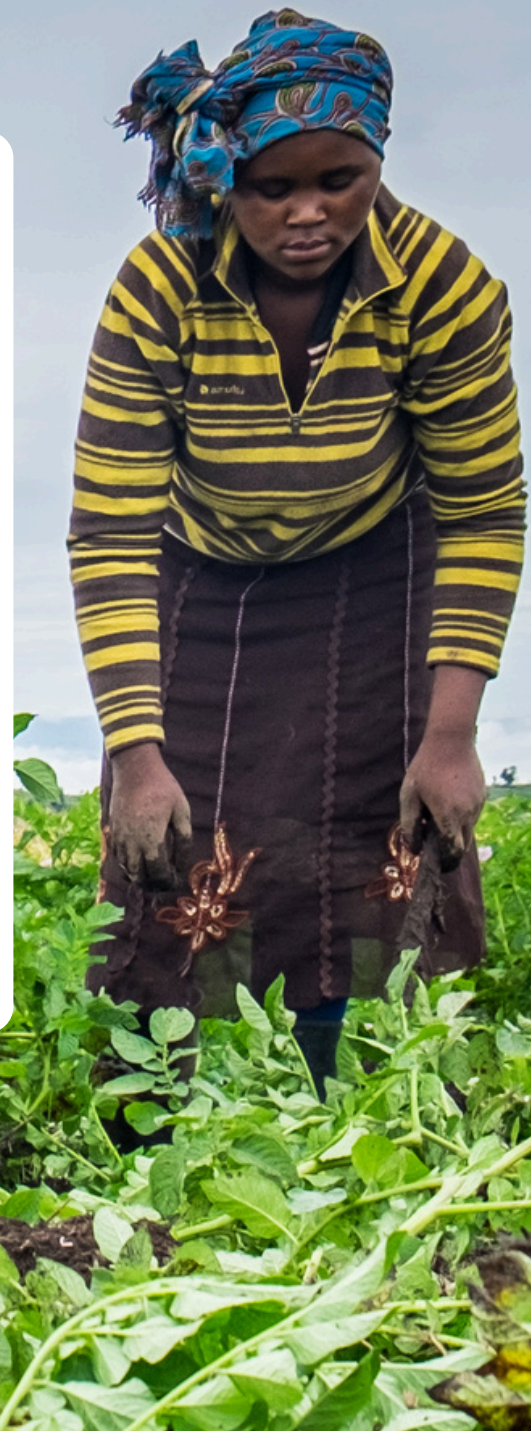


**POST-FORUM CONVENING:
2026 MICRONUTRIENT FORUM IN ACCRA**

**STRONGER TOGETHER:
ADVANCING A SHARED
AGENDA FOR
FAMILY PLANNING,
NUTRITION, AND MATERNAL
AND CHILD HEALTH**

**FRIDAY, OCTOBER 2, 2026
ACCRA, GHANA
MÖVENPICK HOTEL**



Stronger Together: Advancing a Shared Agenda for Family Planning, Nutrition, and Maternal and Child Health

High-Level Dialogue and Strategic Exchange

Overview

BACKGROUND

As countries, development partners, and civil society navigate increasing fiscal constraints, siloed funding streams, and fragmented care, greater collaboration has never been more urgent.

Despite strong evidence linking family planning, maternal health, and nutrition outcomes, these issues are often addressed through separate programs, policies, and financing mechanisms. Family planning and reproductive health remain underprioritized in multisectoral nutrition agendas, despite their recognized role as a critical cross-sector development priority and a key nutrition-sensitive intervention.

Greater alignment and integration across these sectors can help maximize investments, avoid unnecessary trade-offs, and strengthen the case for sustainable financing and integrated services.

PURPOSE

This interactive working session is designed to move the conversation from discussion to action. We will bring together leaders across sectors to identify opportunities for greater alignment and action, making resources go further while making it easier for women, youth, and communities to access the health information, products, services, and care they need.

This convening aims to:

- Build a shared case for integration across family planning, reproductive, maternal and adolescent health, nutrition, and social protection.
- Identify opportunities for alignment across health and broader development priorities, including primary health care, agriculture, climate, and economic development.
- Define priorities for action to advance policy, financing, and integrated programs in a changing funding landscape.

