

# WHAT DOES CHOICE OF METHODS MEAN USING A HUMAN RIGHTS FRAME

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Session 3.1.05 – Access, Contraceptive Choice and Human Rights:  
Challenges and Tensions

**International Conference on Family Planning**

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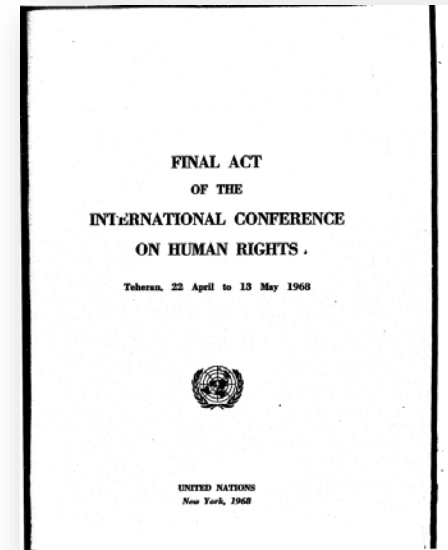


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The Evidence logo consists of a stylized graphic of three curved lines in green and blue, followed by the word "Evidence" in a sans-serif font.

# 1968 Teheran International Conference on Human Rights



**3. *Considers* that couples have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect**



# 1974 World Population Conference (Bucharest)

## (c) Reproduction, family formation and the status of woman

29. ...it is recommended that all countries:

(a) Respect...the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children;

(b) Encourage appropriate education concerning responsible parenthood and make available to persons who so desire advice and the means of achieving it;

# 1994 ICPD (Cairo)



**7.12** The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods.



# What terms are being used?

- Cafeteria Approach
- Broad range of methods and services
- Range of methods required to ensure that adequate and appropriate options are available
- Offering a **full range of methods** within easy reach of the entire population
- **Widest possible range** of safe, effective, and acceptable methods
- Access to **the broadest range of methods possible** from which to choose (short acting, long-acting, permanent, nonhormonal, client-controlled, provider dependent)

# Considering Attributes of Methods

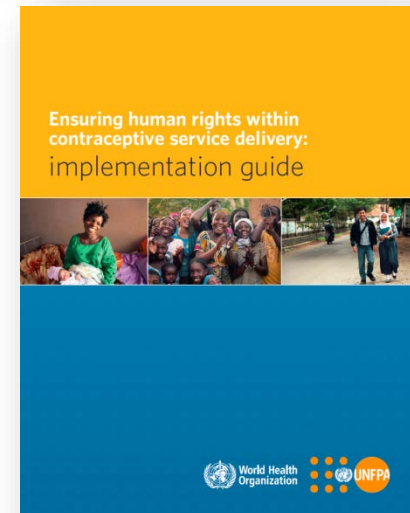
- Client-focused rather than method focus
- Factors/Attributes important to clients:
  - Effectiveness and safety
  - Ease and comfort of use, including side effects
  - Mode of action
  - Ease of access
  - Control of the method
  - Ease of discontinuation
  - Cultural acceptability
  - Affordability
- Equity in access

Brainstorming  
from Bellagio  
meeting, A  
Fine Balance,  
Contraceptive  
Choice in the  
21<sup>st</sup> Century  
(Engender-  
Health, 2013)



# WHO 2014: Ensuring Human Rights in the Provision of Contraceptive Information and Services

“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” [recommendation 6.2]



# FAMILY PLANNING 2020: RIGHTS AND EMPOWERMENT PRINCIPLES FOR FAMILY PLANNING



To exercise full, free and informed decision-making, individuals can choose between a **full range** of safe, effective and available contraceptive methods (**barrier, short acting, long-acting reversible, permanent and emergency contraception**) [from WHO 2014]

Directly or when necessary through referral



# WHO 2014: Ensuring Human Rights in the Provision of Contraceptive Information and Services

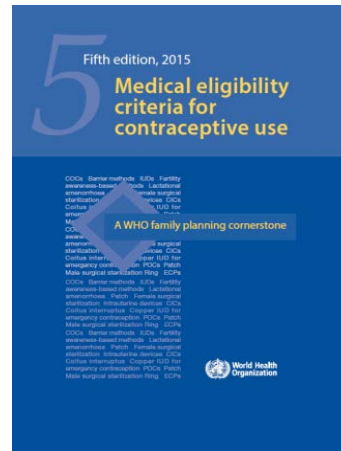
- “As part of a core state obligation in connection with the right to health is to ensure the availability, accessibility, acceptability and quality [AAAQ] of services....As part of this core obligation, states should ensure that the commodities listed in **national formularies are based on the WHO model list of essential medicines** ...a wide range of contraceptive methods, including emergency contraception, is included...”

