



A CALL TO ACTION

Postpartum and Postabortion Family Planning: High-Impact Practices that Must be Scaled Up through Universal Health Coverage and Primary Health Care Frameworks

We urge global health and development stakeholders, including country governments, multilateral institutions, donors, and implementing partners, to support the scale-up of postpartum and postabortion family planning (PPFP and PAFP), interventions which are crucial in reducing unmet need for contraception and have proven impacts on maternal, newborn, and child survival and wellbeing.

Universal Health Coverage (UHC) and Primary Health Care (PHC) frameworks provide unique opportunities to advance these health interventions and accelerate progress toward the Sustainable Development Goals (SDGs). We endorse and urge all stakeholders to champion five priority actions to support scaling up PPFP and PAFP in the UHC and PHC contexts:

1. Integrate PPFP and PAFP across the six health system building blocks identified by the World Health Organization, with an emphasis on the stewardship, governance, and leadership elements that enable adequate health financing and workforce allocation.
2. Engage communities to address stigma, bias, social, and gender norms, and to understand client motivation and needs for accessing PPFP and PAFP services, including via digital tools.
3. Engage and strengthen the private sector, support the bundling of services, expand what the private sector can provide, facilitate public-private partnerships, and assure quality.
4. Strengthen health information system coverage indicators for counseling and measurement of voluntary PPFP and PAFP uptake for more reliable data from both the public and private sectors.
5. Reallocate financial resources for equitable access, including transition of public resources to focus on the underserved; strengthen subsidized and commercial models for those who are able to pay.

WHY DO PFPF¹ AND PAFP² MATTER?

- Close to 287,000 women and girls die in pregnancy or deliveryⁱ and there are over two million newborn deaths annually.ⁱⁱ
- There are approximately 73 million abortions per year, nearly half are unsafe,ⁱⁱⁱ contributing to 5 to 13 percent of maternal deaths.^{iv}
- Over 100,000 maternal deaths a year could be prevented with expanded access to and uptake of voluntary family planning (FP), particularly in the context of maternity care and post-abortion care (PAC).^v
- Countries are making commitments to expand access to voluntary, rights-based contraception in their communities, including to PFPF and PAFP.^{vi}
- Immediate PFPF and PAFP provides opportunity for prompt initiation of FP as the person at risk for unintended pregnancy is within the health care system and does not face additional costs or burden in reaching health care.
- More people are using both public and private facilities as well as self-care approaches for reproductive, maternal, newborn, and child health (RMNCH) services, providing further opportunities to provide high quality PFPF and PAFP information, services, and supplies.
- Access to PFPF and PAFP are critical to ensure women and girls' ability to exercise their sexual and reproductive health and rights (SRHR) over the course of their lives.

PFPF and PAFP share many commonalities, but also have important distinctions including timing, location, and number of service contact points; the role of self-care; regulatory and legal frameworks affecting service provision; and some medical eligibility criteria.

AND YET...

- 218 million women and girls have an unmet need for contraception around the world.^{vii}
- Nearly two-thirds of postpartum women in low- and middle-income countries (LMICs) have an unmet need for contraception.^{viii}
- Across LMICs, even though FP is a component of PAC, many clients are not offered contraceptive counseling and services during PAC, and in many countries, leave the facility without an FP method of choice.^{ix}
- Just 55% of women across 64 countries can make decisions about their own bodies, including choosing when to have sex, using contraception, and accessing healthcare services.^x

WHAT OPPORTUNITIES DO UHC AND PHC OFFER?

UHC aims to make essential health services available to as many people as possible, without financial hardship. Alignment between PFPF and PAFP and UHC occurs along the three dimensions of UHC: population coverage, service packages, and financial protection.

- FP, and particularly PFPF and PAFP, are essential elements of the continuum of care including pre-pregnancy care, delivery, or PAC, and the extended postpartum or postabortion periods.