Stronger Together: Advancing a Shared Agenda for Family Planning, Nutrition, and Maternal and Child Health

High-Level Dialogue and Strategic Exchange

Agenda

DATE AND VENUE:

Friday, October 2, 2026

8:00 am – 1:00 pm

Ballroom 1, Mövenpick Hotel, Accra, Ghana

SCHEDULE:

- **8:00 – 8:30 am:** Arrivals, coffee, and networking
- **8:30 – 8:40 am:** Welcome and opening remarks
- **8:40 – 9:20 am:** Evidence lighting round
- **9:20 – 9:50 am:** Integration reality check
- **9:50 – 10:05 am:** Coffee break
- **10:05 – 11:20 am:** Working groups
- **11:20 – 11:50 am:** World café rotation
- **11:50 – 12:20 pm:** Collective priority setting
- **12:20 – 12:45 pm:** Champions challenge
- **12:45 – 1:00 pm:** Closing
- **1:00pm onwards** Lunch

PAI CONTACT:

Eve Brecker, Director of Programs

ebrecker@pai.org



Ending Malnutrition:

Why Family Planning Matters for Equitable and Resilient Progress

Global efforts to improve nutrition have led to important gains over recent decades, but progress remains too slow and uneven to meet global targets. Malnutrition in all its forms, including undernutrition, micronutrient deficiencies, overweight, and obesity, continues to affect millions of women and children worldwide.¹

Globally, more than 2.8 billion people cannot afford a healthy diet, 148 million children under five are stunted, 45 million are wasted, and 37 million are overweight, underscoring that current approaches are insufficient to meet global nutrition goals.

Improving nutrition outcomes requires coordinated action across sectors that shape the health, well-being, and economic security of women, adolescents, and children. Evidence links family planning to improved nutrition outcomes, and while global nutrition strategies increasingly recognize family planning as a nutrition-sensitive intervention, it remains underutilized within nutrition policy, programming, financing, and accountability frameworks. Throughout this brief, family planning refers to access to information and voluntary counseling and contraceptive services that enable individuals to make informed decisions about whether, when, and how often to become pregnant. Family planning supports individuals and couples to achieve their fertility intentions, which can include pregnancy prevention, pregnancy planning, counseling, and education.

This brief is intended for policymakers, nutrition advocates, development partners, donors, civil society organizations, and technical leaders working across nutrition, health, family planning as a nutrition-sensitive intervention and to inform more robust integrated policy and advocacy efforts.

The brief highlights persistent gaps in the integration of family planning across nutrition policy, programming, financing, and accountability frameworks, which limit its integration with nutrition interventions. It outlines the major pathways through which family planning contributes to improved nutrition outcomes across the life course, including maternal and child nutrition, adolescent nutrition, micronutrient status, household food security and resilience, and long-term human capital development.

Together, these arguments position family planning not as a parallel issue to nutrition, but as a foundational strategy for achieving more effective, equitable, and sustainable nutrition outcomes.

Family Planning: An Underutilized Lever for Advancing Nutrition Outcomes

Global nutrition strategies increasingly recognize that eliminating hunger and reducing malnutrition requires coordinated, multisectoral action across health and non-health sectors.² Family planning is a proven intervention that improves nutrition outcomes by addressing underlying biological, economic, and social drivers of malnutrition.³ In addition, every US\$1 invested in family planning generates an estimated US\$27 in savings through reduced maternal and newborn health costs and broader economic benefits.⁴

Yet family planning remains insufficiently integrated into nutrition policy, programming, financing, and accountability. With 218 million women globally still experiencing an unmet need for modern contraception, failing to incorporate family planning into nutrition strategies is a significant missed opportunity to improve outcomes for women, adolescents, infants, and young children.⁵

- **Family planning remains underprioritized in multisectoral nutrition agendas:** Global nutrition platforms, such as the Nutrition for Growth and the Scaling Up Nutrition (SUN) Movement, have strengthened multisectoral nutrition coordination by encouraging alignment across policies, financing, and accountability mechanisms. However, compared with other nutrition-sensitive interventions such as water, sanitation, and hygiene, school feeding, and food fortification, family planning is less consistently incorporated into national nutrition plans, investment cases, budgets, service delivery models, and accountability frameworks.^{6,7} This gap is reflected in regional initiatives such as the African Union's nutrition accountability mechanisms (for example, the Africa Regional Nutrition Strategy and Continental Nutrition Accountability Scorecard), where family planning-related indicators are absent despite the clear links between pregnancy timing, birth spacing, and nutrition outcomes.⁸

- **Integrated services and programming are limited:** In many settings, nutrition and reproductive health programs continue to operate through separate systems, resulting in fragmented care and missed opportunities to address interconnected risks. Where integration does exist, it is often concentrated within maternal and child health services rather than across the full life course, including in adolescence and before pregnancy. Operational barriers, including separate protocols, supply chains, financing streams, and data systems, continue to limit effective coordination.⁹
- **Financing streams are siloed:** Financing for nutrition and family planning often comes from different government budget lines or donors, making it difficult for program managers to merge budgets for integrated services.

