

# Meet the Demand for Modern Contraception and Reproductive Health

Facts, Solutions, Case Studies, and Calls to Action

## OVERVIEW

Girls and women's ability to control their own fertility, and to decide if and when to have children and how many children to have, is a bedrock of women's empowerment, gender equality, and progress for all. Despite great strides over the past several decades, 214 million women still have an unmet need for family planning<sup>1</sup>, and many obstacles prevent girls and women from realizing their human right to modern contraception and reproductive health.<sup>2</sup> But great examples and interventions from around the world show what can be done to accelerate access and break down existing barriers. Critical to progress is taking action across sectors and at all levels. This policy brief looks at the good examples and shows what is needed to secure proper and voluntary 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.<sup>3</sup> 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.<sup>4</sup>

Realizing these rights requires meeting the need for modern contraception and sexual and reproductive health information, care, and services, including access to and choice of modern contraceptive methods, testing and treatment for sexually transmitted infections (STI), access to safe and legal abortion and postabortion care, infertility treatment and counseling, and maternal healthcare, regardless of age, income, marital status, and parity.<sup>5</sup> Ensuring access to sexual and reproductive health information, education, and care is not only the right of every girl and woman, but a necessity to secure their physical, sexual, and psychological wellbeing and support their future economic potential.

However, despite the recognized far-reaching benefits of contraception and sexual and reproductive health educational programs — including comprehensive sexuality education — access and use of information and care remain a challenge.<sup>6,7</sup> In many countries, barriers to access include a lack of political or financial support, stigma, inequality, poverty, gender-based violence, and geographic location.<sup>8</sup> Living in conflict and emergency settings represents another barrier.<sup>9</sup> Many countries have a strong and coordinated opposition toward providing universal access to sexual and reproductive health and rights, creating obstacles both at the policy and service provision levels.<sup>10</sup> And while adolescent health and the needs of young people are starting to be prioritized, meeting the sexual and reproductive health needs of all adolescents and young people who want to delay, avoid, or plan for a pregnancy requires overcoming a range of cultural, social, and health-service challenges.<sup>11</sup> Despite more than three decades of global adolescent- and youth-focused family planning efforts, adolescents and young people across developing countries continue to face a number of barriers in obtaining sexual and reproductive health information, accessing and using contraception, and maintaining correct and consistent use of information and services.<sup>12</sup>

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

- An estimated 214 million women of reproductive age in the developing world would like to avoid pregnancy, but are not using modern contraception.<sup>13</sup>
- Of the 206 million pregnancies that occurred in the developing world in 2017, 43% were unintended.<sup>14</sup>
- Roughly 84% of all unintended pregnancies in developing regions occur due to an unmet need for modern contraception.<sup>15</sup>
- In 2017, approximately 308,000 women died as a result of maternal or pregnancy-related complications in developing countries.<sup>16</sup>
- Complications from pregnancy and childbirth is one of the leading cause of death among girls aged 15-19.<sup>17</sup>
- At least 22,800 women die each year from abortion-related complications.<sup>18</sup>
- More than 80% of women in developing countries infected with common, curable sexually transmitted infections do not receive treatment.<sup>19</sup>

*Disclaimer: The views and opinions expressed in this technical paper are those of the authors and do not necessarily reflect the official policy or position of all partnering organizations.*



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

### SDG 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 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 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
- **3.8** Achieve universal health



- About half of pregnancies among adolescent women aged 15-19 living in developing regions are unintended, with more than half of these ending in abortion, often under unsafe conditions.<sup>20</sup>

## SECTION 2: SOLUTIONS AND INTERVENTIONS

Among all the elements of addressing sexual and reproductive health, the following evidence-based interventions have the potential to accelerate progress toward meeting the demand for modern contraception and reproductive health:

