis Index. Available at: <https://humanitarianfundingforecast.org/index-underfunded-crisis/>

Source: UNFPA. 2022. UNFPA Strategy for Family Planning, 2022-2030: Expanding Choices—Ensuring Rights in a Diverse and Changing World. Available at: www.unfpa.org/publications/unfpa-strategy-family-planning-2022-2030

Based on the situation analysis and bottleneck analysis for West and Central Africa, the Regional Office will support countries to identify and implement strategic priorities aligned to the UNFPA Strategy for Family Planning, 2022–2030:

- » Expand availability and access
- » Improve quality
- » Strengthen data
- » Deepen integration
- » Increase sustainability
- » Build resilience and improve adaptation
- » Engage adolescents and youth
- » Enhance agency and address discrimination
- » Design and implement programmes linked to existing megatrends.

These strategic priorities consider both the health systems and non-health system factors and take into account the megatrends in the region. They are applicable within the development-humanitarian-peace nexus. They are not one-size-fits all but will be determined by the specific context in the countries and/or cluster of countries. The strategic priorities help to define priority actions and interventions aligned to the primary UNFPA strategic documents:

- » UNFPA Strategic Plan, 2022–2025⁶
- » UNFPA Strategy for Family Planning, 2022–2030⁷
- » UNFPA Acceleration Plan for Ending the Unmet Need for Family Planning, 2022–2025⁸
- » UNFPA Acceleration Plan Menu Tool of Programmatic Options⁹

The family planning menu tool of programmatic options provides a compendium of evidence-based proven a country can choose to implement, aligned to the strategic plan, family planning strategy and the strategy's acceleration plan. Examples are also available in the High Impact Practices Briefs from the HIP Partnership.

3.2 Utilizing trends in mCPR rates to design programmes

Historical data shows that modern contraceptive prevalence (mCPR) grows in an S-shaped pattern. This is characterised by slow growth and little annual change when mCPR is low (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2) and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary. Understanding this concept provides countries with a template that can assist in: (a) identifying programme priorities; (b) setting realistic targets for growth and contraceptive prevalence goals; and (c) maximizing the potential of obtaining the demographic dividend.

6 UNFPA. 2022. UNFPA Strategic Plan, 2022-2025: Acceleration, Transformation, Reaching the furthest behind. Available at: www.unfpa.org/strategic-plan-2022

7 UNFPA. 2022. UNFPA Strategy for Family Planning, 2022-2030: Expanding Choices—Ensuring Rights in a Diverse and Changing World. Available at: www.unfpa.org/publications/unfpa-strategy-family-planning-2022-2030

8 UNFPA. 2022. UNFPA Acceleration Plan for Ending the Unmet Need for Family Planning, 2022-2025. Available at: <https://sites.google.com/unfpa.org/unfpa-acceleration-plan-for-en/home>

9 UNFP. Undated. Web tool available at: <https://docs.google.com/spreadsheets/d/1pkMlt0RbwCroEA80HMiGe2GDJrTw9lOT/edit-gid=798011570>

Figure 10: The S-Curve: Putting mCPR growth in context in West and Central Africa



Source: Regionalized from Track20. Available at: www.track20.org/download/pdf/S_Curve_One_Pager.pdf

3.3 Implementing and scaling up high impact practices

UNFPA programming is informed by evidence-based proven practices. A set of such practices in family planning have been vetted by experts against specific criteria and documented in an easy-to-use

format as High Impact Practices (HIPs).¹⁰ A HIP is measurable and it should have demonstrable impact in achieving various family planning outcomes including modern contraceptive uptake, reduction in unintended pregnancy, reduction in overall fertility, or at least one of the primary proximate determinants of fertility (delay of marriage or sexual

10 The HIPs Partnership. Available at: www.fphighimpactpractices.org/briefs/family-planning-high-impact-practices-list/

initiation for adolescents, birth spacing, exclusive breastfeeding and postpartum abstinence). Vetting criteria also include replicability, scalability (i.e. potential application in a wide range of settings), sustainability and cost-effectiveness. Countries can therefore assess country contexts to initiate and scale up the implementation of HIPs.