Pathways for Advancing Nutrition Through Family Planning

Family planning improves nutrition outcomes through multiple, mutually reinforcing pathways across the life course. The pathways below provide an evidence-based rationale for integrating family planning into nutrition policy and programming, particularly in efforts focused on maternal and child nutrition, adolescent health, household food security, and long-term human capital development. Family planning supports individuals to achieve their fertility intentions, which include pregnancy prevention, pregnancy planning, counseling, and education.

SUMMARY: PATHWAYS FOR ADVANCING NUTRITION THROUGH FAMILY PLANNING

- 1 **Pathway: Plan and time pregnancies for better maternal and infant nutrition**
Family planning enables healthy birth spacing, allowing women to recover nutrient stores and reducing risks of maternal depletion, anemia, low birth weight, and preterm birth. Short birth intervals (<24 months) increase neonatal mortality by roughly 60%, underscoring the importance of spacing pregnancies. Family planning can also support longer breastfeeding duration by preventing rapid subsequent pregnancies.
- 2 **Pathway: Contribute to adolescent girls' ability to delay pregnancy, supporting nutrition, education, and future opportunities**
Family planning helps girls delay pregnancy until they reach physical and nutritional maturity, preventing competition for nutrients between their own growth and a fetus. Each year, an estimated 21 million girls aged 15-19 become pregnant in low- and middle-income countries, about half unintentionally. It also keeps girls in school where they can access nutrition programs and gain health literacy.

3 Pathway: Bolster micronutrient nutrition

Family planning reduces frequent pregnancies, giving women time to restore iron and other nutrient stores. One in three women of reproductive age worldwide is anemic, making strategies that protect and rebuild iron stores particularly important. Some hormonal contraceptives reduce menstrual blood loss, improving hemoglobin and ferritin levels.

4 Pathway: Improve child nutrition by supporting household food security, resilience, and care practices

Family planning helps families balance household size with resources, making it easier to provide adequate and diverse food. This is especially important given that nearly 45% of deaths among children under five are associated with undernutrition. It also prevents the division of maternal time, ensuring children receive better feeding, hygiene, and care practices.

5 Pathway: Contribute to human capital development

By reducing risks like stunting and low birth weight, family planning supports cognitive development and future productivity. Children who are stunted before age two earn approximately 20% less as adults than their non-stunted peers, highlighting the long-term economic value of nutrition investments. Family planning also helps women enter motherhood with greater agency and resources, leading to more durable gains in child growth.

6 Pathway: Reduce obesity-related pregnancy risks

Family planning allows women to time pregnancies while optimizing preconception health, reducing risks for gestational diabetes, preeclampsia, and intergenerational metabolic disease. This is increasingly important because more than 2.5 billion adults worldwide were living with overweight in 2022, including nearly 890 million with obesity.

7 Pathway: Improve efficiency and sustainability of nutrition investments

Integrating family planning with nutrition services addresses reproductive risks that often undermine nutrition progress. This streamlines care pathways, reduces duplication, and ensures nutrition gains are not lost to unintended or closely spaced pregnancies.

8 Pathway: Support women's active engagement in food systems

Access to family planning strengthens women's economic opportunities by allowing them to more fully engage in agrifood system jobs and leadership roles. Women comprise approximately 36% of the global agrifood workforce and produce about one-third of the world's food, making their participation essential to food security and nutrition outcomes.

