FAMILY PLANNING POLICY ATLAS MIDDLE EAST AND NORTH AFRICA (MENA) 2023

UNTAPPED POTENTIAL: OVERCOMING BARRIERS TO FAMILY PLANNING IN THE MENA REGION

EPF
European Parliamentary Forum for Sexual & Reproductive Rights

White Paper

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The White Paper

The White Paper originated from a survey conducted across 21 countries in the Middle East and North Africa titled "Family Planning Policy Atlas." This survey examined national and international policies related to family planning in the region, the availability of services and information, and the national public funding supporting these efforts. Drawing on the findings of this research, a group of experts supported by EPF formulated this White Paper, serving as a call to action and offering recommendations for enhancing access to family planning in the Middle East and North Africa. It is our hope that by implementing these recommendations, which include incorporating best practices from various countries in the MENA region, strides will be made to provide women with the necessary tools and support to access services and supplies tailored to their needs, ultimately enabling them to achieve reproductive autonomy.

Introduction

Despite the growing international attention to disparities in accessing modern contraception, the ongoing challenge of unmet need persists, resulting in detrimental public health consequences and countless personal tragedies. Contraceptives prevent unintended pregnancies, reduce the number of abortions, and lower the incidence of death, morbidities and disability related to complications of pregnancy and childbirth.

Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty. Access to safe, voluntary family planning is a human right.

In the Arab region, two in five pregnancies are still unintended and one-half of unintended pregnancies end in abortion.[1] Expanding investments in family planning, promoting women's empowerment, and fostering behavioural changes can significantly reduce the incidence of unintended pregnancies.[2] Of the 91 million women and girls of reproductive age (15-49 years) in the Arab region, 13.6 million or 15% have unmet needs for family planning as they want to avoid or delay pregnancy but are not using a contraceptive method.[3]

If all women and girls with an unmet need for contraceptives were able to use modern methods, an additional 2 million abortions, in North Africa alone would be prevented, of which two-thirds are unsafe.[4] Additionally, nearly 70,000 infant deaths would be prevented.[5]

This paper contains the latest information taken from the Family Planning Atlas MENA and other relevant research to analyse policies related to access to family planning in the Middle East and North Africa region. It makes recommendations on what countries in the region need to do to ensure women have the necessary tools and support to exercise their reproductive choices and realise their bodily autonomy. Three main areas which merit greater attention from the policymakers are relevant policies backed up with sufficient funding to cover contraceptives within the national health services, alignment with the international guidelines and protocols on the issue and the responsibility of public health bodies to accurately inform their citizens about their rights and entitlements as well as their health.

The Atlas aims to draw the attention of political decision-makers, media and the general public to the perceived enabling policy environment vis-à-vis the realities on the ground. It is expected to inform and inspire key improvements in the policy environment for continued and improved service delivery.

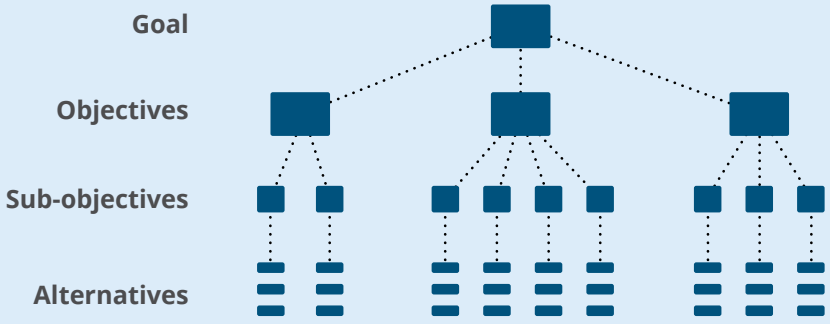
[1] Addressing unintended pregnancy in the Arab region, Middle East and North Africa Health Policy Forum, UNFPA, 2018 available under: *https://arabstates.unfpa.org/sites/default/files/pub-pdf/addressing_unintended_pregnancy_in_the_as_report.pdf*.
[2] Addressing unintended pregnancy in the Arab region, 2018, Middle East and North Africa Health Policy Forum / UNFPA retrieved under this *link*.
[3] UNFPA Arab states: UNFPA experts, specialists and partners meeting to discuss priorities and examine challenges and opportunities to reduce unmet need for FP in the Arab region, retrieved under this *link*.
[4] UNFPA Arab states: *Family Planning*.
[5] UNFPA Arab states: *Family Planning*.