HIPs are categorized as: **Enabling Environment HIPs**, which address systemic barriers that affect an individual’s ability to access family planning

information and services; **Service Delivery HIPs**, which improve the availability, accessibility, acceptability and quality of family planning services; **Social and Behavioural Change HIPs**, which influence knowledge, beliefs, behaviours and social norms associated with family planning. **HIP Enhancements** are tools or approaches that are not stand-alone tools but are often used in conjunction with other HIPs.

Figure 11: List of Family Planning High Impact Practices, by category



Source: www.fphighimpactpractices.org

4. WHAT DOES THIS MEAN FOR UNFPA WCARO?

From the situation analysis, bottleneck analysis and review of what works well, UNFPA WCARO will prioritize interventions that support countries to develop and implement programmes that respond to country contexts and promote the mobilization of resources to ensure availability of high-quality modern contraceptives and lifesaving maternal health medicines. The human rights-based approach and gender transformative approaches will be prioritized as a means to ensure no one is left behind, particularly young women and adolescents. Innovative, evidence-based high impact family planning practices will be promoted

as per country contexts. Recognition of megatrends and the importance of programming within the humanitarian–development–peace nexus will also be taken into account.

Priority interventions

4.1 Differentiated support per country context

Provide differentiated support to family planning programme implementation in the 23 West and Central Africa countries based on country context

Table 2: Indicative interventions based on contraceptive prevalence rates

mCPR below 15 per cent	mCPR between 15 and 35 per cent	mCPR above 35 per cent
Central African Republic, Chad, Guinea, Mauritania, Niger, Nigeria	Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Liberia, Mali, Sao Tome and Principe, Senegal, Sierra Leone, Togo	Cabo Verde
Interventions: <ul style="list-style-type: none"> » Identify and implement HIPs as per country context » Advocate and galvanize support for enabling policy environment for FP » Implement targeted social and behaviour change communication (SBCC) to address social norms » Build up health system to deliver quality rights-based FP and adolescent-responsive services through various channels » Functional supply chain system to ensure availability of quality FP method mix » Consider task shifting/ sharing and self-care interventions 	Interventions: <ul style="list-style-type: none"> » Identify and implement HIPs as per country context » Develop Costed Implementation Plans and/or business cases with ambitious mCPR goals » Develop, implement and monitor comprehensive policies to support high-quality rights-based and adolescent-focused FP services at scale » Establish community-based quality rights-based FP services and community supply chains » Integration with other SRH services » Consider task shifting/ sharing and self-care interventions 	Interventions: <ul style="list-style-type: none"> » Identify and implement HIPs as per country context » Expand health workforce through task shifting and self-care interventions » Engage private sector to expand choice of services using a human rights-based approaches to family planning » Expand community rights-based, quality FP services and community supply chains » Strengthen supply chain management at all levels up to the last mile » Consider task shifting/ sharing and self-care interventions

Cross cutting: Human rights-based approaches, gender transformative approaches, adolescents and young people, humanitarian and humanitarian–development–peace nexus

4.2 Family planning programmes in low fertility settings

As stipulated in the UNFPA Strategy for Family Planning Strategy 2022–2030, 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 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 that are below replacement level fertility of 2.1 children per woman.

According to data from the UNFPA State of World Population 2023, the total fertility rate (TFR) in West and Central Africa is 4.8 births per woman but with wide variation – some countries have lower TFR such as Cape Verde (1.9), Gabon (3.4) and Ghana (3.5) while others have higher TFR such as Nigeria (5.1), Mali (5.8), Central African Republic (5.8), Chad (6.1) and Niger (6.7).

In every country context – high or low fertility – it is important to note that women and men may still desire to have fewer children or more children than they have. Desired fertility and actual fertility are understood in the context of reproductive intention. In all settings, family planning programmes continue to be important and relevant. In many cases, these are marginalized populations, in economic, social, political or ethnic terms, who do not have access to necessary SRH information and

services. They also might need to address issues of secondary infertility or age-related infertility in comprehensive sexuality education programmes. UNFPA will therefore continue to 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.