PATHWAY 1

FAMILY PLANNING SUPPORTS WOMEN'S ABILITY TO PLAN AND TIME PREGNANCIES FOR BETTER MATERNAL AND INFANT NUTRITION

Women's nutritional status before, during, and after pregnancy is critical to fetal growth, healthy pregnancy outcomes, and long-term child health. Closely spaced pregnancies can limit women's ability to replenish nutrients depleted during pregnancy and breastfeeding, increasing the risk of anemia, preterm birth, and low birth weight –all key nutrition concerns.¹⁰ In fact, babies born less than 24 months apart have significantly higher risks of preterm birth and low birthweight and short birth intervals (<24 months) increase neonatal mortality by roughly 60%.^{11,12}

This is especially important given that low birth weight, a strong predictor of infant mortality, affects one in seven infants, and the world is off track to achieve the global target of a 30% reduction by 2025.¹³ Babies born weighing less than 2.5 kg are 20 times more likely to die in their first month, and those that survive face immediate life-threatening risks and lifelong challenges in cognitive development, school completion, and adult earning potential.¹⁴

Iron deficiency, the leading cause of anemia globally, illustrates this challenge.¹⁵ Nearly 30% of women aged 15–49 years worldwide are anemic, and the burden rises to approximately 37% among pregnant women.¹⁵ For women facing food insecurity or limited access to supplementation, closely spaced pregnancies can make it difficult to replenish iron stores depleted during pregnancy and breastfeeding, increasing the risk of chronic anemia and its associated maternal and newborn health consequences.

Family planning contributes to maternal and infant nutrition outcomes in the following ways:

- Early fetal development depends heavily on a woman's existing nutrient stores, including iron, folate, and calcium.¹⁶ Postpartum family planning can help women avoid pregnancies before they have had sufficient time to recover nutritional status from a previous pregnancy or from breastfeeding an infant or young child. The World Health Organization (WHO) recommends waiting at least 24 months after a live birth before attempting another pregnancy to reduce adverse maternal, perinatal, and infant outcomes.¹² Family planning supports birth spacing and can reduce the risk of maternal depletion, anemia, low birth weight, pre-term birth, and impaired fetal growth.¹⁷ For women transitioning off a contraceptive method to plan a pregnancy, access to iron and folic acid supplements can improve maternal, fetal, and infant outcomes.¹⁸ These outcomes sit at the core of nutrition programming and monitoring.
- Exclusive breastfeeding during the first six months of life, followed by continued breastfeeding through at least two years, is critical for both maternal, infant, and child health. Exclusive breastfeeding in the first six months can suppress fertility due to lactational amenorrhea and protect women from pregnancy during this period when specific criteria are met.¹⁹ Most contraceptive methods may be safely used by women while breastfeeding without affecting breastfeeding.²⁰ Subsequent pregnancies are a common reason for early breastfeeding cessation due to social norms and biological

changes that may reduce milk production. By enabling healthier spacing between pregnancies, family planning can help mothers breastfeed for longer and support infants in receiving the full nutritional and immunological benefits of breastfeeding.^{21,22}

PATHWAY 2

Family Planning Supports Adolescent Girls to Delay Pregnancy, Supporting Nutrition, Education, and Future Opportunities

Family planning can support adolescent nutrition by helping girls delay pregnancy until they are better prepared physically, nutritionally, and socially for motherhood.

Adolescent nutrition plays a critical role in physical growth, cognitive development, educational attainment, and long-term economic opportunity.²³ Yet every year an estimated 21 million adolescent girls aged 15–19 years become pregnant in low- and middle-income countries, and approximately half of these pregnancies are unintended.²⁴ Because adolescents are still growing and have elevated nutritional needs, pregnancy diverts nutrients needed for their own growth and development to support fetal growth, increasing the risk of maternal undernutrition, anemia, and poor birth outcomes.

Beyond these health consequences, adolescent pregnancy often disrupts girls' education, limits future employment and earning potential, and reduces opportunities for lifelong economic empowerment. By preventing unintended pregnancies and enabling girls to delay childbearing until they have reached full physical and nutritional maturity, family planning helps girls remain healthy, stay in school, build economic opportunities, and enter motherhood when they are better prepared to support both their own well-being and that of their future children.

Family planning contributes to better adolescent nutrition in the following ways:

- Adolescence is a period of rapid growth and development. When an adolescent girl becomes pregnant, her body must meet the nutritional demands of both her own growth and the pregnancy, increasing the risk of maternal stunting and low-birth-weight infants.²⁵ Access to family planning allows adolescents to delay pregnancies until after age 20, when a woman has reached full physical and nutritional maturity necessary for a healthy pregnancy.²⁶
- When adolescent pregnancy disrupts schooling, girls may lose access to nutrition interventions including school meals, food and nutrition education, iron and folic acid supplementation, and deworming. Family planning supports nutrition by helping girls delay pregnancy and stay in school during a critical period for growth, learning, and development, and enter motherhood later with stronger nutritional and educational foundations.²³

- Girls who delay pregnancy and, therefore, stay in school longer are more likely to become educated mothers if they decide to have children later on. Maternal education is a key social determinant of child nutrition. Educated mothers are more likely to use health services, understand nutrition information, practice appropriate breastfeeding and complementary feeding, adopt improved hygiene practices, and make informed household decisions about food and care.²⁷ Family planning supports this pathway by helping girls delay pregnancy, remain in school, and enter motherhood later with more nutritional knowledge and agency.