# WHO 2015 Essential Medical List - Contraceptives

<b>18.3 Contraceptives</b>	
<b><u>18.3.1 Oral hormonal contraceptives</u></b>	
<input type="checkbox"/> ethinylestradiol + <input type="checkbox"/> levonorgestrel	Tablet: 30 micrograms + 150 micrograms.
<input type="checkbox"/> ethinylestradiol + <input type="checkbox"/> norethisterone	Tablet: 35 micrograms + 1 mg.
levonorgestrel	Tablet: 30 micrograms; 750 micrograms (pack of two); 1.5 mg.
<b><u>18.3.2 Injectable hormonal contraceptives</u></b>	
estradiol cypionate + medroxyprogesterone acetate	Injection: 5 mg + 25 mg.
medroxyprogesterone acetate	Depot injection: 150 mg/ mL in 1- mL vial.
norethisterone enantate	Oily solution: 200 mg/ mL in 1- mL ampoule.
<b><u>18.3.3 Intrauterine devices</u></b>	
copper-containing device	
levonorgestrel-releasing intrauterine system	Intrauterine system with reservoir containing 52 mg of levonorelrel
<b><u>18.3.4 Barrier methods</u></b>	
condoms	
diaphragms	
<b><u>18.3.5 Implantable contraceptives</u></b>	
etonogestrel-releasing implant	Single-rod etonogestrel-releasing implant, containing 68 mg of etonogestrel.
levonorgestrel-releasing implant	Two-rod levonorgestrel-releasing implant, each rod containing 75 mg of levonorgestrel (150 mg total).
<b><u>18.3.5 Intravaginal contraceptives</u></b>	
progesterone vaginal ring*	Progesterone-releasing vaginal ring containing 2.074 g of micronized progesterone.  *For use in women actively breastfeeding at least 4 times per day

Essential Medicines  
WHO Model List

<b>18.3 Contraceptives</b>
<b><u>18.3.1 Oral hormonal contraceptives</u></b>
<input type="checkbox"/> ethinylestradiol + <input type="checkbox"/> levonorgestrel
<input type="checkbox"/> ethinylestradiol + <input type="checkbox"/> norethisterone
levonorgestrel
<b><u>18.3.2 Injectable hormonal contraceptives</u></b>
estradiol cypionate + medroxyprogesterone acetate
medroxyprogesterone acetate
norethisterone enantate
<b><u>18.3.3 Intrauterine devices</u></b>
copper-containing device
levonorgestrel-releasing intrauterine system
<b><u>18.3.4 Barrier methods</u></b>
condoms
diaphragms
<b><u>18.3.5 Implantable contraceptives</u></b>
etonogestrel-releasing implant
levonorgestrel-releasing implant
<b><u>18.3.5 Intravaginal contraceptives</u></b>
progesterone vaginal ring*



WHO's 2015  
Medical Eligibility  
Criteria for  
Contraceptive  
Use lists more  
methods

Combined hormonal contraceptives.....
Progestogen-only contraceptives.....
Emergency contraceptive pills .....
Intrauterine devices .....
Copper-bearing IUD for emergency contraception..
Barrier methods.....
Fertility awareness-based methods .....
Lactational amenorrhoea method .....
Coitus interruptus .....
Female surgical sterilization .....
Male surgical sterilization .....



In most countries, over half of all contraceptive use is by one or two methods.

<b>Country</b>	<b>Method as a % of all Use</b>
<b>India</b>	<b>65% sterilization</b>
<b>Bangladesh</b>	<b>62% injectable plus pill</b>
<b>Indonesia</b>	<b>73% injectable plus pill</b>
<b>Egypt</b>	<b>80% IUD plus pill</b>
<b>Benin</b>	<b>65% traditional methods</b>
<b>Ethiopia</b>	<b>73% injectable</b>

*United Nations, Department of Economic and Social Affairs, Population Division. Trends in contraceptive methods used worldwide. [New York]: The Division; 2013. Available from:*

<http://www.un.org/en/development/desa/population/publications/pdf/popf>

# What Should Countries Do?

## Options to Broaden the Method Mix

- Focus on neglected methods, to increase their share:
  - Not easy; may improve the mix; may or may not raise the CPR significantly; question of cost-effectiveness
- Focus on established methods, but implement better:
  - Raises the CPR; may worsen the mix
- Combination/Opportunistic:
  - Improve access to established methods but with close attention to alternatives among (a) Long acting choices, (b) Resupply choices, and (c) New methods
- Who pays for expanded method choice?

# THANK YOU

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