

Policy Brief | RIGHTS AND CHOICES FOR ALL FAMILY PLANNING

Issue overview

Family planning is not only a matter of human rights, it is also central to women’s empowerment; it reduces poverty, boosts economic development and is a precondition for achieving the Sustainable Development Goals. When countries prioritize and invest in family planning, they promote healthier populations, more efficient health systems and stronger economies.

Today, achieving universal access to reproductive health, including family planning, is at the center of global development efforts. The global pandemic has further exacerbated the situation, and this threatens women and couples’ ability to build a better future for themselves, their families and their communities.

Trends in Turkmenistan

The National Health care system of Turkmenistan includes 95 reproductive health rooms which are located in each district across the country. Based on the latest available data, 47.3 % of women aged 15-49 used any modern methods of contraception in 2019 compared to 33.8% in 2000², whereas the total fertility rate remained at an average of 3 children per woman for the last 3 years. One out of three women aged 15-49 who are currently married or in union cannot decide for themselves regarding sexual relations, contraceptive use and health care (SDG Indicator 5.6.1).

Women with chronic conditions are eligible for free contraceptives procured through the State budget funds. However, due to lack of regulations in administering contraceptives, women with low income have fewer opportunities to get contraceptives for free, while women with disabilities and adolescents often are not aware of the existing services and that they are eligible to access contraceptives for free. Since 2017, the Ministry of Health and Medical Industry of Turkmenistan (MoHMI) has procured Re-

In Turkmenistan, about 160,000 women aged 15-49 would like to prevent or delay their pregnancy but are not using modern contraceptives for reasons ranging from lack of information on services to lack of support from their partners or communities, and ability to decide or purchase contraceptives for themselves.

UNFPA works to support family planning by (a) ensuring a steady, reliable supply of quality contraceptives on state budget funds; (b) strengthening national health systems; (c) advocating for policies supportive of family planning; and (d) gathering data to support this work. UNFPA also provides global leadership in increasing access to family planning, by convening partners – including governments – to develop evidence and policies, and by offering programmatic, technical and financial assistance to countries.

 **95**

reproductive health rooms countrywide
at-risk women receive free contraceptives

 **47%**

women aged 15-49 use contraceptives

 **22**

adolescent birth rate

(annual #births to girls 15-19 per 1000 women in that age group)

9.7%

unmet need for family planning

Unmet need for family planning – percentage of women of reproductive age who would like to prevent or delay pregnancy but do not use one of the modern, reliable forms of contraception due to social or economic barriers. Meeting an unmet need for family planning will have the effect of promoting healthier populations, more efficient health systems and stronger economies.

Trends in Turkmenistan *(cont.)*

productive Health (RH) supplies for Reproductive health rooms using its own budget.

However, there is no designated budget line for that procurement which would make the stock of supplies more secure and stable for those who need them most.

UNFPA envisions achieving Zero unmet need in Family Planning till 2030. Unmet need for family planning has decreased from 15.9 in 2006³ to 9.7 in 2019⁴ and is projected to be further reduced to 3.5 by 2030 if the current trend continues⁵. The percentage of demand for family planning satisfied with modern methods is 79.6⁶.

According to data from the National Reproductive Health Center, an average birth spacing has seen a reduction from 2.5 to 1.8 years, which increases the health risks for both mothers and newborns. Even though the adolescent birth rate has fallen from 28 in 2016 to 22 in 2019⁷ there is a need to continue expanding informal and formal education on reproductive health for adolescents.

To accelerate the progress towards achieving universal access to RH services (SDG target 3.7), MoHMI has developed a National Strategy on Reproductive, Maternal, Newborn, Children, and Adolescents' health (RMNCAH) for 2021-2030 along with an action plan for 2021-2025.

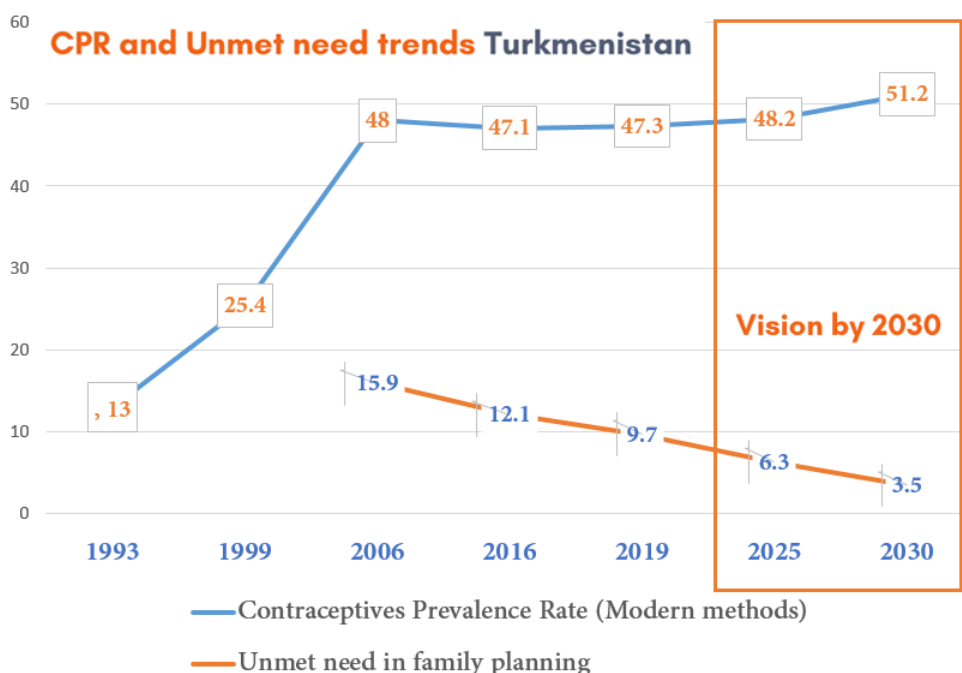
UNFPA in Action



Photo: UNFPA Turkmenistan

A woman receives government-funded contraceptives at the nearest reproductive health room.