PATHWAY 3

FAMILY PLANNING SUPPORTS MICRONUTRIENT NUTRITION

Anemia remains one of the world's most persistent nutrition challenges, especially among adolescent girls and women of reproductive age. The consequences extend across generations, increasing risks for poor pregnancy outcomes and impaired child development. One in every three women of reproductive age, 15-49 years, is anemic; adolescent girls, pregnant women, and postpartum women are disproportionately affected.¹⁵ Anemia undermines a woman's ability to work, learn, and survive childbirth, and increases the risk of adverse maternal and neonatal outcomes.²⁸

Family planning contributes to micronutrient outcomes in the following ways:

- As described in Pathway 1, by reducing closely spaced pregnancies, it gives women more time to restore iron and other nutrient stores.
- Some hormonal contraceptive methods reduce menstrual blood loss, decreasing iron loss and improving hemoglobin and ferritin levels. Evidence shows hormonal contraceptive users, especially those using injectable contraceptives, are less likely to be anemic than non-users, with additional benefits documented among women experiencing heavy menstrual bleeding.^{29,30,31}

PATHWAY 4

FAMILY PLANNING IMPROVES CHILD NUTRITION BY SUPPORTING HOUSEHOLD FOOD SECURITY, RESILIENCE, AND CARE PRACTICES

Household food insecurity remains one of the greatest barriers to good nutrition. Globally, an estimated 733 million people experienced hunger in 2024, while more than 2.3 billion people experienced moderate or severe food insecurity, limiting their ability to access sufficient, safe, and nutritious food. Poverty, food insecurity, and inadequate caregiving practices are major drivers of child malnutrition.^{1,32}

The scale of this challenge remains significant: globally, 23.2% of children under age five are stunted, 6.6% are wasted, and 5.5% are overweight, while only about 28% of countries

are on track to halve the number of children affected by stunting by 2030.³³ Nearly 45% of deaths among children under five are associated with undernutrition.³⁴ These outcomes influence not only child survival and growth, but also adolescent learning and long-term human capital as an adult.

Closely spaced births can strain household resources, making it harder to access nutritious foods, health care, breastfeeding support, and responsive caregiving. These constraints are especially consequential during the first 1,000 days – from conception through a child’s second birthday – a critical window for growth and development when optimal nutrition, including exclusive breastfeeding for the first six months, timely introduction of safe, diverse, and nutrient-rich complementary foods, responsive caregiving, and good hygiene practices are essential for healthy growth and lifelong outcomes. Access to family planning can help women and couples plan their families, strengthening household food security and caregiving capacity, by helping people balance household size, food needs, income, and caregiving responsibilities.

In addition to breastfeeding described in Pathway 1, family planning contributes to child nutrition in the following ways:

- Child nutrition depends on both the quantity and quality of food. When household resources are stretched, families may have fewer resources for animal-source foods, fruits, vegetables, and fortified foods. Family planning can help households plan their families in ways that make it easier to provide adequate complementary foods and meet the nutrition needs of each child.³⁵
- Feeding young children adequately requires time and care. Closely spaced births can divide maternal time between multiple young children and reduce the time available for breastfeeding, meal preparation, feeding, hygiene, and care-seeking.³⁶
- Nutrition programs can provide counseling, supplements, fortified foods, or cash transfers, but their impact is harder to sustain when households face repeated pressures from closely spaced births and high dependency ratios. Family planning can complement food programs, allowing nutrition investments to go further.³⁷

PATHWAY 5

FAMILY PLANNING STRENGTHENS NUTRITION’S CONTRIBUTION TO HUMAN CAPITAL DEVELOPMENT

Nutrition is foundational to human capital development. Poor nutrition in early life is associated with weaker cognitive development, lower educational attainment, reduced productivity, and poorer lifetime earnings. Investments in nutrition therefore generate substantial social and economic returns. The World Bank estimates that every \$1 invested in addressing undernutrition can generate about \$23 in economic returns, while full scale-up of nutrition interventions could generate \$2.4 trillion in economic benefits.³⁸

The costs of failing to invest are equally significant. Children who are stunted before age two earn, on average, approximately 20% less as adults than their non-stunted peers, while countries with high levels of malnutrition can lose an estimated 2 - 3% of gross domestic product annually due to reduced productivity, increased health care costs, and diminished human capital.^{39,40} These findings reinforce that improving nutrition is not only a health imperative, but also an investment in economic growth and national development.

