

Meet the Demand for Modern Contraception and Reproductive Health

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OVERVIEW

Despite great progress over the past several decades, many obstacles remain to ensuring that girls and women realize their right to modern contraception and reproductive health. Critical to achieving this right is taking action across sectors and at all levels. Interventions from around the world illustrate paths that have been taken to break down existing barriers. This paper looks at the various components that are critical to securing rights-based contraception and reproductive health services for all girls and women.

SECTION 1: FRAMING THE ISSUE

In order for girls and women to reach their greatest potential, they must have control over their sexual and reproductive lives.¹ They have a right to determine whether and how many children to have, when and with whom to have them, as well as the right to have healthy and satisfying sexual lives.²

Realizing these rights requires meeting the need for modern contraception, and sexual and reproductive health services (SRH). These services include contraception, testing and treatment for sexually transmitted infections (STI), access to safe and legal abortion, infertility services, and maternal healthcare.³ Ensuring access to such services is not only the right of every girl and woman, but a necessity to secure their physical, sexual, and psychological wellbeing.

Meeting the unmet need for modern contraception has many benefits, including the ability to time births and reduce early childbearing, adolescent pregnancy, unintended pregnancies and unsafe abortion, all of which contribute to improved maternal health and child survival.⁴ However, despite the recognized far-reaching benefits of contraception and sexual and reproductive health services, including access to comprehensive sexual health education, access remains a challenge. In many countries, barriers to services include a lack of political or financial support, inequality, poverty, gender-based violence, and geographic location.⁵ Living in conflict and emergency settings represents another barrier.⁶ Many countries have a strong and coordinated opposition towards providing universal access to these services, creating a barrier both at the policy and service provision levels.⁷ And while the needs of young people are starting to be prioritized when it comes to meeting the need for modern contraception, barriers such as stigma, parental consent, privacy, confidentiality, and information provision, still need increased attention.⁸

The consequences of not meeting women's needs for modern contraception and reproductive health are grave:

- Over 300,000 women die as a result of maternal or pregnancy related complications each year.⁹
- Maternal mortality is the second leading cause of death among girls aged 15-19.¹⁰
- In sub-Saharan Africa, 70% of women hospitalized due to complications from unsafe abortions are under 20.¹¹
- At least 22,500 women died from unsafe abortion complications in 2014.^{12, 13, 14}
- 74 million unplanned pregnancies occur every year in the developing world.¹⁵
- Over 80% of women in developing countries infected with common, curable sexually transmitted infections do not receive treatment.¹⁶
- An estimated 225 million women living in the developing world would like to avoid pregnancy, but are not using modern contraception.¹⁷
- An estimated 16 million girls (age 15-19) give birth each year, mainly in low- and middle-income countries.¹⁸



Meeting the demand for modern contraception and reproductive health is linked to the achievement of several of the Sustainable Development Goals (SDGs) and targets, including:

SDG Goal 1: End poverty in all its forms everywhere

- **1.1** By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
- **1.2** By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- **1.5** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

SDG Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- **2.1** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- **2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

SDG Goal 3: Ensure healthy lives and promote wellbeing for all at all ages

- **3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

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SECTION 2: SOLUTIONS AND INTERVENTIONS

When implementing strategies to meet the demand for modern contraception and reproductive health, it is important to include certain components to ensure success. These include comprehensive sexuality education, as well as the promotion of stigma-free, youth-friendly, and affordable services that are respectful and include critical information, such as counselling about the risk of pregnancy and methods to avoid it. Another important element of success is engaging all stakeholders in reducing the barriers to sexual and reproductive health services. Programs aiming to meet the need for modern contraception and provide sexual and reproductive health services should involve the meaningful participation of women, young people, and adolescents at all stages of planning, implementation and evaluation. Engaging men and boys, religious and cultural leaders, policymakers, and other key stakeholders is also crucially important to ensure the sustainability of universal sexual and reproductive health services. Finally, it is important that national strategies focus on marginalized and underserved populations – including, but not limited to, sex workers, transgender people, people who inject drugs, people living with HIV, youth, adolescents, indigenous groups, urban and rural poor, migrants, refugees, and people living in conflict and emergency settings.

