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Ensuring human rights in the provision of contraceptive information and services

Guidance and recommendations

World Health Organization

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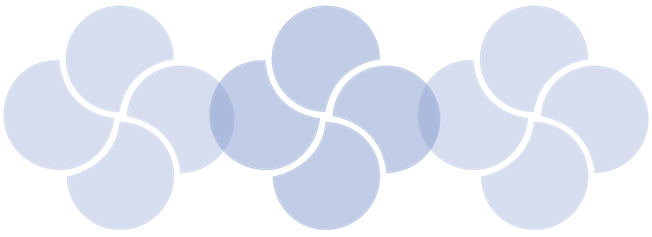

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Executive summary

Unmet need for contraception remains high in many settings, and is highest among the most vulnerable in society: adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced people. The latest estimates are that 222 million women have an unmet need for modern contraception, and the need is greatest where the risks of maternal mortality are highest.

The World Health Organization's primary mandate is to provide assistance to its Member States in achieving the goal of the highest attainable standard of health for all, including sexual and reproductive health. Among other interventions, the provision of high-quality contraceptive information and services is essential for achieving this goal. It has been recognized that this cannot be done without respecting, protecting and fulfilling the human rights of all individuals.

International and regional human rights treaties, national constitutions and laws provide guarantees specifically relating to access to contraceptive information and services. In addition, over the past few decades, international, regional and national legislative and human rights bodies have increasingly applied human rights to contraceptive information and services. They recommend, among other actions, that states should ensure timely and affordable access to good quality sexual and reproductive health information and services, including contraception, which should be delivered in a way that ensures fully informed decision-making, respects dignity, autonomy, privacy and confidentiality, and is sensitive to individuals' needs and perspectives.

In order to accelerate progress towards attainment of international development goals and targets in sexual and reproductive health, and in particular to contribute to meeting unmet need for contraceptive information and services, the World Health Organization (WHO) has developed this guideline. WHO standards for guideline development were followed including: identification of priority questions and outcomes; retrieval, assessment and synthesis of evidence; formulation of recommendations; and planning for dissemination, implementation, impact evaluation and updating. A Guideline Development Group, comprising members of an international panel of public health and human rights experts, reviewed and revised the draft recommendations based on the evidence profiles, through a participatory, consensus-driven process. Human rights standards and principles that are directly or indirectly applicable to contraceptive information and services were systematically incorporated.

This guidance is complementary to existing WHO recommendations for sexual and reproductive health programmes, including guidance on maternal and newborn health, sexuality education, safe abortion, and core competencies for primary health care.

The objective of this document is to provide guidance for policy-makers, managers, providers and other stakeholders in the health sector on some of the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services.

Summary recommendations

Non-discrimination in provision of contraceptive information and services	
1.1	Recommend that access to comprehensive contraceptive information and services be provided equally to everyone voluntarily, free of discrimination, coercion or violence (based on individual choice).
1.2	Recommend that laws and policies support programmes to ensure that comprehensive contraceptive information and services are provided to all segments of the population. Special attention should be given to disadvantaged and marginalized populations in their access to these services.
Availability of contraceptive information and services	
2.1	Recommend integration of contraceptive commodities, supplies and equipment, covering a range of methods, including emergency contraception, within the essential medicine supply chain to increase availability. Invest in strengthening the supply chain where necessary in order to help ensure availability.
Accessibility of contraceptive information and services	
3.1	Recommend the provision of scientifically accurate and comprehensive sexuality education programmes within and outside of schools that include information on contraceptive use and acquisition.
3.2	Recommend eliminating financial barriers to contraceptive use by marginalized populations including adolescents and the poor, and make contraceptives affordable to all.
3.3	Recommend interventions to improve access to comprehensive contraceptive information and services for users and potential users with difficulties in accessing services (e.g. rural residents, urban poor, adolescents). Safe abortion information and services should be provided according to existing WHO guidelines *(Safe abortion: technical and policy guidance for health systems, 2nd edition)*.
3.4	Recommend special efforts be made to provide comprehensive contraceptive information and services to displaced populations, those in crisis settings, and survivors of sexual violence, who particularly need access to emergency contraception.
3.5	Recommend that contraceptive information and services, as a part of sexual and reproductive health services, be offered within HIV testing, treatment and care provided in the health-care setting.
3.6	Recommend that comprehensive contraceptive information and services be provided during antenatal and postpartum care.
3.7	Recommend that comprehensive contraceptive information and services be routinely integrated with abortion and post-abortion care.
3.8	Recommend that mobile outreach services be used to improve access to contraceptive information and services for populations who face geographical barriers to access.
3.9	Recommend elimination of third-party authorization requirements, including spousal authorization for individuals/women accessing contraceptive and related information and services.
3.10	Recommend provision of sexual and reproductive health services, including contraceptive information and services, for adolescents without mandatory parental and guardian authorization/notification, in order to meet the educational and service needs of adolescents.
Acceptability of contraceptive information and services	
4.1	Recommend gender-sensitive counselling and educational interventions on family planning and contraceptives that are based on accurate information, that include skills building (i.e. communications and negotiations), and that are tailored to meet communities' and individuals' specific needs.

