

Advancing Sustainable Financing for Family Planning and Reproductive Health

Summary Brief: High-level Ministerial Roundtable at ICFP 2025

Event Overview

On 3 November 2025, UNFPA (the United Nations Population Fund), FP2030, the William H. Gates Sr. Institute, and the Government of Colombia, co-hosted the High-Level Ministerial Roundtable on Advancing Sustainable Financing for Family Planning and Reproductive Health, preceding the Opening Ceremony of the International Conference on Family Planning (ICFP) that took place in Bogota, Colombia. This half-day meeting gathered Ministers and high-level policymakers from approximately 25 countries, alongside leaders from International Financial Institutions (IFIs) and key foundations within the donor community, to address the urgent crisis in sustainable financing for Family Planning (FP) and Reproductive Health (RH). Event materials and presentations may be found [here](#).

UNFPA Executive Director, Diene Keita, alongside H.E. Dr. Jaime Hernán Urrego, Deputy Minister of Public Health and Service Provision, Government of Colombia, provided opening remarks and emphasized the critical role of domestic investment and political commitment for long-term FP/RH gains, underscoring that access to family planning is a fundamental human right and a catalytic investment that yields significant social and economic returns and drives national resilience.

The meeting allowed for substantive, high-level and candid exchanges, with Ministers

and senior government representatives from all participating countries actively engaging from the floor. Interventions converged on the shared imperative of safeguarding the future of family planning and reproductive health in the context of an acute and escalating global financing crisis, with up to 70% of external donor support for family planning now at risk.



Group photo from the meeting

Participants underscored that this moment calls for decisive national leadership, affirming that countries must assume greater ownership by elevating family planning as a core national priority –anchoring it within universal health coverage frameworks, embedding it in national budgets, and accelerating domestic resource mobilization (DRM) to ensure sustainability, resilience, and equity of access.

Recognizing that decades of progress are threatened by acute fiscal vulnerability, participants noted the necessity for an immediate and strategic shift towards robust DRM. Delegates from Africa, Asia, Latin America, and beyond engaged in focused dialogue to share challenges and risks, as well as country-led exemplars and best practices. Acknowledging that many countries had initiated sustainable financing transitions over a decade ago, the meeting provided a crucial platform to leverage these learnings.

Common Challenges and Risks

Fiscal Constraints and Financing Volatility: Many countries operate within severely constrained fiscal space, with persistently low per capita health expenditure. Abrupt reductions or shifts in external donor financing significantly intensify pressure on already overstretched domestic resources, which are competing with national priorities such as water, sanitation, education, and broader social protection needs.

Political Economy and Institutional Barriers: Securing and sustaining dedicated financing for family planning often remains contested within national budget processes. Family planning is frequently under-prioritized by Ministries of Finance and legislative bodies, and changes in political leadership or administrative transitions can result in policy discontinuity, weakened commitments, and budgetary instability.

Supply Chain Fragility and Service Delivery Gaps: Persistent challenges in procurement and supply chain management continue to undermine the availability of a full and reliable contraceptive method mix. Ensuring uninterrupted access remains particularly difficult in remote, underserved, and humanitarian settings, including contexts affected by conflict, fragility, and insecurity.

Social Norms, Equity, and Inclusion: High rates of adolescent pregnancy reflect deeper structural inequalities and social norms that limit access to information and services. There is a growing recognition of the need to move beyond framing FP solely as a women's issue and to adopt inclusive approaches that address the specific needs of marginalized and underserved populations, including indigenous communities, adolescents, and other vulnerable groups.

A significant portion of the session focused on identifying new approaches and partnerships to close the persistent FP/RH financing gap. Participants discussed how to mobilize resources across governments, philanthropies, IFIs, and the private sector.

Speakers highlighted programs such as the UNFPA Supplies Partnership, the Global Financing Facility, and regional development banks as critical channels for delivering external funding and technical assistance to strengthen national DRM efforts. The dialogue expanded beyond traditional health budgets, charting a roadmap to champion innovative financing instruments, e.g., including national health and social insurance schemes and social impact bonds, to secure predictable, adequate, and sustainable funding over time. The following common themes emerged within these shared global efforts to ensure sustainable financing and access to FP/RH through DRM and system and service delivery approaches:

Effective Domestic Resource Mobilization (DRM) Approaches

- **Dedicated Budgetary Measures:** Establishing specific budget lines for FP/RH commodities and services is a foundational approach to formalize government ownership and spending.
- **Strategically Impactful Financing:** Implementing new or earmarked taxes (e.g., on sugary drinks, tobacco, alcohol, airtime, and mobile data) to create ring-fenced funds for health insurance or women's health.
- **Compacts and Matching Funds:** Leveraging partnerships with development agencies and donors through compact agreements and match funding mechanisms to incentivize and significantly increase domestic financial commitments.
- **Integration into Health Systems:** Utilizing social health insurance and universal health coverage reforms to integrate RH supplies and services into the standard benefits package, spreading the cost and ensuring long-term sustainability.
- **Strategic Advocacy:** Developing and presenting data-driven "Investment Cases" and "Cost of Inaction" arguments to policymakers and National Treasuries, positioning FP as an essential driver of economic growth, development, and job creation, not just a health issue.
- **Engaging the Private Sector:** Promoting public-private partnerships to improve outreach and expand access, and encouraging self-care (e.g. over-the-counter products) with appropriate policies, shifting some financial burden away from the public system.

Effective System and Service Delivery Approaches

- **System Strengthening:** Implementing comprehensive logistics management systems for real-time data on stock levels and improving procurement efficiency. This also involves integrating FP/RH into primary healthcare for greater efficiency.
- **Data and Accountability:** Using strong, real-time data for decision-making, and establishing joint accountability platforms and steering committees that involve high-level finance and health officials to monitor allocations and gaps.
- **Service Expansion and Quality:** Expanding coverage through mobile units to reach underserved and remote populations, strengthening local health infrastructure, and using approaches like task-sharing (e.g. involving pharmacists and nurses) to optimize service delivery.
- **Policy and Political Will:** Elevating FP/RH to a national priority through high-level political support, multisectoral coordination, and ensuring policies and plans adopt a gender and equity approach.

Conclusion

This pivotal moment for high-level country leadership and exchange resulted in a collective determination to translate political will into predictable budget lines and measurable results, with UNFPA, FP2030, and Gates Institute reaffirming our commitment and leadership to partner with governments, including those that invest their own resources in this agenda. The consensus underscored that FP/RH financing must be elevated as an urgent policy priority within national budgeting processes to prevent de-prioritization amid competing health needs. A strong, collective call was made for immediate action to ensure the availability of lifesaving FP/RH commodities and services, emphasizing continued South-to-South, triangular, and international exchange to transition financing to a sustainable, country-led model.