- Improve access to and demand for affordable, modern contraception
- 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 for sexually transmitted infections
- Liberalize abortion laws and provide safe abortion and postabortion care
- Improve access to sexual and reproductive health and rights in humanitarian settings
- Increase equitable access to infertility services

Implementing successful strategies to meet the demand for modern contraception and reproductive health requires certain components. These include comprehensive sexuality education, offered in full fidelity with the 2018 International Technical Guidance on Sexuality Education,<sup>21</sup> as well as the promotion of stigma-free, youth-friendly, affordable, high-quality services that make adolescents feel seen, heard, and respected, and that offer a full range of contraceptive methods.<sup>22</sup> Sexual and reproductive healthcare delivery and counseling must meet quality standard requirements, including a review of pregnancy risks and best practices to avoid complications.<sup>23,24</sup> Another important element of success is engaging all stakeholders, including but not limited to the meaningful participation of women, young people and, as applicable, their family members, 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 healthcare.<sup>25,26</sup> 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, people living with disabilities, urban and rural poor, migrants, refugees, and people living in conflict and emergency settings.<sup>27</sup> Additional investments must be made to support new innovations in self-care products and practices that allow women and girls, particularly those in low-resource settings, to assess and manage their own sexual and reproductive health needs.

These interventions are discussed below, but it is important to note that there are multiple over-arching resources that can help map out the path toward 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) for Family Planning, the International Conference on Population and Development Programme of Action, the UN Commission on Life-Saving Commodities for Women and Children, and Family Planning 2020.<sup>28,29,30,31</sup>

### Improve Access to and Demand for Affordable, Modern Contraception

All people, including the most marginalized, should be able to choose from a wide range of modern contraceptive methods, including long-acting reversible contraceptives (LARCs) and permanent methods. 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.<sup>32</sup> Interventions designed to increase demand, including vouchers, are associated with improved knowledge of and attitudes toward family planning, better discussions with partners, and increased use of modern contraceptives.<sup>33</sup> No single method is suitable for all individuals, therefore building the capacity of providers to offer counseling that prioritizes the effective methods is one way to promote informed decision-making and increase voluntary use of the most effective methods.<sup>34</sup> Counseling services should address issues of cultural stigma around contraceptive use. In some contexts, including family members during family planning counseling and offering educational activities have both been shown to help increase the demand for family planning.<sup>35</sup> Health planners and providers should ensure the availability of modern contraceptive commodities, including LARCs, and prevent stockouts in order to promote continuous usage of modern methods. It is also critical that modern contraceptives are either free or affordable, as cost is a significant barrier to usage, especially for adolescents and young people. It is also important that the use is voluntary and not forced.<sup>36</sup> Emergency contraception, a form of birth control that prevents pregnancy after sexual intercourse, should be readily available and accessible, as it serves as a method that can significantly reduce the chances of unwanted pregnancy.<sup>37</sup> This is especially critical for adolescent girls and women in emergency settings and conflict-affected areas who are at heightened risk of gender-based violence, including rape, and often have minimal-to-no access to family planning methods.<sup>38,39</sup>

Recently, the medical community endorsed the use of LARCs, 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.<sup>40</sup> This is despite the fact that LARC users have



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 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- **4.1** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- **4.2** 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
- **4.3** By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

### SDG 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



lower abortion rates and unintended pregnancy rates, as the devices minimize the potential for human error.<sup>41</sup> Providers should be trained on youth-friendly counseling, educating patients about the risks and side effects, and avoiding discrimination against those seeking knowledge or care — especially young clients.<sup>42</sup> It is also critical for providers to be well trained to insert and remove LARCs and perform procedures for voluntary permanent methods. Post-partum LARC insertion should be made available to eliminate the gap between the end of a pregnancy and contraceptive use.<sup>43</sup> Contraceptive injectables are the most commonly used modern contraceptive method in sub-Saharan Africa.<sup>44</sup> Community-based access to injectable contraceptives (administering contraceptive injectable through community health workers, drug shops, and mobile outreach services) is considered a proven, high-impact practice in family planning, as it safely expands access to women in rural and hard to reach areas.<sup>45,46,47</sup> Additionally, new developments in the field of self-administered LARCs have the potential to remove barriers requiring women travel to a facility or provider for re-injection, which may reduce high discontinuation rates.<sup>48</sup> As more countries approve administration of injectables by community health workers and women themselves, contraceptive access and continuation will increase, thereby reducing unintended pregnancies.