The following evidence-based interventions have the potential to accelerate progress:

- Improve access to and demand for affordable, modern contraception for all, including youth and men
- Integrate stigma-free contraception services with other strategies and interventions that focus on youth and women
- Utilize key financing mechanisms to fund global sexual and reproductive health and contraceptive needs
- Improve access to prevention and treatment services for sexually transmitted infections, with an emphasis on Human Papilloma Virus (HPV) vaccines, cervical cancer screenings, and antiretroviral medication for the prevention of mother-to-child transmission of HIV
- Liberalize abortion laws and provide safe abortion and post-abortion care
- Increase equitable access to infertility services

These interventions are discussed below, but it is important to note that there are multiple, overarching resources that can help map out the path towards fulfilling the sexual and reproductive health rights of girls and women. These include: The Global Strategy for Women's, Children's and Adolescents' Health, USAID's High Impact Practices (HIPs) in Family Planning, the International Conference on Population and Development Programme of Action, and the UN Commission on Life-Saving Commodities for Women and Children and FP2020.^{19,20,21,22}

Improve Access to and Demand for Affordable, Modern Contraception for All, Including Youth and Men

All people should be able to choose from a wide range of modern contraceptive methods, including long-acting reversible contraceptives. It has been shown that contraceptive use is greater when more methods and wider choices are available to a large portion of the population to meet the specific needs of women and couples.²³ No one method is suitable for all individuals, therefore by building the capacity of providers to offer counseling that starts with the most and ends with the least effective methods is one way to promote informed decision-making and increase voluntary use of the most effective methods.²⁴ Counseling services should address issues of cultural stigma around contraception use. Health planners and providers should assure the availability of modern contraceptive commodities, including long-acting reversible contraception, and prevent stock outs in order to promote continual usage of modern methods. It is also critical that modern contraceptives are affordable, and free when possible, as cost is a significant barrier to usage, especially for young people.²⁵ Emergency contraception should also be readily available and accessible, as it serves as a method which can significantly reduce the chances of unwanted pregnancy.²⁶

Recently, the medical community has endorsed the use of long-acting reversible contraceptives (LARC), such as intrauterine devices (IUDs) and hormonal implants, for adolescents and young women; yet young women and adolescents continue to face barriers, including high costs and limited access.²⁷ This is despite the fact that LARC users have lower abortion rates and unintended pregnancy rates, as the devices minimize the potential for human error.²⁸ Providers should be trained on youth-friendly counseling, educating patients about the risks and side effects, and avoiding discrimination against those seeking knowledge or services – especially young clients.²⁹ It is also critical for providers to be well trained to insert and remove long-acting reversible contraceptives, as well as to perform procedures for voluntary permanent methods. Post-partum LARC insertion should be made available to efficiently utilize the opportunity to eliminate the gap between the end of a pregnancy and contraceptive use.³⁰

Additionally, increased use of voluntary permanent contraception, such as male vasectomy, can help create more gender equitable societies where men play a supportive and proactive role in family planning. Vasectomy is a cheap, safe, effective method that is less invasive and has fewer complications than tubal ligation for women.^{31,32}



- **3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- **3.c** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

SDG Goal 5: Achieve gender equality and empower all women and girls

- **5.1** End all forms of discrimination against all women and girls everywhere
- **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- **5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- **5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

SDG Goal 6: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- **6.1** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- **6.2** By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- **6.3** By 2030, ensure equal access for all women



Case Study: Husband School Teaches the Importance of Contraception in Niger

A study commissioned by UNFPA in Niger found that men often determined whether or not their female relatives should have access to reproductive health services.³³ This study inspired the creation of eleven Husband Schools in Niger's Zinder Region, which aim to educate men on the importance of reproductive health and foster behavior change at the community level.³⁴ As a result of the relationships formed between health workers and the men attending, the region has witnessed an increase in rates of safe delivery (in two regions they have more than doubled), contraception use and reproductive health services.³⁵ Furthermore, many men are now attending the deliveries of their children, more deliveries are being assisted by skilled personnel, and more women are attending prenatal and postnatal consultations.³⁶ Overall, there has been noticeable behavior change regarding contraception and reproductive health throughout the communities involved.³⁷

Integrate Stigma-free Contraception Services with Other Strategies and Interventions that Focus on Youth and Women

In 2015, United Nations institutions, governments, civil society and the private sector jointly called for more coordinated multi-sector approaches to improve the health of women and children. The launch of the Sustainable Development Goals (SDGs) and the 2016-2030 Global Strategy for Women's, Children's and Adolescents' Health set the foundation for more robust, cross-sectoral actions.³⁸

Some strategies envision integrating contraception delivery within other services that focus on girls and women, thereby expanding access beyond family planning sites. Entry points include both key health services and other non-health development programs. For example, offering family planning services to post-partum women through infant immunization programs is one of several high-impact family planning practices identified by a group of international experts.³⁹ Another example is the integration of voluntary family planning and HIV services; this has proven to be an effective way to reduce stigma around seeking services, prevent mother to child transmission of HIV, and reach populations that may not have access to mainstream sexual and reproductive health and comprehensive sexuality education services and counselling.⁴⁰ Moreover, models that integrate family planning within nutrition, food security, microfinance, agricultural, and environmental projects have proven to be feasible, acceptable and effective.⁴¹

Utilize Key Financing Mechanisms to Fund Global Sexual and Reproductive Health and Contraceptive Needs

Leading experts recommend boosting financing for contraception and other sexual and reproductive health programs through a combination of national budgets, costed implementation plans (CIPs), and health finance facilities.⁴² Developed in 18 countries, costed implementation plans are government-led, multi-year policy action plans that contain detailed resource projections to achieve national family planning goals. Endorsed by Family Planning 2020, a global partnership that supports the rights of girls and women to decide for themselves whether, when and how many children they want to have, costed implementation plans are useful for national coordination, resource mobilization, implementation, and monitoring and accountability.