4.2	Recommend that follow-up services for management of contraceptive side-effects be prioritized as an essential component of all contraceptive service delivery. Recommend that appropriate referrals for methods not available on site be offered and available.
Quality of contraceptive information and services	
5.1	Recommend that quality assurance processes, including medical standards of care and client feedback, be incorporated routinely into contraceptive programmes.
5.2	Recommend that provision of long-acting reversible contraception (LARC) methods should include insertion and removal services, and counselling on side-effects, in the same locality.
5.3	Recommend ongoing competency-based training and supervision of health-care personnel on the delivery of contraceptive education, information and services. Competency-based training should be provided according to existing WHO guidelines.
Informed decision-making	
6.1	Recommend the offer of evidence-based, comprehensive contraceptive information, education and counselling to ensure informed choice.
6.2	Recommend every individual is ensured the opportunity to make an informed choice for their own use of modern contraception (including a range of emergency, short-acting, long-acting and permanent methods) without discrimination.
Privacy and confidentiality	
7.1	Recommend that privacy of individuals is respected throughout the provision of contraceptive information and services, including confidentiality of medical and other personal information.
Participation	
8.1	Recommend that communities, particularly people directly affected, have the opportunity to be meaningfully engaged in all aspects of contraceptive programme and policy design, implementation and monitoring.
Accountability	
9.1	Recommend that effective accountability mechanisms are in place and are accessible in the delivery of contraceptive information and services, including monitoring and evaluation, and remedies and redress, at the individual and systems levels.
9.2	Recommended that evaluation and monitoring of all programmes to ensure the highest quality of services and respect for human rights must occur. Recommend that, in settings where performance-based financing (PBF) occurs, a system of checks and balances should be in place, including assurance of non-coercion and protection of human rights. If PBF occurs, research should be conducted to evaluate its effectiveness and its impact on clients in terms of increasing contraceptive availability.

3. Accessibility of contraceptive information and services

Health and human rights rationale

International human rights law requires health-care facilities, commodities and services to be accessible to everyone without discrimination. This includes physical and economic accessibility, as well as access to information *(12*, Paragraph 12[b]*)*. Human rights bodies have called on states to eliminate the barriers people face in accessing health services, such as high fees for services, the requirement for preliminary authorization by spouse, parent/guardian or hospital authorities, distance from health-care facilities, and the absence of convenient and affordable public transport *(13*, Paragraph 21*)*.

In order to make informed decisions about sexuality and reproduction, all individuals –without discrimination – need access to good quality, evidence-based and comprehensive information on sexuality and sexual and reproductive health, including effective contraceptive methods *(12*, Paragraph 11*)*. This requires counselling on SRH by trained personnel *(13)* and the provision of comprehensive sexuality education, which should be provided both within and outside of schools and must be evidence-based, scientifically accurate, gender sensitive, free of prejudice and discrimination, and adapted to young people's level of maturity, to enable them to deal with their sexuality in a positive and a responsible way *(12, 39–40)*. In schools, such education should be mandatory and provided routinely at various ages and levels of education *(41–44)*. Inadequate counselling tools and services, limited or no sexuality education within or outside of schools, and no or incorrect information about the safety and effectiveness of contraceptives *(39)* all hinder individuals' ability to make informed decisions.

The fulfilment of human rights obligations requires that health commodities, including contraceptives, be physically accessible and affordable for all *(12)*. The goal of universal health coverage is to ensure that all people can obtain the health services they need without suffering financial hardship caused by paying for them *(45)*. Services must be within safe physical reach for everyone, including for marginalized populations *(12)*. They should be affordable, whether they are privately or publicly provided, and poorer households should not be burdened disproportionately with health expenses, including with the cost of contraceptives, in comparison to richer households. This applies to both low- as well as high-income countries where some sectors of the population do not have access to these services and information *(1)*. Programmes therefore need to be established to address these financial barriers, including health insurance schemes, and other budgetary and economic measures to make contraceptives and other health services affordable *(12, 13)*. Free or affordable sexual and reproductive health care – including contraceptive information and services – must be provided to persons with disabilities *(31)*.

