

# Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations

## 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.

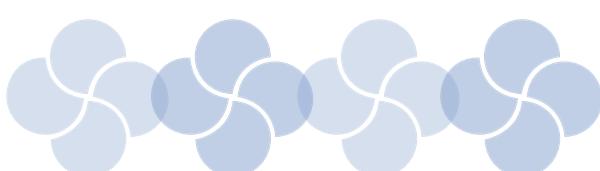
The World Health Organization's primary mandate is to provide assistance to its Member States in achieving the goal of the highest attainable standard of health for all, including sexual and reproductive health. Among other interventions, the provision of high-quality contraceptive information and services 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

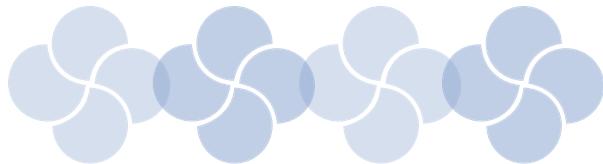
<b>Non-discrimination in provision of contraceptive information and services</b>	
1.1	Recommend that access to comprehensive contraceptive information and services be provided equally to everyone voluntarily, free of discrimination, coercion or violence (based on individual choice).
1.2	Recommend that 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.
<b>Availability of contraceptive information and services</b>	
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.
<b>Accessibility of contraceptive information and services</b>	
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 ( <i>Safe abortion: technical and policy guidance for health systems, 2nd edition</i> ).
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.
<b>Acceptability of contraceptive information and services</b>	
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.
<b>Quality of contraceptive information and services</b>	
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.
<b>Informed decision-making</b>	
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.
<b>Privacy and confidentiality</b>	
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.
<b>Participation</b>	
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.
<b>Accountability</b>	
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.



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