The Global Financing Facility (GFF), in support of Every Woman Every Child, was launched in 2014 to promote sustainable investments into women's, children's and adolescents' health.^{43,44} Coordinated by the World Bank with the backing of multiple partners, the GFF paradigm combines domestic and international funding with financing from the private sector.⁴⁵ By 2030, the GFF hopes to close the 33 billion dollar financing gap in women's and children's health through the utilization of sustainable financing.⁴⁶ Contributing partners include Canada, Japan, the United States, and the Bill & Melinda Gates Foundation, which have donated a total of \$214 million in support to date.⁴⁷

Improve Access to Prevention and Treatment Services for Sexually Transmitted Infections

Every day, more than one million people are infected with a sexually transmitted infection (STI),⁴⁸ yet many infected people, particularly those living in developing countries, go untreated.⁴⁹ STIs can have serious health consequences, from maternal health complications to chronic diseases and death. Approximately two-thirds of all new HIV infections in adolescents are among girls.⁵⁰ Raising awareness in schools, and through mass media campaigns, about STI transmission, prevention, symptoms and how to get tested, needs to be prioritized, along with access to screening and treatment that is stigma-free. Prevention efforts should focus on making a wide range of contraception products available in schools and public areas where young people gather. Comprehensive sexuality education should be integrated into education curriculums as well as through other channels beyond school.⁵¹ Biomedical interventions,⁵² such as voluntary male circumcision and pre-exposure prophylaxis (PrEP), should also be integrated within health services and promoted through the media.

In 2015, the World Health Organization (WHO) issued guidelines calling for lifelong antiretroviral treatment (ART) for all pregnant and breastfeeding women living with HIV.⁵³ This Option B+ strategy recommends that, regardless of a woman's CD4 count or her clinical stage, ART should be taken not only during pregnancy and breastfeeding, but for the duration of her life.⁵⁴ Implementing Option B+ can be daunting, especially in rural and remote settings due to lack of transportation and locally available services. Yet it can be made possible by adopting an integrated model that includes prescription delivery, along with tailored services for STI screening, treatment, and reproductive health.



Key international agreements and strategies related to sexual and reproductive health:

- International Conference on Human Rights Tehran, Republic of Iran (1968)
- Programme of Action of the International Conference on Population and Development (1994)
- Beijing Platform for Action (1995)
- Millennium Development Goals (MDGs) (2000–2015)
- Convention of the Rights of Persons with Disabilities (2006)
- The Global Strategy for Women's and Children's health (2010)
- Family Planning 2020 (FP2020) Commitment to Action (2014–2015)
- ICPD Beyond 2014 Framework of Action (2014)
- Sustainable Development Goals (SDGs) (2015–2030)
- The Global Strategy of Women's, Children's and Adolescent's Health (2016–2030)



Case Study: HPV Vaccine Scale-Up in Zambia

More than 290 million women have the human papillomavirus (HPV),⁵⁵ which can lead to cervical cancer. More than 85% of cervical cancer cases and deaths occur in low- and middle-income countries.⁵⁶ Yet women in developing countries often lack access to the HPV vaccine and testing services.⁵⁷ In 2013, Zambia, a country with high cervical cancer rates, began rolling out a program to administer the HPV vaccine to girls in primary schools across the country.⁵⁸ Political support from the First Lady of Zambia and community outreach were used to engage parents and discuss the importance, safety, and effectiveness of the vaccine.⁵⁹ Several other African countries, including Cameroon, Tanzania, Uganda, and South Africa, have since rolled out similar school-based programs.⁶⁰

Liberalize Abortion Laws and Provide Safe Abortion and Post-Abortion Care

A major cause of maternal death worldwide, unsafe abortion is one of the most preventable public health challenges.⁶¹ Meeting the need for modern contraception is the best way to reduce unintended pregnancies.⁶² However, even when used properly, contraceptive methods can fail. For those women who wish to terminate a pregnancy, liberalizing abortion laws and increasing access to safe abortion and post-abortion care services needs to be a priority. Abortion services need to be confidential and free of stigma in order to reduce barriers to access. Barriers –including enforced counselling, mandatory waiting periods, parental consent for young people, requiring multiple doctors' signatures, and punitive measures, such as forcing the patient to undergo an ultrasound before the procedure⁶³ – should be removed by law.