Adolescents in many countries lack adequate access to contraceptive information and services that are necessary to protect their sexual and reproductive health *(13, 46)*. Human rights bodies have called on states to strictly respect adolescents' rights to privacy and confidentiality, including with respect to advice and counselling on health matters *(33, 47, 48)* and to ensure youth-friendly, confidential reproductive health care, including contraceptive services, for adolescents from different socioeconomic backgrounds *(12, 13, 49)*. Adolescents' best interests[6] and

6 Best interests of the child: According to the Committee on the Rights of the Child, "in all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" *(51, Article 3)*.

their evolving capacities[7] need to be systematically considered, and appropriate SRH services should be available and accessible to them without necessarily requiring parental or guardian authorization by law, policy or practice *(13, 47, 48, 50, 51)*.

In crisis settings there is often a lack of access to SRH services, meanwhile affected populations have a particular need for these services because of increased exposure to sexual violence. Access to contraceptive methods, particularly emergency contraception, and also to safe abortion, is of paramount importance to safeguard women's health *(52)*.

Experience in a variety of different settings has shown that integrating contraceptive information and services into other SRH services has the potential for increasing accessibility of such services. For example, integrating HIV services and maternal health services is cost-effective and contributes to improving overall family health *(53)*. Within the context of abortion and post-abortion care services, all women should be offered comprehensive contraceptive information, counselling and services, to help increase effective use of contraceptive methods and reduce the rate of repeat abortions *(22,* p. 52; *54)*.

Requirements for third-party authorization to receive contraceptive information and services are a significant barrier faced by women in many countries. Not only are such requirements a breach of confidentiality, but they also deny women autonomy in their decision-making; for these any other reasons, these requirements deter women from seeking the health services they need. International, regional and national human rights bodies have frequently emphasized that states should not restrict women's access to health services or to clinics that provide those services on the grounds that women do not have third-party authorization or because they are unmarried, or simply because they are women *(13*, Paragraph 14*)*.

Women's access to contraceptive information and services may be jeopardized by health-care providers' refusal to provide services due to conscientious objection. In the context of contraceptive services, this is usually manifested in a provider's refusal to issue a prescription for contraceptives, or a pharmacist's refusal to dispense or sell contraceptives, especially emergency contraceptives. While international human rights law protects the right to freedom of thought, conscience and religion, it also stipulates that the freedom to manifest one's beliefs in the professional sphere is not absolute and might be subject to limitations that are necessary to protect the rights of others, including the right to access reproductive health care *(55*, Article 18; *56)*. Human rights bodies have consistently called on states to regulate the practice of conscientious objection in the context of health care, to ensure that patients' health and rights are not in jeopardy *(13, 57)*. Some human rights bodies have explicitly addressed conscientious objection in the context of contraceptive service provision, stating that where women can only obtain contraceptives from a pharmacy, pharmacists cannot give precedence to their religious beliefs and impose them on others as justification for their refusal to sell such products *(56)*.

7 Evolving capacities of the child: "In accordance with their evolving capacities, children should have access to confidential counselling and advice without parental or legal guardian consent, where this is assessed by the professionals working with the child to be in the child's best interests. … States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion" (*48*, Paragraph 31).

3.1 Recommend the provision of scientifically accurate and comprehensive sexuality education programmes within and outside of schools that include information on contraceptive use and acquisition.

3.2 Recommend eliminating financial barriers to contraceptive use by marginalized populations including adolescents and the poor, and make contraceptives affordable to all.

3.3 Recommend interventions to improve access to comprehensive contraceptive information and services for users and potential users with difficulties in accessing services (e.g. rural residents, urban poor, adolescents). Safe abortion information and services should be provided according to existing WHO guidelines (Safe abortion: technical and policy guidance for health systems, 2nd edition).

3.4 Recommend special efforts be made to provide comprehensive contraceptive information and services to displaced populations, those in crisis settings and survivors of sexual violence, who particularly need access to emergency contraception.

3.5 Recommend that contraceptive information and services, as a part of sexual and reproductive health services, be offered within HIV testing, treatment and care provided in the health-care setting.

3.6 Recommend that comprehensive contraceptive information and services be provided during antenatal and postpartum care.

3.7 Recommend that comprehensive contraceptive information and services be routinely integrated with abortion and post-abortion care.

3.8 Recommend that mobile outreach services be used to improve access to contraceptive information and services for populations who face geographical barriers to access.

3.9 Recommend elimination of third-party authorization requirements, including spousal authorization for individuals/women accessing contraceptive and related information and services.

3.10 Recommend provision of sexual and reproductive health services, including contraceptive information and services, for adolescents without mandatory parental and guardian authorization/notification, in order to meet the educational and service needs of adolescents.