Family Planning Atlas: comparative research on public authorities' performance on contraception

The Family Planning Policy Atlas Middle East North Africa 2023 is an original research project led by the European Parliamentary Forum on Sexual and Reproductive Rights under its umbrella of the Global Parliamentary Alliance (GPA) jointly with the Arab Institute for Women (AiW) at the Lebanese American University (LAU) and the group of renowned experts in the field of family planning. It investigates how MENA public authorities perform in three categories: access to family planning, national and international policies ensuring access to family planning and finally, funding for this service. The result of the research is condensed into a map that scores 21 countries in the MENA region. The first edition was launched in 2023 with plans to update it biannually.

Once all countries are analysed on the basis of 16 criteria sub-divided into the three categories mentioned above, each country is allocated an overall score which corresponds to a specific colour ranging from green to light green for the best scoring countries to yellow, orange for "medium performers" and red to dark red for the worst performers. The methodology used for scoring the countries is based on the Analytic Hierarchy Process (AHP). AHP method is about setting a general, overall goal and further breaking down the headings, criteria and sub-criteria, resembling the "tree and the branches". Each final "branch", the smallest sub-criteria, has its specific weight and based on the answer will receive a percentage score. Finally the scores for each sub-criteria are added up to the total score of each country.

Table 1: Analytic Hierarchy Process (AHP)



1. **Dividing** the goal into a hierarchy of smaller sub-objectives,
2. **Evaluating** each alternative with respect to each of the lowest level sub-objectives,
3. **Aggregating** the results to get the final score. Forming a hierarchy in the first step to decompose the problem is crucial because smaller parts can then be addressed individually and more precisely.

The table below provides an overview of the criteria and how they were assessed. Data were collected at the beginning of 2022 and vetted by the AiW. In May 2023, a consultative process among key stakeholders ensured the inclusion of national views from the partners and contributed towards the improvement and ownership of outcomes.

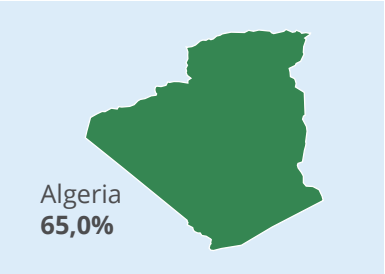
Table 2: Family Planning Atlas Research Categories [6]

	%
Legislative Framework	38,7
a) Does the country recognize the right to choose the number, timing and spacing of children?	
b) Does the country have an official political plan, national policy or strategy related to FP (Reproductive Health Commodity Strategy)?	
c) Which contraceptive methods are included in the National Essential Medicines List (NEML)?	
d) Has the country signed the CEDAW and its optional protocol?	
e) Has the country made commitments related to contraception to EWEC, Nairobi Summit or FP2030?	
f) Has the country led any census or survey including indicators on SRHR?	
g) Does the country have a national committee on CS?	
Policies related to access	30,6
a) Does the country offer services specific to adolescents in need of FP?	
b) Does the government run a national webpage to inform on FP?	
c) Has the government led any awareness campaign on contraceptives at a national level within the past two years?	
d) What is EC pill registration status?	
e) Is emergency contraception available without prescription?	
f) Is access to contraceptives restricted based on social status?	
Policies related to funding	30,7
a) Are there government funds allocated and spent on public sector contraceptive procurement?	
b) Is contraception covered by National Health Insurance?	
c) Is contraceptive supply funded by external agencies?	

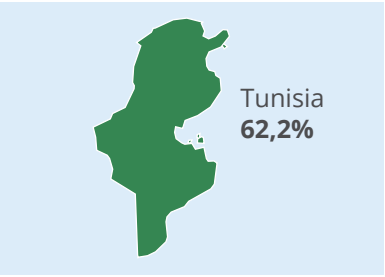
[6] For details answers please refer to the website: Global Contraception Policy Atlas MENA *https://contraception.srhrpolicyhub.org/region/?region=mena*.

The main findings of the MENA Family Planning Atlas reveal that **Algeria and Tunisia** ranked best of the 21 countries surveyed. A major factor setting these states apart is that they have legal **framework on family planning, national strategy**, and **publicly available budget lines** on FP and contraceptive procurement. Contraceptive methods are included in the national essential medicines list (NEML) and the morning after pill is registered and provided by the public health system. Both countries have **pledged** to improve SRHR and family planning during Nairobi Summit (ICPD +25) and are signatories to **CEDAW** with Tunisia also being signatory to CEDAW Optional protocol. Both countries provide **youth friendly services** and lead governmental awareness campaigns on family planning at national level.

Table 3: Best-performing countries



- Have **pledged** to improve SRHR and family planning during an **international** event,
- Have a legal **framework on family planning and a national strategy**,
- Have a publicly available **budget lines** on FP and contraceptive procurement,



- Ensure **free contraception** in its national health system,
- Provide **youth friendly** services
- Lead governmental **awareness** campaigns on FP at national level.