Additionally, increased use of voluntary male vasectomy can help create more gender equitable societies where men play a supportive and proactive role in family planning.<sup>49</sup> A vasectomy is a cheap, safe, effective method that is less invasive and has fewer complications than tubal ligation for women.<sup>50,51</sup> Interventions that engage men and boys, such as comprehensive sexuality education that covers gender-based violence, gender norms, and masculinities, can address cultural norms that limit women's and girls' ability to access sexual and reproductive healthcare, information, and education.

#### Case Study: Reframing the Benefits of Contraceptives through Financial Planning

In Ethiopia, the Population Services International (PSI)-led Adolescent 360 (A360) project learned that young Ethiopian couples desired financial stability and smaller families. Based on this finding, A360's Smart Start program introduced the "Baby Calculator," designed in partnership with young people and delivered through Ethiopia's government Healthcare Extension Worker program.<sup>52</sup> The calculator supports married adolescent girls aged 15-19 alongside their husbands in mapping out how much a child would cost in contextually relevant terms (such as sacks of grain), promotes joint decision making among couples, and suggests that delaying to a healthier and more prepared timeframe is good for the prosperity and health of the family. From June 2017 through April 2018, A360 Ethiopia's activities resulted in 4,150 married 15-19 year old girls receiving relevant sexual and reproductive health (SRH) information and contraceptive counseling with a Smart Start Health Extension Worker across 93 sites. 26% of girls opted for a long-acting reversible contraceptive (LARC), a number that outperforms the national 18% average for LARC uptake among Ethiopian girls aged 15-19.<sup>53,54</sup>

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

A study commissioned by the United Nations Population Fund (UNFPA) in Niger found that men often determined whether or not their female relatives should have access to reproductive health services.<sup>55</sup> This study inspired the creation of eleven Husband Schools in Niger's Zinder Region to educate men on the importance of reproductive health and foster behavior change at the community level.<sup>56</sup> 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.<sup>57</sup> 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.<sup>58</sup> Overall, there has been noticeable behavior change regarding contraception and reproductive health throughout the communities involved.<sup>59</sup> The program is spreading to other West African countries.

#### 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.<sup>60</sup> In 2018, UN Women launched a report called "Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development," which called for accelerated efforts to increase access to modern contraception in order to reach the SDGs.<sup>61</sup>

Some strategies envision integrating contraception delivery within other programs that focus on girls and women, thereby expanding access beyond family planning sites. Entry points include both key health 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.<sup>62</sup> 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 information and/or care, prevent mother-to-child transmission of HIV, and reach populations that may not have access to mainstream sexual and reproductive health services and comprehensive sexuality education and counseling.<sup>63</sup> Moreover, models that integrate family planning within nutrition, food security, microfinance, agricultural, and environmental projects have proven to be feasible, acceptable, and effective.<sup>64</sup>



#### SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

- **9.1** Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans border infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

#### SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable

- **11.2** By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

#### SDG 13: Take urgent action to combat climate change and its impacts

- **13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries



In addition, using digital technologies (e.g. mobile phones, computers, tablets) has been recognized as a promising high-impact practice in family planning, shown to increase contraceptive knowledge and contraceptive self-efficacy and to influence attitudes.<sup>65</sup> As digital technology use increases, this will be an important way to engage potential and current contraceptive users, especially young people.