Family planning strengthens nutrition's contribution to human capital in the following ways:

- Delaying pregnancy helps girls remain in school and enter motherhood later with improved health literacy, nutrition knowledge, agency, and financial resources.
- Healthy pregnancy timing and spacing supports maternal recovery, fetal growth, breastfeeding, caregiving, and child nutrition during the first 1,000 days, which shapes learning and productivity.
- Family planning reduces risks such as adolescent pregnancy, closely spaced births, maternal depletion, low birth weight, and poor infant feeding, helping nutrition investments deliver more durable gains in child growth, learning, and future productivity.

PATHWAY 6

FAMILY PLANNING CAN HELP REDUCE OBESITY-RELATED PREGNANCY RISKS

Overweight and obesity have become one of the fastest-growing nutrition challenges worldwide. Since 1990, global adult obesity has more than doubled, and in 2022 more than 2.5 billion adults were living with overweight, including nearly 890 million adults living with obesity.⁴² As rates of overweight and obesity continue to rise in low- and middle-income countries, many countries now face a double burden of malnutrition, where undernutrition and obesity coexist.⁴¹

Women who are overweight or obese face increased health- and nutrition-related risks before, during, and after pregnancy, and the consequences can extend to their children. Excess body weight can make conception more difficult, increase the risk of gestational diabetes, preeclampsia, stillbirth, cesarean birth, and postpartum weight retention, and contribute to an increased risk of overweight, obesity, and cardiometabolic disease in subsequent children.^{42,43} Family planning enables women and couples to plan and time pregnancy while optimizing preconception health, including weight, diet quality, diabetes risk, and blood pressure. This can help improve maternal nutrition and pregnancy outcomes and reduce intergenerational health risks.

PATHWAY 7

FAMILY PLANNING IMPROVES THE EFFICIENCY AND SUSTAINABILITY OF NUTRITION INVESTMENTS

Family planning strengthens the impact and sustainability of nutrition investments by addressing reproductive health risks that undermine nutrition outcomes and by improving continuity of care across the life course.

- Nutrition and family planning services often engage adolescent girls, pregnant women, postpartum women, mothers of young children, and women of reproductive age in food-insecure or nutritionally vulnerable households. Yet these services are frequently planned, financed, and delivered separately, creating missed opportunities to address linked risks such as adolescent pregnancy, closely spaced births, anemia, low birth weight, breastfeeding, and child malnutrition.
- Nutrition gains are harder to sustain when women and girls experience early, unintended, or closely spaced pregnancies, which can undermine progress in anemia reduction, infant feeding, and child growth.
- Integrating family planning and nutrition programs improves health system efficiency by making better use of existing platforms that already reach many of the women, girls, and children most affected by malnutrition. Integration can also reduce duplication, streamline care pathways, and improve continuity of care across pregnancy, postpartum, infancy, adolescence, and the preconception period.

PATHWAY 8

FAMILY PLANNING SUPPORTS WOMEN'S ACTIVE ENGAGEMENT IN FOOD SYSTEMS

Women play critical roles throughout agrifood systems worldwide. They contribute to planting, cultivating, and harvesting crops, tending livestock, processing and marketing food, and preparing nutritious meals that support household food security and nutrition.⁴⁵ Globally, women comprise approximately 36% of the global agrifood workforce produce approximately one-third of the world's food.⁴⁶ In addition, they are indispensable to the functioning of food systems, the resilience of rural livelihoods, and the nutrition of their households and communities.

In sub-Saharan Africa, agrifood systems are responsible for 66% of women's employment, compared with 60% of men's employment.⁴⁴ In southern Asia, agrifood systems constitute 71% of women's employment, versus 47% of men's.⁴⁶ Access to family planning can strengthen women's economic opportunity and engagement. Legal and policy recognition of women's sexual and reproductive health and rights are key components of gender equality and empowering women and girls to engage in economies.