Table 4: MENA Family Planning Atlas 2023 Country Classification[7]

Very good (>60%)	**Good** (50–60%)	**Medium** (40–50%)	**Poor** (30–40%)	**Very poor** (20-30%)	**Exceptionally Poor** (<20%)
4 countries	3 countries	4 countries	5 countries	3 countries	2 countries
Algeria (65,0%) Iraq (64,6%) Tunisia (62,2%) Oman (61,3%)	Jordan (55,4%) Egypt (53,1%) Morocco (51,3%)	Mauritania (49,8%) Djibouti (44,4%) Qatar (44,2%) Lebanon (41,0%)	Palestine (37,4%) United Arab Emirates (34,2%) Saudi Arabia (32,5%) Yemen (32,5%) Bahrain (32,2%)	Sudan (25,5%) Syria (22,3%) Kuwait (20,3%)	Iran (16,7%) Lybia (15,4%)

[7] Scores reflect the de jure policies and not the implementation of these policies or CPR rates. For CPR rates please refer to the UNFPA Dashboard.

The Atlas shows that while most countries have taken concrete steps at the policy level to ensure access to sexual and reproductive health for everyone, more needs to be done to further strengthen the implementation mechanisms in place. The countries that have not already done so, need to ensure that national strategies on contraceptive supplies are linked to functional committees, and supported and monitored by appropriate government funding mechanisms. Restrictions on accessing contraception need to be addressed proactively and intentionally through a variety of measures, to accelerate progress and respond to the consensus that was articulated in the Cairo Declaration on ICPD beyond 2014[8] in 2013.

More specifically, out of 21 countries analysed:

- **6 countries** (29%) ensure legislation enshrining the right to choose the number, timing and spacing of children,
- **4 countries** (19%) have an updated official political plan, national policy or strategy related to contraception,
- **3 countries** (14%) signed the optional protocol of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),
- **8 countries** (38%) have not made any pledge related to family planning within Every Woman Every Child (EWEC), Nairobi Summit or Family Planning 2030 (FP2030) platforms,
- **3 countries** (14%) have government-led websites to inform their citizens on family planning services. However, awareness campaigns are not planned by governments on a frequent basis,
- **9 countries** (43%) do not have a publicly available budget line on funds allocated and spent on public sector contraceptive procurement,
- **Morning after pill** is not registered/illegal in 7 out of 21 countries (33%) and not provided by the public health system in 9 out of 21 countries (43%).

The Atlas points to the fact that the region has significant disparities when it comes to access to the right to choose the number, timing and spacing of children and underlines the main areas which merit greater attention from policymakers:

- **The importance** of ratifying or accessing international conventions for the protection of women and the promotion of gender equality,
- **The implementation** of gender-sensitive demographic surveys that give consistent space to family planning issues, and enable monitoring the uptake of contraceptive services
- **The creation** of evidence-based policies and updated national strategies that clearly state the goals to be achieved in the country regarding contraception,
- **The availability** of free contraception within respective national health services or insurance systems,

[8] Cairo Declaration: Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014) , 24-26 June 2013 retrieved under this *link*.

- **The responsibility** of public bodies to accurately and authoritatively inform their citizens about their rights and entitlements as well as their health.

In addition to advocating with governments to uphold access to contraception as an individual right and to meet commitments to attaining various SDGs, evidence of the economic gains to be reaped from investments in family planning may be persuasive. An investment case undertaken by the UNFPA Arab States Regional Office demonstrated that overall, for every $1 spent in ending unmet need for family planning and preventable maternal deaths in 12 countries in the Arab region, $5 in returns can be expected.[9] Family planning investment benefits offer countries the opportunity to harness the demographic dividend: when economies thrive, the average lifespan increases and populations flourish.

Data sources and limitations

It is important to point out some inherent limitations of the study that influenced the results and which need to be taken into account in their interpretation.

In terms of data collection:

The Atlas data collection represented an online desk research meaning that information that is not available online was not taken into account and was marked as 'unavailable'. Secondly, the research languages were English and French and did not reflect the data available in Arabic. Since the majority of official documents and data sources are in Arabic, the authors will address this gap in the next edition of the Atlas. The data sources used for this edition of the Atlas included:

- Publicly available national laws and policies,
- Reproductive Health Supplies Coalition datasheets,[10]
- Sexual Rights database,[11]
- The data from the International Consortium for Emergency Contraception,[12]
- FP2030[13]

For the second round of updates of the MENA Family Planning Atlas and to ensure a more precise representation of the situation we will envisage working with the national public health authorities to vet the data not available in English or French online and to reflect the information available in Arabic. Additionally, the interactive database: *srhrpolicyhub.org* calls for users viewing the website to share the information via a special online form available under each country profile.