#### Case Study: Scaling up Contraceptive Access in North Kivu, DRC

In 2016, global humanitarian agency CARE International launched a program in North Kivu, DRC, that engaged local peer leaders to manage outreach activities, and satellite clinics to promote adolescent health services, including contraception. Peer leaders were engaged in the development, implementation, and monitoring of all program activities and were key in the development of a "Community Scorecard" that enabled youth to define what adolescent-friendly sexual and reproductive health information, education, and care looked like to them. Guided by the leadership and consultation of adolescents, the program developed a satellite clinic located outside the camp for additional privacy and provide follow-up referrals to nearby government health facilities when required. The project helped generate increased demand in contraception among adolescents, particularly long-acting reversible options.<sup>66</sup>

#### 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.<sup>67</sup> As of 2018, twenty countries have developed (or are in the process of developing) CIPs, which are government-led, multi-year policy action plans that contain detailed resource projections to achieve national family planning goals.<sup>68</sup> Supported 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, CIPs are useful for national coordination, resource mobilization, implementation, and monitoring and accountability.

#### Case Study: Global Financing Facility

The goal of the Global Financing Facility (GFF), which launched in 2015 in support of Every Woman Every Child, is to contribute to SDG 3 in reducing maternal, newborn, and child deaths and improving the health and quality of life of women, adolescents, and children by 2030.<sup>69</sup> Coordinated by the World Bank, the GFF aims to marshal \$50 billion to \$75 billion over the next 12 years through domestic resource mobilization, alignment of external assistance with country priorities, securing concessional financing, and crowding in additional private capital to close the financing gap. Contributing partners include Canada, Japan, the United States, and the Bill & Melinda Gates Foundation, who have donated hundreds of millions of dollars in support to date.<sup>70,71</sup> The GFF improves sexual and reproductive health and rights by creating stronger, more resilient healthcare systems, working toward health financing reform, and developing country-led investment cases and companion monitoring frameworks. For example, Cameroon's Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) investment case, developed through a consultative process with the GFF, was used to inform the 2018 national budget and triggered a commitment to increase the national health budget allocation to the primary and secondary healthcare levels to 20% by 2020 (up from 8% in 2017). With performance-based financing contracts, there has been a significant increase in family planning visits throughout 2017 and the budget to pilot a technology-based counseling service for adolescents' sexual health.<sup>72</sup>

#### 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),<sup>73</sup> yet many infected people, particularly those living in developing countries, go untreated.<sup>74</sup> STIs can have serious health consequences, from maternal health complications to chronic diseases and death. HIV deaths are rising among adolescents while declining in all other age categories.<sup>75</sup> Approximately two-thirds of all new HIV infections in adolescents are among girls.<sup>76</sup> Young people require better access to information and preventative methods — such as condoms and clean syringes — and stigma-free STI testing, counseling, and treatment.<sup>77</sup> Raising awareness in schools about STI transmission, prevention, symptoms, and testing through mass media campaigns or digital technologies needs to be prioritized. Prevention efforts should focus on quality counseling that promotes dual method use when delivering family planning services, regardless of age, marital status, parity, or HIV status.<sup>78</sup> Contraceptive vaginal rings that women can insert and remove themselves could protect against HIV and unwanted pregnancy, help women exercise autonomy over their sexual and reproductive health, and reduce HIV acquisition rates.<sup>79</sup> Condoms and a wide range of contraception products must be made available in schools and in public areas where young people gather. Comprehensive sexuality education should be integrated into education curriculums as well as through other channels beyond school.<sup>80</sup> Biomedical interventions, such as voluntary male circumcision and pre-exposure prophylaxis (PrEP), should also be integrated within healthcare and promoted through the media in order to reduce the spread of HIV.<sup>81</sup> Affordable, self-test kits for HIV allow individuals to learn about their HIV status in private, increasing early diagnosis and timely initiation of treatment.<sup>82,83</sup> While young adults bear the burden of STIs, rates of chlamydia, gonorrhea, syphilis, and HIV have significantly increased in adults aged 50 and older.<sup>84</sup> Strategies to curb the rise of STIs amongst older adults require multi-level approaches, including STI risk and prevention education for the elderly, raising awareness among healthcare workers, and providing appropriate routine screening, testing, and care.<sup>85,86</sup>