Within agrifood systems, however, women tend to work in less formal, part-time, low-skilled, labor-intensive, and less favorable conditions than men.³³ As such, women have limited access to financial, educational, and technical resources to be able to realize their potential and play a larger role in sustainable food systems in their communities and nationwide. As part of efforts to improve gender equity in agrifood system programming, sharing resources and opportunities with those offered to men, ensuring access to family planning, support for childcare, and access to other resources can maximize women's ability to more fully engage in agrifood system jobs and leadership opportunities.

Recommendations for advocates: advancing family planning as a nutrition-sensitive strategy

This section outlines recommended actions advocates can take to use their public voice, credibility, and convening power to normalize family planning as part of the nutrition agenda and influence perceptions of access to family planning as an opportunity to expand the impact of nutrition programming. It focuses on how advocates can call for the inclusion of family planning in nutrition policies and plans, encourage financing and accountability, and amplify evidence-based messages across public platforms, using speeches, op-eds, interviews, panel remarks, social media, and public convenings.

1. Institutionalize family planning as a nutrition-sensitive intervention in national nutrition policies and plans.

With 218 million women still lacking access to modern contraception and nearly one-third of women of reproductive age experiencing anemia, national nutrition strategies cannot achieve their goals without addressing reproductive health.⁵ Advocate for family planning to be explicitly recognized and operationalized within nutrition policy, financing, implementation, and accountability frameworks. The goal is to move beyond passive acknowledgment toward measurable implementation through dedicated interventions, indicators, budgets, institutional responsibilities, and reporting mechanisms. Key entry points include global and regional nutrition platforms, national nutrition policies, multisectoral nutrition plans, investment cases, costed implementation plans, budgets, scorecards, monitoring frameworks, and joint sector reviews.

ILLUSTRATIVE ACTIONS



- Call for explicit recognition of family planning as a nutrition-sensitive strategy in nutrition policies, plans, investment cases, and accountability frameworks where it is currently absent.
- Where family planning is recognized, communicate the need to translate acknowledgement into implementation, including:
 - Call for integration of family planning indicators into nutrition monitoring and accountability frameworks, such as nutrition scorecards, dashboards, joint sector reviews, and performance reviews.
 - Make a case for dedicated costing and budgeting for family planning -nutrition linkage activities, including counseling tools, provider training, referral systems, supervision, community outreach, adolescent-friendly information, data reporting, and coordination.
 - Encourage ministries and partners to clearly define institutional roles, responsibilities, and accountability mechanisms across nutrition, reproductive health, adolescent health, education, social protection, food security, finance, and planning actors.
- Encourage progress tracking and accountability through global, regional, national, and district scorecards, joint sector reviews, performance reviews, and nutrition accountability platforms.

2. Secure financing for family planning in nutrition financing instruments

Recognition of family planning within nutrition strategies is insufficient without corresponding financing. The long-term goal is to ensure nutrition financing mechanisms allocate resources for integrated family planning interventions and implementation. Financing instruments may include nutrition investment cases, costed implementation plans, annual public sector budgets, medium-term expenditure frameworks, donor compacts, results-based financing agreements, and global and regional financing commitments.

ILLUSTRATIVE ACTIONS



- Advocate for relevant family planning interventions to be costed and budgeted in nutrition financing instruments.
- Call for tracking of financing commitments through nutrition accountability platforms, joint sector reviews, scorecards, expenditure reviews, and performance reviews.
- Raise the need for public sector budget and expenditure tracking to monitor financing for integrated family planning and nutrition interventions.
- Encourage donors, ministries, and partners to coordinate financing to overcome siloed nutrition and family planning budgets.
- Call for subnational financing for implementation, such as county, state, or district health plans and budgets which fund delivery of services, to include integrated family planning and nutrition interventions.
- Raise awareness of innovative financing, such as debt-swaps (Box 1) and donor compacts, to mobilize resources for integrated family planning and nutrition interventions.