¹ **Postpartum family planning (PFPF)** is the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. (World Health Organization. 2013. *Programming strategies for postpartum family planning*. https://apps.who.int/iris/bitstream/handle/10665/93680/9789241506496_eng.pdf)

² **Postabortion family planning (PAFP)** is the initiation and use of modern contraceptive methods at the time of management of abortion or before fertility returns after the abortion. (See: High Impact Practices in Family Planning. 2019. *Postabortion family planning: A critical component of postabortion care*. Washington, DC: USAID. <https://www.fphighimpactpractices.org/briefs/postabortion-family-planning/>)

- Coverage will remain incomplete as long as a sizable proportion of girls and young women, rural residents, and other marginalized populations continue to experience unmet need for FP in the postpartum and postabortion periods.
- Financial barriers to PPF and PAFP disproportionately affect the poor. An emphasis on equitable FP access aligns with UHC’s goal to leave no one behind.

By preventing unintended pregnancies, expanded access to PPF and PAFP through UHC can lower healthcare expenditures and reduce the burden on health care systems, including the health workforce. Achieving UHC involves making decisions about what services will be provided to whom, and at what cost, and ensuring protection for vulnerable and marginalized populations, including adolescents. PPF and PAFP, including quality counseling, must be included in health benefits packages to realize the potential of UHC at scale.

Both within and distinct from conversations and commitments related to UHC, a renewed attention to strengthening PHC to achieve the SDGs among donors and country leaders provides an opportunity to ensure access to and coverage of PPF and PAFP services.^{xi} PHC aims to achieve the highest possible level of population health and well-being by addressing people’s needs as early as possible along the continuum from health promotion to treatment and care, and as “close as feasible to people’s everyday environment.”^{xii} Sexual and reproductive health (SRH) services are critical components of PHC, and 90% of essential UHC services can be delivered through PHC.

HOW CAN THIS ACTION AGENDA BE ACHIEVED?

A 2023 convening brought together multilateral institutions, donors, researchers, and implementers to discuss scaling up PPF and PAFP in the context of UHC and PHC.^{xiii} This expert group identified the five priority actions presented above, which have been further refined by the co-endorsers of this Call to Action. The group recognized three dimensions that create an enabling environment for PPF and PAFP scale-up (financing, data, and values and norms), and identified numerous factors that can act as facilitators of, or barriers to, PPF and PAFP scale-up, reach, quality, and coverage. (See text box)

The global consultation and convenings on these issues at global technical forums throughout 2023 led by FP2030 and other partners^{xiv} have identified several catalytic steps to advance this action agenda:

- Given the many opportunities for service integration, the maternal and newborn health (MNH) community’s leadership is essential to achieve progress in PPF and PAFP scale-up. MNH and FP communities must work together to ensure that PPF and PAFP are prioritized in Ending Preventable Maternal Mortality and Every Newborn Action Plan approaches across the continuum of care from pregnancy to delivery, postnatal, and well-child care, including during immunization visits.^{xv,xvi}

Factors affecting the enabling environment for PPF/PAFP

- Gender norms and respect for SRHR
- Integration or separation of FP and MNH services in budgets, policies, and service delivery organization
- Health workforce gaps and support for task sharing, pre- and in-service training
- Digital platforms, tools, and access
- Role of private sector and total market approaches
- Commodity procurement and supply chain management
- Community-based services and self-care approaches
- Social insurance and payment models
- Inclusion of SRH services in UHC benefits packages

- PFPF and PAFP services must be included in UHC health benefits packages and prioritized in donor financing plans to advance UHC. Similarly, PFPF and PAFP interventions must be recognized as integral services within PHC frameworks, even if certain elements (e.g., FP during and after cesarean delivery) may be delivered at secondary or other non-primary care facilities, or in the community as part of self-care.
- PFPF and PAFP must be included in health professional pre- and in-service education, including for midwives, to ensure that the health workforce is prepared to provide these services.
- Policies should be reviewed to ensure that they do not create barriers to accessing PFPF and PAFP services, for example by requiring partner consent. In particular, the restrictive policies that inhibit adolescents and youth from accessing PFPF and PAFP must be removed, recognizing that nearly half of pregnancies among adolescents in LMICs are unintended.^{xvii}
- Finally, increased financing is required, from domestic resource mobilization as well as development partners, to support RMNCH services, including for commodities and to expand the healthcare workforce.

JOIN US IN ACTION

We urge all stakeholders to contribute to this effort by incorporating and advocating for the principles and priorities in this Call to Action in their work.

Please follow the QR code to learn more.



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