#### Relevant International Agreements:

- International Conference on Human Rights Tehran, Republic of Iran (1968)
- Convention on the Elimination of All Forms of Discrimination Against Women (1979)
- Programme of Action of the International Conference on Population and Development (1994)
- Beijing Platform for Action (1995)
- Millennium Development Goals (MDGs) (2000-2015)
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2005)
- 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) (2016-2030)
- The Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)
- Report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents (2017)



### Case Study: Use of Vaginal Ring for HIV Prevention in Women

More than half of the 35 million people infected with HIV-1 infection are women, attesting to the urgency to disseminate effective prevention products for them. A clinical trial in sub-Saharan African countries suggests that vaginal rings that continuously release an experimental antiretroviral drug provide protection against HIV infection in women. The results of double blind, placebo-controlled trials indicate a reduction of HIV incidence in the treatment group by 27-31% compared to the control group, with differences in protection according to age. A relatively greater protection was observed among older women (age >25 years).<sup>87,88,89</sup>

### Liberalize Abortion Laws and Provide Safe Abortion and Postabortion Care

A major cause of maternal death worldwide, unsafe abortion is one of the most preventable public health challenges.<sup>90</sup> Meeting the need for modern contraception is the best way to reduce unintended pregnancies.<sup>91</sup> However, access, availability, and affordability is limited among many girls and women and 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 postabortion care services needs to be a priority. Restrictive abortion laws do not stop women from having abortions; they often make the procedure clandestine and unsafe.<sup>92</sup> Abortion services need to be confidential and free of stigma in order to reduce barriers to access. As of 2017, only 37% of women live in the 61 countries that allow women to have an induced abortion without restriction.<sup>93</sup> According to the World Health Organization (WHO), regulatory, policy, or programmatic barriers that hinder access to and timely provision of safe abortion care should be removed – including enforced counseling, mandatory waiting periods, parental or spousal consent, requiring multiple doctors' signatures, and punitive measures, such as forcing the patient to undergo an ultrasound before the procedure.<sup>94</sup>

It is estimated that between 22,800-31,000 women die each year from complications related to abortions.<sup>95</sup> Evidence shows that misoprostol alone, or, where available, the combination of misoprostol and mifepristone is safe and effective to treat complications resulting from incomplete abortion and miscarriage.<sup>96,97</sup> The use of misoprostol is becoming an increasingly common postabortion treatment method and increases women's access to postabortion care services, since it can be safely delivered by mid-level providers at primary health facilities.<sup>98,99</sup> In addition to its use for postabortion care, misoprostol is an important product often used to prevent postpartum hemorrhage, a leading cause of maternal death.<sup>100</sup>

### Improve Access to Sexual and Reproductive Health and Rights in Humanitarian Settings

Approximately 32 million girls and women of reproductive age (15 - 49) live in humanitarian settings, all of whom require access to reproductive health information and care.<sup>101</sup> When emergencies strike, there is a strong need for swift action and coordination on sexual and reproductive health (SRH), particularly to mitigate and respond to the heightened risk of maternal and neonatal morbidity, mortality, and disability; sexual violence; and HIV transmission.<sup>102</sup>

To enable timely and effective responses, the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises developed the Minimum Initial Service Package (MISP) for Reproductive Health – a list of crucial actions to respond to reproductive health needs at the early stages of a humanitarian emergency. Activities outlined in the MISP are based on documented evidence and best practices, so can be implemented in humanitarian situations where rapid and in-depth reproductive health assessments are not feasible.