It is estimated that at least 22,500 women died from complications related to unsafe abortions in 2014.^{64,65,66} Evidence shows that misoprostol is a safe and effective medication to treat complications resulting from incomplete abortion and miscarriage for women in their first trimester.⁶⁷ The introduction of misoprostol can increase women's access to post-abortion care services since it can be delivered in settings where doctors with surgical skills are not available.⁶⁸ Misoprostol can also be used to prevent post-partum hemorrhage, a main cause of maternal death.⁶⁹ Finally, misoprostol in combination with mifepristone is also effective to induce medical abortion in places where abortion is legal.^{70,71}

Increase Equitable Access to Infertility Services

Some people may not be able to conceive without specific medical interventions. For example, in 2010 it was estimated that more than 48 million couples around the world were infertile.⁷² In many lower resource settings, untreated STIs, tuberculosis, female genital mutilation,⁷³ and unsafe abortion can cause infertility.^{74,75,76} Assisted reproduction technologies such as In Vitro Fertilization (IVF) have been used for over three decades, yet they remain unavailable in many low-resource settings.⁷⁷ Sperm collection and self-insemination techniques are more accessible and feasible in poor countries, but they have a lower rate of success.⁷⁸ This vastly inequitable access can have dire consequences for women struggling with infertility in developing countries, including severe economic deprivation, social isolation, disinheritance, polygamy, and murder.^{79,80}

Leading by example, in 2012 South Africa revised their previous national family planning policy to include both contraception and conception. Infertility counseling and services are recommended throughout the policy and accompanying guidelines, including for men alone and men as partners.⁸¹

SECTION 3: THE BENEFITS OF INVESTMENT

Comprehensive sexual and reproductive health services and modern contraception are not only integral to recognizing the right to good health for all people and essential for achieving gender equality, they are also a smart financial investment.⁸² Research shows that every US\$1 spent on modern contraceptive methods will yield US\$120 in overall benefits.⁸³ The estimated returns of effectively reducing unmet need for contraception in 27 high-fertility countries would exceed 8% of global GDP by 2035.⁸⁴ If the unmet need for effective contraception were met and all women and newborns received the care recommended by the WHO, unintended pregnancies would drop by 70%, maternal deaths would decline by 67%, newborn deaths would drop by 77%, the transmission of HIV from mother to newborn would be drastically reduced, and unsafe abortions would decline by 74%.⁸⁵ Making investments in sexual and reproductive health and contraceptive access is cost-effective and, most importantly, critical to advancing the health, wellbeing, and development of girls and women, and their families, communities, and societies.

SECTION 4: CALLS TO ACTION

The first steps to providing universal, youth-friendly, stigma-free contraception and reproductive health services starts with governments. Governments need to remove legal and regulatory barriers that restrict sexual and reproductive health and family planning services, especially for adolescents and vulnerable populations. Furthermore, governments need to develop national policies to provide comprehensive sexuality education, including curriculum and training materials reflecting input from girls, adolescents, and women.

Multilateral organizations, civil society and donors need to do their part to hold governments accountable to key agreements and commitments, working with national authorities and the private sector to meet the need for modern contraception and improve reproductive health services. Donors also have a critical role to play filling the gap between supply and demand, service provision, and training. They should equip low-resource countries and programs with more modern and effective infertility treatments and services, and cooperate with governments operating costed implementation plans.

In order to power progress for all, many different constituents must work together – governments, civil society, academia, media, affected populations, the United Nations, and the private sector – to take the following actions for girls and women:

- Ensure systems are in place to provide sexual and reproductive health (SRH) services and modern methods of contraception across settings (including in conflict and emergency settings) and work to strengthen health systems and commodity supply-chains.
(Most relevant for: governments, civil society, the United Nations, and the private sector)
- Remove legal and regulatory barriers that reduce access to SRH and family planning services, information, and supplies, especially for adolescents and key populations.
(Most relevant for: civil society and governments)
- Liberalize abortion laws and provide safe abortion and post-abortion care.
(Most relevant for: governments)



- Integrate sexual and reproductive health services into the provision of primary healthcare services and universal health coverage. (Most relevant for: governments)
- Develop and scale up national policies, curricula, and training to ensure universal Comprehensive Sexuality Education. (Most relevant for: government)
- Promote and implement youth friendly services. (Most relevant for: affected populations, civil society, governments, the private sector, and the United Nations)
- Invest in new contraceptive technologies that better address people's needs, especially the needs of marginalized girls and women. (Most relevant for: governments, civil society, the United Nations, and the private sector)
- Tackle cultural norms inhibiting access to modern contraception, with the involvement of boys and men, and promote and implement youth friendly services. (Most relevant for: governments and civil society)
- Integrate HPV vaccine services into pediatric care and/or primary schools. (Most relevant for: governments)
- Incorporate infertility treatment into sexual and reproductive health services. (Most relevant for: governments)

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