4.3 Integration of family planning and HIV

While the HIV prevalence in West and Central Africa is about 1 per cent, there are countries whose prevalence is above this regional average and these countries should prioritize integration of HIV and family planning:

- » Integrate HIV and family planning to reduce HIV prevalence in Equatorial Guinea (6.7 per cent), Congo (4.1 per cent), Gabon (2.9 per cent), Guinea Bissau (2.4 per cent), Cameroun (2.6 per cent) and Central Africa Republic (3.4 per cent).

4.4 Innovative approaches

Promote and implement innovative approaches to ensure availability of quality-assured modern contraceptives and life-saving maternal health medicines

- » Support implementation and monitoring of the UNFPA Supplies Partnership programme in West and Central Africa to improve availability of modern contraceptives including new and lesser-used methods.
- » Build capacity in SMART Advocacy for mobilization of domestic and external resources for reproductive health commodities and supplies and support implementation of action plans
- » Support countries to develop investment cases for family planning and ensure their utilization in policy dialogue and advocacy for sustainable financing.

4.5 Strengthen country capacity

Strengthen country capacity to respond to gaps and inequities in family planning – to fulfil the rights of all individuals to choose whether, when and how many children to have

- » Regional capacity building of UNFPA Country Offices in the human rights-based approach and gender transformative approaches for scaling up high impact practices and evidence-based family planning practices.
- » Support UNFPA Country Offices to integrate the human rights based and gender transformative approaches in Country Programme Documents and Annual Work Plans.
- » Support Country Offices to ensure integration of family planning in programming for HIV prevention, comprehensive sexuality education (CSE), adolescents and youth, gender and human rights, and emergency preparedness and response programmes (MISP).
- » Support supply chain strengthening up to the last-mile with a special emphasis on improved visibility through electronic logistics management information systems (eLMIS) while addressing key bottlenecks that will be identified through the last-mile assurance process.

4.6 Strengthen country office capacity

Strengthen country office capacity to identify and address family planning programmatic priorities according to country context

- » Roll out the UNFPA Strategy for Family Planning, 2022–2030 to ensure alignment of country plans with organizational priorities.
- » Build Country Office capacity to utilize the Family Planning Opportunity Briefs and programmatic guidance that is aligned with the UNFPA Strategic Plan, 2022–2025 and the family planning strategy and its operational acceleration plan.



4.7 Strengthen partnerships

Strengthen partnerships and networks to advance family planning in West and Central Africa

- » Build strategic partnership with health systems strengthening partners, the private sector and women and youth for joint advocacy, policy dialogue, resource mobilization and capacity building.
- » Conduct joint initiatives for evidence and knowledge development and dissemination.
- » Participate in strategic forums and communities of practice.

4.8 Promote learning and exchange

Promote South–South and triangular learning and exchange

- » Map and pair countries: identify learning needs, identify learners and providers of knowledge, conduct the learning and ensure actions from learning are implemented and documented.

- » Establish a pool of experts in supply chain financing and in supply chain strengthening to support specific critical interventions that require advanced expertise.
- » Implement collaborative work with other UNFPA Regional Offices including the East and Southern Africa Regional Office (ESARO).

4.9 Monitoring

Monitor country progress

- » Work with countries to support tracking of progress, success, challenges and opportunities to advance towards zero unmet need for family planning.

5. CONCLUSION

Progress has been noted over the past decade in West and Central Africa yet more needs to be done to meet the 2030 targets. The region remains behind others in terms of progress in reducing unmet need for family planning. The complexity of the region presents unique challenges and that must be taken into account when identifying suitable policy, programmatic and service delivery interventions to suit the specific country contexts. There is a need to address the structural barriers that are leaving some groups behind. There is a need to increase and expand partnerships at all levels, including active engagement in initiatives that have a specific focus in West and Central

Africa such as the Ouagadougou Partnership and FP2030. High-impact best practices must be scaled up, family planning must be integrated into UHC, PHC and the overall health system. Additionally, family planning must be integrated into non-health sectors so as to adequately address the non-health barriers including their linkages to megatrends. Advocacy efforts must call for greater investment in family planning as a critical intervention to achieving not only Sustainable Development Goals for health but other global goals as well as broader national development objectives and the ICPD Programme of Action



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