This includes evidence guidance on preventing and managing the consequences of sexual violence, reducing HIV transmission, preventing maternal and newborn morbidity and mortality, supporting comprehensive reproductive health services that are integrated into primary health services, and ensuring effective MISP implementation.<sup>103</sup> In addition, the MISP emphasizes access to contraceptives that meet the demands of girls and women affected by humanitarian disasters and access to safe abortion to the full extent of the law.

In a humanitarian emergency, the health sector/cluster lead and the Ministry of Health (MoH) are responsible for implementing the priority activities in the MISP.<sup>104</sup> However, many of these activities cut across sectors – so coordination across organizations working on nutrition, protection, water and sanitation, and others is also essential. Humanitarian organizations responding to a humanitarian crisis should thus always include funding for MISP activities in their donor proposals. The package of interventions outlined in the MISP form the minimum requirement for reproductive health in emergencies. Organizations and governments should transition from the MISP to a more comprehensive and sustainable approach to reproductive health service provisions as soon as the situation allows.

### Case Study: MISP implementation in Hashemite Kingdom of Jordan<sup>105</sup>

Since 2011, civil unrest in Syria has displaced millions of persons. By 2013, the refugee population in Za'atari Camp was more than 160,000 and in Irbid City was more than 47,000. A formative evaluation was conducted in these sites to assess the implementation status of MISP services. MISP activities related to preventing maternal and newborn morbidity and mortality were largely available and supported by the MOH, and half of the key informants could identify all of the priority activities in the MISP related to this objective. Key informants exhibited a high degree of knowledge of HIV prevention and transmission, supported by the HIV prevention activities in the MISP and by Jordanian HIV policies. Much of the success of this MISP implementation was due to the coordination across sectors – including setting up referral systems, having qualified medical personnel, engaging in health education campaigns, and utilizing existing Ministry of Health (MoH) systems. However, many women still reported gaps in MISP delivery in the areas of providing affordable family planning methods, lack of supplies, and lack of prevention and response to sexual violence. The evaluation highlights the need for national efforts to complement MISP activities to improve access to reproductive health services and recommend the implementation of national protocols on clinical management of rape survivors.

### Increase Equitable Access to Infertility Services

Some people may not be able to conceive without specific medical interventions. For example, a 2018 report by the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights state that as many as 180 million couples could be affected by infertility each year.<sup>106</sup> In many lower resource settings, untreated STIs, tuberculosis, female genital mutilation, and unsafe abortion can cause infertility.<sup>107,108, 109,110</sup> Assisted reproduction technologies such as In Vitro Fertilization (IVF) have been used for more than three decades, yet they remain unavailable in many low-resource settings.<sup>111</sup> Sperm collection and self-insemination techniques are more accessible and feasible in poor countries, but they have a lower rate of success.<sup>112</sup> This inequitable access can have dire consequences for women struggling with infertility in developing countries, including severe economic deprivation, social isolation, disinheritance, polygamy, and murder.<sup>113, 114</sup>

Leading by example, South Africa revised their previous national family planning policy to include both contraception and conception in 2012. Infertility counseling and treatments are recommended throughout the policy and accompanying guidelines, including for men alone and men as partners.<sup>115</sup>



## SECTION 3: THE BENEFITS OF INVESTMENT

Comprehensive sexual and reproductive health information, education, and care, 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.<sup>116</sup> Cost-benefit estimates show that every additional \$1 spent on contraceptive services in developing countries reduces pregnancy-related care costs by \$2.20.<sup>117</sup>

The estimated returns of effectively reducing unmet need for contraception in 27 high-fertility countries would exceed 8% of global GDP by 2035.<sup>118</sup> The Global Investment Framework for Women's and Children's Health estimated a cost-benefit ratio of \$1:\$39 for all social and economic benefits when investing in contraceptive, maternal, newborn, and child health by 2050.<sup>119</sup> Furthermore, if sexual and reproductive health services included efforts to end child marriage, the social and economic benefits from delaying childbearing were estimated at \$22 billion in 2015 and \$566 billion in 2030.<sup>120</sup>