[9] Available on UNFPA Arab States Regional Office website *https://arabstates.unfpa.org/sites/default/files/pub-pdf/15005_-_investment_in_the_three_transformative_results_in_the_arab_region_-final_for_web.pdf*.
[10] Available on the website of the Reproductive Health Supplies Coalition: *https://www.rhsupplies.org/activities-resources/publications/*.
[11] Available on the website of the Sexual Rights Initiative: *https://www.uprdatabase.org/*.
[12] At the time of writing this White Paper the ICEC no longer hosts a website.
[13] Available on the website of FP2030: *https://www.fp2030.org/*.

In terms of data evaluation:

The Atlas evaluates the countries using three main criteria: relevant policies backed up with sufficient funding to cover contraceptives within the national health services, alignment with the international guidelines and protocols and the available public information and campaigns promoting knowledge on FP. However, there are many more factors that influence usage and awareness of contraceptives. These factors include comprehensive sexuality education, differences of access between the urban and the rural areas, levels of education, different social stratifications and work status of users, role of the media and the role of the intimate partners and extended families to name a few.[14]

The context: MENA as a socially and economically diverse region

The MENA region is very diverse both socially and economically and includes some of the richest countries in the world such as Kuwait and the United Arab Emirates and some of the poorest countries in the world such as Somalia, Sudan or Yemen. In these countries, the majority of the population lives in rural areas where women have limited access to reproductive health care services including family planning.[15] Throughout the past decades, the provision of reproductive health services have without any doubt expanded and improved to varying degrees across the region.[16] However the progress has been inconsistent both within countries and across the region. For example, the **contraceptive prevalence rate** (modern method, married women) ranges from as low as **16%** in Sudan[17] to as high as **62%** (Morocco).[18] There are also large in-country disparities: in Morocco the prevalence of modern contraceptive methods is as high as 68% in Marrakech-Safi and as low as 38,8 in Tanger-Tetouan-Al Hoceima.[19]

Additionally, MENA region also faces a unique set of challenges that prevent women of reproductive age from accessing the desired family planning methods and so slowing down the possible progress across the region. Social, cultural and religious barriers, stigmatisation of use of family planning, particularly among unmarried young people, unequal access to health services and weak commodity systems are among a few to name.

Birth spacing is among issues in the MENA region. While WHO recommends that women wait a minimum of 2 years after a live birth before attempting to get pregnant again, across MENA region, birth spacing varies depending on socioeconomic and cultural factors and health care provision.[20]

[14] Exploring the Influencing Factors for Contraceptive Use among Women: A Meta-Analysis of Demographic and Health Survey Data from 18 Developing Countries, 2022 available under this *link*.
[15] Addressing unintended pregnancy in the Arab region, 2018, Middle Easte and North Africa Health Policy Forum / UNFPA retrieved under this *link*.
[16] Addressing unintended pregnancy in the Arab region, 2018, Middle Easte and North Africa Health Policy Forum / UNFPA retrieved under this *link*.
[17] Contraceptive prevalence rate women aged 15-49 modern method, per cent, 2023
[18] UNFPA World Population *Dashboard*.
[19] Les indicateurs sociaux du Maroc, Edition 2024, Royaume du Maroc, High Commission for Planning.
[20] idem.

Hormonal contraception also offers other **non-contraceptive benefits**[21] which contribute to health and wellbeing of women. However, their prescription also presents challenges such as the need to justify it by the health care provider. Additionally, in the culture where fertility is perceived as a God's blessing, some patients might perceive contraception as an assault on their fertility.[22]

Therefore, there is a need to firstly re-evaluate current policies and accommodate the provision of free contraception, also for non – contraceptive reasons and envisage the training of health care providers to enable them to offer evidence-based counselling.[23]

MENA region hosts a large **youth population** of around 30%[24],who suffer specific challenges. Young women, youth in rural areas and youth with disabilities face inadequate health provision and a poor access to health facilities. Lack of easy access to health information is still a challenge to this young population in the region, particularly with regard to their SRHR.[25] Existing cultural norms, power dynamics among genders, local taboos related to discussing sex-related issues, inequalities in education and belonging to marginalized communities including the LGBTQI+ community are among many factors contributing to the youth SRHR violation in the region.[26]

The region also suffers from a **shortage of medical staff** to deliver essential primary health services such as family planning and RH services. According to UNFPA, the Arab region on the average has only 1.9 midwives per 10,000 population (lower than the global average of 4.4).[27] Midwives could considerably contribute towards the provision of RMNCAH services. Countries affected by this shortage include Algeria, Egypt, Iraq, Morocco, Somalia, and Sudan.[28]

Finally, the region is home to the largest refugee and displaced population in the world. Ongoing conflicts in the region force people to flee their homes in large numbers which makes the already poor state of reproductive health care worse.