Since Turkmenistan was classified as an upper middle-income country, UNFPA intensified its advocacy for financing of RH supplies. This led to the signing of a Memorandum of Understanding in 2014 on procurement of contraceptives through state budget funds from 2017 onwards.



During 2016-2020, Government procured contraceptives including through UNFPA for

\$2.3mIn

which in turn generated:

\$420,000 

direct healthcare system savings

693 

abortions averted

15,121 

unintended pregnancies averted

32 

maternal deaths averted

Investing additional **\$6mIn**

in FAMILY PLANNING will result:

\$10,5 mln 

direct healthcare system savings

1,777 

abortions averted

38,773 

unintended pregnancies averted

3,976 

caesarean sections averted

As a result of South-to-South cooperation between Malaysia and Turkmenistan in the area of family planning facilitated by UNFPA, the MoHMI issued order #118 based on which women with chronic conditions are eligible for free contraceptives. Starting from 2018, adolescents aged 15-19 were also included in the eligible list. After UNFPA phased out its direct support to contraceptives in 2017, the MoHMI established a coordinating Committee in 2018, which meets twice a year to ensure that family planning supplies coming to the country are coordinated in a more effective way, aiming to protect the needs of vulnerable women.

UNFPA plays a secretariat role within that committee and provides regular advisory support. Moreover, the MoHMI procures contraceptives through UNFPA. In 2020 alone, the MoHMI procured contraceptives worth \$56,000 through UNFPA, following the signing of a two-year co-financing agreement between UNFPA and the MoHMI. This ensured the

stock of contraceptives during the COVID-19 global pandemic.

In 2016-2020, the Government of Turkmenistan procured injectable contraceptives, pills, IUDs and condoms worth a total of \$2,340,489 including through UNFPA and the private sector.

This in return has averted more than 693 abortions, 15,121 unintended pregnancies and 32 maternal deaths and saved more than \$420,000 to the health care system of Turkmenistan. In 2020, UNFPA supported the MoHMI to calculate the cost of reducing the unmet need for family planning in Turkmenistan to 3.4 in 2030. The conducted research showed that investing an additional \$6 million in family planning would bring a net financial benefit of approximately 10.5 million USD and avert approximately 1,777 abortions, 38,773 unintended pregnancies, and 3,976 caesarean sections by the end of 2030⁸.

New priorities of partnership in 2021-2025

1 Effective implementation of **National Strategy on reproductive, maternal, newborn, children, adolescents' health 2021-2030**

Several agencies including UNFPA, UNICEF and WHO regularly support the national health care system in implementing the National strategy on RMNCAH for 2021-2030.

2 Accelerate progress on reproductive health targets of **Sustainable Development Goals Leaving No One Behind**

Monitoring of the progress in SDG target on universal access to RH services is the essential part of effective implementation of the UNFPA country program. The Reproductive Health survey in addition to the data from MICS would be a solid asset to the proper monitoring of the progress.

Within the 5th Country Programme for 2021-2025, UNFPA will also work to identify and address purchase power and social norms, which constitute barriers for women to access voluntary family planning services. UNFPA will support the MoHMI in diversifying the channels of family planning service provision through distributing family planning services among family doctors, obstetricians and nurses. UNFPA will also in-depth analyze the needs of women with disabilities in family planning to help adapt these services to their needs.

3 Sustainable reproductive health commodities security:

UNFPA Turkmenistan will support the Ministry in developing a health financing system to ensure adequate funding for family planning based on the evidence obtained through the Family planning investment case conducted in 2020. While the MoHMI will identify the budget source for the procurement of contraceptives and designate a budget line for it, UNFPA will continue to assist the MoHMI in bringing best value products to Turkmenistan for the lowest available price to accelerate progress in further reducing the unmet need.

4 Adolescents-friendly reproductive health services

UNFPA will also continue supporting the MoHMI in making health services for adolescents more friendly (available, accessible, affordable, reliable). For that purpose, UNFPA will support quality improvement of adolescent RH services in pilot sites in Ashgabat and next throughout the country.



Partners

National partners: Ministry of Health and Medical Industry of Turkmenistan, National Mother and Child Center, State Medical University of Turkmenistan, Nursing schools, State Pharmaceutical Agency, Ministry of Finances, City Finance Department.

UN partners: UNFPA Procurement services branch, WHO, UNICEF

Other partners: Pfizer, Gedeon Richter, Bayer, Organon, EU, UK Government.

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United Nations Population Fund in Turkmenistan

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**Delivering a world where
Every pregnancy is wanted
Every childbirth is safe and
Every young person's potential is fulfilled.**

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