Meeting the unmet need for modern contraception has many social benefits, including the ability to time and space births, reduce early childbearing, curb adolescent pregnancies, reduce unintended pregnancies, and decrease unsafe abortions, all of which contribute to improved maternal health and child survival.<sup>121</sup> If the unmet need for modern contraception were met in developing regions and women and newborns received essential care, unintended pregnancies would drop by 75%, maternal deaths would decline by 73%, newborn deaths would drop by 80%, and induced abortions would drop by 74%.<sup>122,123</sup> Access to modern contraception is essential for gender equality and women's economic empowerment, as women who are denied the right to control their fertility may be less likely to participate in the educational system and in economic activities.<sup>124</sup> 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, stigma-free sexual and reproductive health information, education, and care 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. The 2018 revised International Technical Guidance on Sexuality Education put forth by the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and WHO provides globally applicable and easily adaptable comprehensive sexuality education information. The guide's curriculum is scientifically accurate, incremental, comprehensive, and appropriate for all ages, developmental levels, and cultures. Additionally, it is based on human rights and gender equality, with the goal of empowering children and young people to realize their health and rights.<sup>125</sup> Increasing the number of countries with laws and regulations that guarantee access to sexual and reproductive healthcare, information, and education, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, is necessary to reach SDG goal 5.6.2.

Multilateral organizations, civil society, and other key stakeholders 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 cooperate with governments operating CIPs.

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 services and modern contraception across settings, including emergency settings, and 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 to sexual and reproductive health and family planning services, information, and supplies for all, including adolescents. (Most relevant for: civil society and governments)
- Liberalize abortion laws and provide safe abortion and postabortion care. (Most relevant for: governments)
- Integrate sexual and reproductive health into the provision of primary healthcare and universal health coverage, including the provision of HPV vaccines. (Most relevant for: governments)
- Adopt the 2018 revised International Technical Guidance on Sexuality Education guidelines<sup>126</sup> to deliver universal, high-quality comprehensive sexuality education. (Most relevant for: governments)
- Implement youth-friendly training to promote, implement, and reinforce youth-friendly services, including performance standards. (Most relevant for: civil society, governments, the private sector, and the United Nations)
- Invest in and roll out new contraceptive technologies that better address people's needs, including self-care products that allow women to assess and manage their own sexual and reproductive health needs. (Most relevant for: governments, civil society, the United Nations, and the private sector)
- Foster enabling environments to tackle cultural norms inhibiting access to modern contraception with the involvement of boys, men, and stakeholders from the community level to the federal Ministry of Health (MoH). (Most relevant for: governments and civil society)
- Integrate HPV vaccine delivery into pediatric care and/or primary schools. (Most relevant for: governments)
- Incorporate affordable infertility treatment into sexual and reproductive healthcare. (Most relevant for: governments)



- Provide comprehensive sexual and reproductive health services in line with global standards, such as the Minimum Initial Service Package (MISP) for Reproductive Health in crisis situations.(Most relevant for: governments, civil society, and the United Nations)
- Support research to better understand the demand and use of all forms of contraception methods in humanitarian emergencies. (Most relevant for: governments, civil society, academic institutions, the United Nations, and the private sector)
- Promote interventions geared toward older adults to improve their access to screening, testing, and treatment for STIs.(Most relevant for: governments and the private sector)