At the time of writing, the health system in Gaza has been severely impaired by months of conflict including direct attacks on hospitals and health workers and restricted flows of humanitarian assistance, including drugs, supplies and medication. The security situation not only constrains the provision of services but also impedes timely and safe access for women and girls, including pregnant women, in need of life-saving SRH services. There are projections that if the current war continues to escalate through August 2024 (10 months from its start), the escalation would potentially undo over a quarter of a century of progress, setting back maternal mortality to levels last seen in 1995.[29]

After nine years of conflict, the needs in Yemen remain immense. Over half of the country's population, 18.2 million people, require some form of humanitarian assistance in 2024. This is the result of multiple, overlapping emergencies pummelling the country: Violent conflict, economic

[21] Non contraceptive benefits include: mood stabilization, reduction of premenstrual symptoms, acne relief, bleeding decrease, recurrent functional ovarian cysts, and luteal hemorrhagic cysts prevention and others.
[22] Beyond Contraception: The Medical Necessity of Hormonal Contraceptives for Optimal Health and Well-being of Women in the UAE, Shamsa Al Awar and Kornelia Zaręba, 2024, Gulf Education and Social Policy Review, Volume 4, Issue no. 2.
[23] idem.
[24] UNFPA Arab states: UNFPA experts, specialists and partners meeting to discuss priorities and examine challenges and opportunities to reduce unmet need for FP in the Arab region, retrieved under this *link*.
[24] Youth sexual and reproductive health and reproductive rights in the Arab region. An overview. UNFPA, American University of Beirut, Faculty of health Sciences, 2022 available under this link: *https://arabstates.unfpa.org/sites/default/files/pub-pdf/14451-srhrr_arab_region_-_an_overview_-_web_version.pdf*.
[26] idem.
[27] Reproductive Health Commodity Security in the Arab States Region, UNFPA, 2023 (unpublished).
[28] idem.
[29] JHU and LSHTM estimates: *https://gaza-projections.org/gaza_projections_report.pdf*.

collapse, recurrent climate-change induced disasters, and severely disrupted public services, with recent regional conflict dynamics adding further layers of vulnerability. Hence, in addition to the impact of conflict on the health system, women and girls, in countries such as Yemen, experience higher rates of child marriage, gender-based violence and other harmful practices.[30] Hence in addition to supply side disruptions, the social determinants of health are also affected by ongoing crises impacting demand for SRH services.

The provision of family planning is a crucial part of efforts to reduce unintended pregnancies which will also lead to a reduction in unsafe abortion. As outlined in the Minimum Initial Services Package for Sexual and Reproductive Health and recognized by the Inter Agency Standing Committee, preventing unwanted pregnancy by ensuring the availability of a range of contraceptive methods - including emergency contraception- and access to information are among core activities recognized to be life-saving during an emergency.[31]

International normative framework on family planning

The international community has long recognised that access to contraception is a vital element for the development of societies and the attainment of human dignity. The **Programme of Action of the International Conference on Population and Development (ICPD)** adopted by 179 governments in 1994 in Cairo recognized "the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice". It called for women's reproductive health and rights to take centre stage in national and global development efforts. It also acknowledged the interconnectedness of reproductive health and women's empowerment, recognizing both as essential elements for societal progress.

At the **regional level**, in 2013, the Arab States convened the **20 years review of the ICPD Programme of Action** and adopted the **Cairo Declaration**.[32] It renewed the commitment of Arab countries to the ICPD Programme of Action. They committed i.a. to expand coverage through increasing the number of health units that provide family planning and reproductive health services. They also underlined the need to use qualified staff to provide family planning services in remote areas where human resources are limited.[33] Since 2013, the Cairo Declaration has served as the regional framework to advance the implementation of the ICPD Programme of Action with 129 recommendations touching four areas: dignity and equality, covering various population groups – women, migrants and displaced persons, young people, older persons and persons with disabilities; (2) health, including sexual and reproductive health and reproductive rights; (3) place and environmental sustainability; and (4) governance, including regional and international cooperation as well as data.[34]

During the convening the Arab states also established the **Arab Council for Population and Development**, which would serve as an Arab umbrella to implement the Cairo Declaration and the results of regional reviews.[35]

[30] UNFPA Yemen *https://arabstates.unfpa.org/sites/default/files/pub-pdf/f44c309a-33d2-4554-a94e-b4e97b70c253.pdf*.
[31] Minimum Initial Service Package *https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations*.
[32] Cairo Declaration: Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014) , 24-26 June 2013 retrieved under this *link*.
[33] Cairo Declaration: Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014) , 24-26 June 2013 retrieved under this *link*.
[34] The sixth review of the International Conference on Population and Development in the Arab region. Ten years after the 2013 Cairo Declaration: regional review report, ESCWA, UNFPA ASRO, the League of Arab States.