Debt-for-Development Swaps as a Financing Option for Family Planning -Nutrition Priorities

Debt-for-development swaps are financing arrangements to create fiscal space for development financing, whereby a country's debt is restructured, reduced, or refinanced in exchange for a commitment to invest the savings in agreed development priorities. Debt-for-development swaps can create additional resources for nutrition-sensitive investments, including family planning. Examples include an agreement between Kenya and the U.S. International Development Finance Corporation on a US\$1 billion debt-for-food security swap, allowing Kenya to replace higher-cost debt with more affordable financing while redirecting savings to food security programs; and the Pakistan-Italy Debt Swap Agreement, where Pakistan signed a PKR 500 million agreement to support children and pregnant and lactating women through specialized nutritious food, immunization, and regular maternal and child health checks.^{45,46}

3. Position delayed childbearing as essential to adolescent nutrition, education, and well-being.

Coordinated investments in health and education that reinforce each other can make the most important and sustained gains in adolescent outcomes.⁴⁷ Delaying early childbearing among adolescents by ensuring availability of comprehensive sexuality education for adolescents and access to primary health care, including family planning, can improve adolescent health, nutrition, education outcomes, and overall well-being. In contexts with high anemia, early marriage, food insecurity, school dropout, or teenage pregnancies, the long-term goal is to ensure that nutrition strategies reaching adolescent girls within and out-of-school also address early pregnancy as a major risk to girls' nutrition, education, and future well-being.

ILLUSTRATIVE ACTIONS



- Make the case for linking adolescent nutrition and pregnancy prevention in school-based and out-of-school strategies.
- Call for school health and nutrition guidance to include age-appropriate information, referral pathways, and supportive services that help prevent early pregnancy and keep girls in school.
- Facilitate dialogue between education, nutrition, and health stakeholders to coordinate action around shared outcomes, such as keeping girls in school.

4. Position access to family planning and recognition of women's SRHR as a part of ensuring women can engage meaningfully in agrifood system strengthening and expansion

Women play a critical role in the operation and potential expansion of agrifood systems, but they are underpaid and underrecognized. As part of improving gender equity in agrifood systems, highlight the importance of also addressing key structural and social barriers to women's engagement and participation.³³ This includes recognizing women's rights, including sexual and reproductive health and rights. Efforts to address barriers and discrimination should involve women and women-led organizations in their design and implementation.

ILLUSTRATIVE GENDER-RESPONSIVE POLICIES, PROGRAMS, AND STRUCTURAL REFORMS CAN INCLUDE THOSE THAT:



- Ensure rights to landownership, access to land, and agricultural resources;
- Offer opportunities for financial education, financial and digital services, and access to credit;
- Provide agricultural extension services, education, and training;
- Support women's participation and leadership in high-value and export-oriented value chains, not only small-scale production and processing;
- Reduce unpaid care burdens through social protection and community support;
- Ensure access to primary health care services, including family planning, and childcare;
- Protect women from violence in and around the workplace; and
- Offer work environments that accommodate breastfeeding women.

The Bottom Line

Family Planning Is Essential to Achieving Sustainable Nutrition Gains

Malnutrition and reproductive health are deeply interconnected, and effective nutrition strategies must reflect that reality. Sustainable progress on nutrition cannot be achieved while women and adolescent girls lack the ability to decide whether, when, and how often to become pregnant. Family planning should not remain peripheral to the nutrition agenda. Family planning is not peripheral to the nutrition agenda, it is a foundational nutrition-sensitive intervention that strengthens efforts to prevent anemia, improve infant feeding, support girls' education, strengthen household food security, and contributes to long-term human capital and economic development.

Women are also central to agrifood systems worldwide. Ensuring they can exercise their sexual and reproductive health and rights—including the ability to plan and space pregnancies—enables them to participate more fully in food production, strengthen household resilience, and contribute to more productive and sustainable food systems.

For policymakers, donors, and nutrition leaders, integrating family planning into nutrition policies, programs, financing, and accountability frameworks is an opportunity to maximize the impact of existing nutrition investments. Advancing nutrition and expanding access to voluntary family planning are mutually reinforcing strategies that together can improve health, strengthen resilience, and accelerate progress toward more equitable and sustainable development outcomes.

Endnotes

- ¹ FAO, IFAD, UNICEF, WFP and WHO. *The State of Food Security and Nutrition in the World 2025 - Addressing high food price inflation for food security and nutrition*. 2025. Accessed July 17, 2026. <https://openknowledge.fao.org/items/4b1f7d26-267d-4a81-aed4-4f9d-e4d93f85>
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- ³ Keats E, Das J, Salam R, et al. "Effective interventions to address maternal and child malnutrition: an update of the evidence." *The Lancet Child & Adolescent Health*, 2021; 5, 367–384
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- ⁵ Guttmacher Institute. *Adding It Up: Investing in Sexual and Reproductive Health 2019*. New York: Guttmacher Institute, 2020.
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