The importance of access to contraception was reiterated with the **United Nations Sustainable Development Goals (SDGs)** adopted in 2015. SDGs recognised that lack of access to family planning and contraceptive methods presents a significant barrier to achieving gender equality and hinders women socio-economic empowerment. When women cannot enjoy their reproductive rights, they frequently encounter obstacles in accessing education, joining the workforce, and participating in economic activities. This limited access also leads to broader repercussions on economic productivity, as countries fail to harness the potential contributions of half of their population. SDGs promotes the access to reproductive health and contraception under its targets 3.7 and 5.6 and their relevant indicators:

SDG Target 3.7 on Sexual and reproductive health calls on to ensure universal access to sexual and reproductive healthcare services, including for family planning, information & education and the integration of reproductive health into national strategies by 2030.[36] This target is measured by two indicators:

- The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (indicator 3.7.1) and
- The adolescent birth rate (aged 10-14 years; aged 15-19) per 1000 women in that age group. (3.7.2)

SDG Target 5.6 calls to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.[37] This target is also measured by two indicators:

- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (5.6.1) and
- The 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 (5.6.2)

More recently in 2019, governments gathered in **Nairobi** and committed to intensify their efforts for the full, effective and accelerated **implementation and funding of the ICPD** Programme of Action and to achieve universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC). They committed to strive for i.a.:[38]

- Zero unmet need for family planning information and services and universal availability of quality, accessible, affordable and safe modern contraceptives,
- Access for all adolescents and youth, especially girls, to comprehensive and age-responsive information, education and adolescent-friendly comprehensive, quality and timely services to be able to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies.

[35] Arab Region Reviews Progress on Cairo Declaration, Links to 2030 Agenda, *SDG Knowledge Hub*.
[36] UN Department of Economic and Social Affairs Sustainable Development retrieved under this *link*.
[37] UN Department of Economic and Social Affairs Sustainable Development retrieved under this *link*
[38] Nairobi Statement on ICPD 25: Accelerating the Promise retrieved under this *link*.

ICPD at 30

In 2024 at the time of writing this White Paper, the global community celebrates the 30 years of ICPD achievements. It is also a moment to recognise the growing understanding of the importance of human-centered sustainable development. 2024 presents an opportunity to recommit to the ICPD Agenda and to position the issues of family planning and access to sexual and reproductive health within the post-2030 (post SDG) population and development agenda.

The regional review report prepared for the occasion of the ICPD +30 by the ESCWA, UNFPA ASRO, the League of Arab States stressed that despite the challenges experienced by the Arab states region, including war crisis, mass displacement and migration and persisting inequalities in accessing basic SRHR services the progress has been made in many areas. Countries have enacted and are implementing new legislation to eliminate gender discrimination and empower women, there are investments in education supporting women's integration into the labour market and a gender -responsive budgeting approach. The responses provided by the Arab Governments underscore the need to allocate dedicated resources to meet the goals of the 2013 Cairo Declaration.[39]

As the Secretary-General report to the 57th session of the Commission on the Population and Development which took place from 29 April 2024 to 3 May 2024 demonstrates, globally, the countries have yet to achieve their goals in the implementation of commitments they have made, and there is still a long way to go before every individual can exercise their rights in society with equality, justice and dignity for all.

The road to improvement: Recommendations

Based on the Atlas research and the recommendations from the international bodies, public authorities in the MENA region can take concrete steps to help their citizens exercise their reproductive choice through open access to services and full choice of contraceptives and information:

In terms of policies related to family planning:

1. **Recognise** the right to choose the number, timing, and spacing of children through legislative amendments or policy revisions.
2. **Push** for the development or enhancement of an official national policy or strategy related to family planning, aligning with broader reproductive health goals.
3. **Include** a wide range of contraceptive methods, including Long-Acting Reversible Contraceptives (IUDs, implants etc.) and the morning after pill in the National Essential Medicines List to ensure accessibility and choice for all individuals.
4. **Become** signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and its optional protocol to strengthen commitments to reproductive rights.
5. **Make** commitments related to contraception at global initiatives such as Every Woman Every Child (EWEC), the Nairobi Summit, or Family Planning 2030, demonstrating commitment to internationally established goals.

[39] The sixth review of the International Conference on Population and Development in the Arab region. Ten years after the 2013 Cairo Declaration: regional review report, ESCWA, UNFPA ASRO, the League of Arab States.

6. **Conduct** census or surveys that include indicators related to sexual and reproductive health and rights (SRHR) to inform evidence-based policymaking.
7. **Establish** or enhance the national committee on contraceptive security to coordinate efforts and ensure access to contraceptives for all.

In terms of improving the access to services:

8. **Implement** specific services tailored to adolescents in need of family planning, ensuring accessibility, confidentiality, and youth-friendly services.
9. **Establish** and maintain a national webpage run by the public authorities dedicated to providing comprehensive and accurate information on family planning methods and services. Promote awareness and education among the population including through awareness-raising campaigns on family planning methods.
10. **Ensure** the legality and the availability of the morning-after pill without prescription.
11. **Ensure** regular training of health care providers on the delivery of information, services and education on contraception to patients according to the WHO guidelines and standards.

In terms of public funding of family planning services and supplies

12. **Increase** government funding allocated to public sector contraceptive procurement to ensure the availability and affordability of contraceptives for all individuals, without restrictions based on social status.
13. **Include** contraceptive supplies in National Health Insurance coverage to reduce financial barriers and improve access to family planning services.

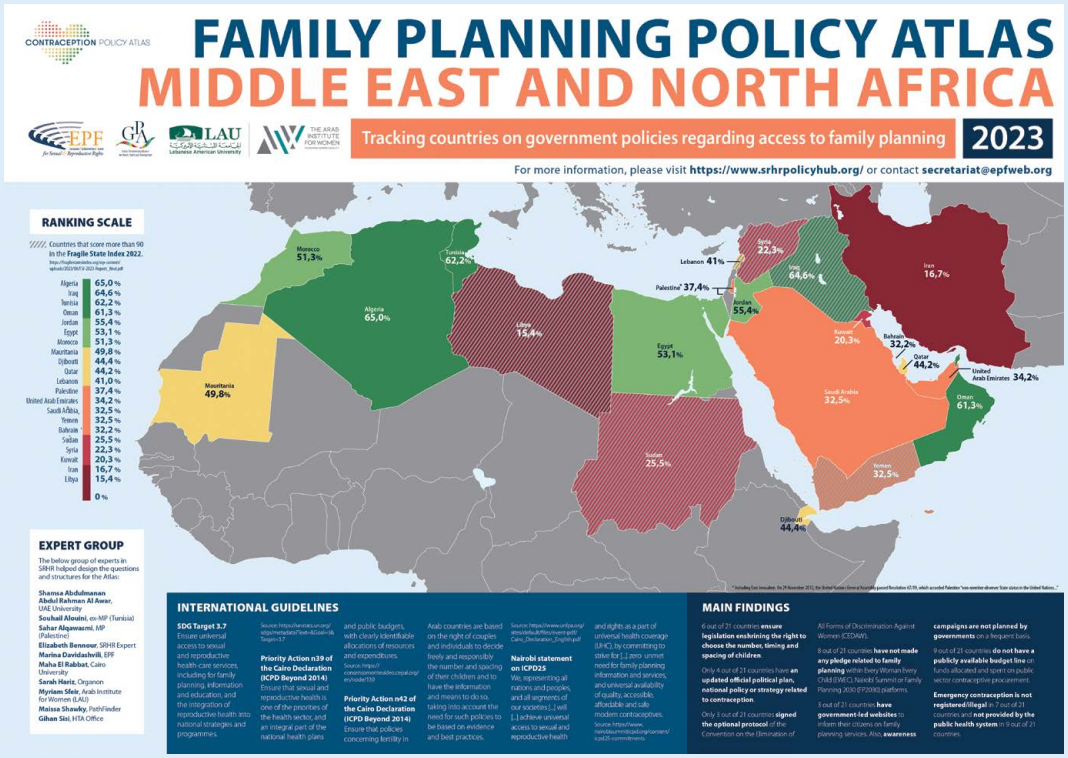
Conclusion

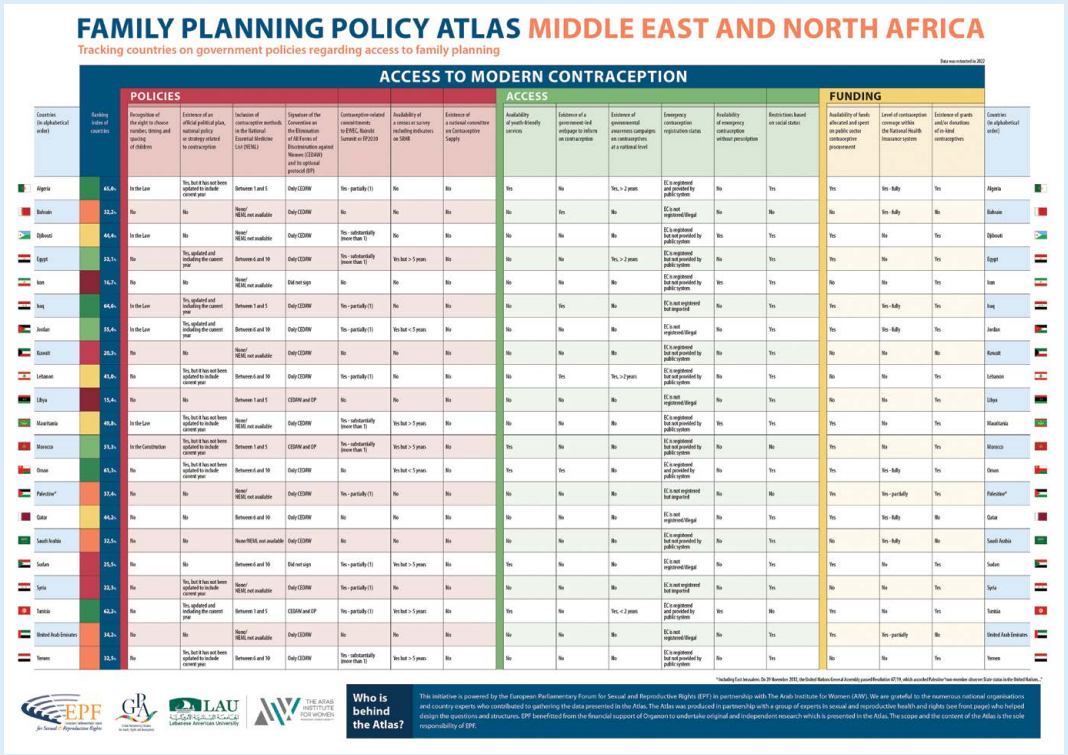
In conclusion, this White Paper underscores the urgent need for enhanced family planning policies and practices across the MENA region. Despite significant progress, the region still faces many barriers. However, it has the full potential to ensure access to modern contraception for all. By adopting the recommendations provided, including policy revisions, improved access to services, and increased public funding, MENA countries can better support reproductive health and rights.

It is crucial to place women and girls in conditions that allow them to conscientiously decide over their bodies and their rights, especially in the most conservative and traditional countries. Myths surrounding the use of contraception should be targeted with accurate and age-appropriate information to combat disinformation. Governments should take ownership and be held accountable for the commitments made at the international level to guarantee real access to contraception. Adequate funding is essential to translate policies into effective implementation.

The collaborative efforts of governments, international organizations, and local stakeholders are vital to overcoming barriers and ensuring that every individual has access to the necessary resources for informed reproductive choices. Commitment to these improvements will not only advance gender equality and women's empowerment but also contribute to the broader goals of sustainable development and societal well-being.

Annex: The Atlas





About us

European Parliamentary Forum on Sexual and Reproductive Rights is a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world's most vulnerable people, both at home and overseas. We believe that women should always have the rights to decide upon the number of children they wish to have, and should never be denied the education or other means to achieve this that they are entitled to.

The Global Parliamentary Alliance for Health, Rights and Development (GPA) is a flexible parliamentary initiative aimed at boosting parliamentarians' efforts to deliver on the SDGs, specifically in the areas of health and human rights.

Find out more at epfweb.org or by following
https://twitter.com/EPF_SRR

See Contraception Atlas at:
https://contraception.srhrpolicyhub.org/

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The Arab Institute for Women (AiW), previously known as the Institute for Women's Studies in the Arab World (IWSAW), was established in 1973, building upon the Lebanese American University's rich history as a school for women.

At that time, it was the first such institute in the Arab world and it remains the only one of its kind in Lebanon. It is also among the first globally.

The Institute advances women's rights and gender equality nationally, regionally, and globally through research, education, development programs, and outreach. The AiW works at the intersection of academia and activism.

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Contributions and thanks

This initiative is powered by the European Parliamentary Forum on Sexual and Reproductive Rights (EPF) under its umbrella of the Global Parliamentary Alliance (GPA) jointly with the Arab Institute for Women (AiW) at the Lebanese American University (LAU) and the group of renowned experts in the field of family planning. EPF benefitted from the financial support of Organon to undertake original and independent research which is presented in the Atlas.

EPF is grateful to the numerous expert national organisations and individuals who contributed to gathering the data presented in the Atlas. The scope and content of the MENA Family Planning Atlas and the White Paper is the sole responsibility of the EPF.

We would like to thank the following experts for their tireless support on the topic, as well as their expertise, feedback and contributions to the main goals, objectives and messages for the Family Planning Atlas MENA and White Paper:

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CONTRACEPTION POLICY ATLAS