**Last reviewed and updated: August 2018**

**Brief Prepared by:** Catherine Packer and Tricia Petruney, FHI 360

**Reviewed by:** Genine Babakian, Consultant; Juliana Bennington, Women Deliver; Mary Crippen, Women Deliver; Masha DeVoe, Women Deliver; Tatiana DiLanzo, Women Deliver; Louise Dunn, Women Deliver; Wallis Grant, CHOICE for Youth and Sexuality; Coley Gray, PSI; Katja Iversen, Women Deliver; Jessica Malter, Women Deliver; Susan Papp, Women Deliver; Savannah Russo, Women Deliver; Athena Rayburn, Women Deliver; Liuba Grechen Shirley, Consultant; Cynthia Summers, Guttmacher Institute; Petra ten Hoope-Bender, Women Deliver; Tamara Windau-Melmer, Women Deliver; Youth Coalition for Sexual and Reproductive Rights; Rachel Fowler, Women Deliver; Arianna DeLorenzi, Women Deliver, Stuti Sachdeva; Women Deliver

*Disclaimer: The views and opinions expressed in this technical paper are those of the authors and do not necessarily reflect the official policy or position of all partnering organizations.*

*These briefs are intended to be used by policymakers, decision-makers, advocates, and activists to advance issues affecting girls and women in global development. These materials are designed to be open-sourced and available for your use.*

➔ **Learn more about the Deliver for Good campaign.**

## ENDNOTES

- 1 "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017." Guttmacher Institute, 2017. Web. <<https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>>.
- 2 Leading the realization of human rights to health and through health: report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents. World Health Organization, 2017. Web. <<http://apps.who.int/iris/bitstream/10665/255540/1/9789241512459-eng.pdf?ua=1>>.
- 3 "ICPD Beyond 2014 Expert Group Meeting on Women's Health: Rights, Empowerment and Social Determinants." International Conference on Population and Development Beyond 2014, 2013. Web. 30 Nov. 2015. <[http://icpdbeyond2014.org/uploads/browser/files/womens\\_health\\_english.pdf](http://icpdbeyond2014.org/uploads/browser/files/womens_health_english.pdf)>.
- 4 "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <[http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration\\_1.pdf](http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf)>.
- 5 "Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework." UNFPA, May 2008. <[http://www.unfpa.org/sites/default/files/pub-pdf/SRH\\_Framework.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/SRH_Framework.pdf)>.
- 6 "The Right to Contraceptive Information and Services for Women and Adolescents." Center for Reproductive Rights. 2010. Web. 12 Apr. 2016. <<https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf>>.
- 7 *New Study Examines Why Women in Developing Countries Who Wish to Avoid Pregnancy Do Not Use Contraceptives.* Guttmacher Institute, 29 Jun. 2016. Web. <<https://www.guttmacher.org/news-release/2016/new-study-examines-why-women-developing-countries-who-wish-avoid-pregnancy-do-not>>.
- 8 "The Right to Contraceptive Information and Services for Women and Adolescents." Center for Reproductive Rights. 2010. Web. 12 Apr. 2016. <<https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf>>.
- 9 Ibid.
- 10 Ibid.
- 11 Jacqueline E. Darroch, et al. "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents." Guttmacher Institute. 2016.
- 12 Chandra-Mouli, Venkatraman, et al. "Contraception for adolescents in low and middle income countries: needs, barriers, and access." *Reprod Health* 11.1 (2014). Web.
- 13 "Adding it up: Investing in contraception and maternal and newborn health, 2017." Guttmacher Institute. Fact Sheet, Dec 2017. Web. 13 June 2018 , <<https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>>
- 14 Ibid.
- 15 Ibid.
- 16 "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017." Guttmacher Institute, 2017. Web. <<https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>> . Ibid.
- 17 "Adolescents: Health Risks and Solutions." Geneva: World Health Organization, 2017. Web. <<http://www.who.int/mediacentre/factsheets/fs345/en/>> .
- 18 Singh, S, et al. "Abortion Worldwide 2017: Uneven Progress and Unequal Access." New York: Guttmacher Institute, 2018. 13 June 2018. Web: [https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf)
- 19 Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>> .
- 20 Jacqueline E. Darroch, et al. "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents." Guttmacher Institute. 2016.
- 21 CSE curriculum development and implementation should conform to the 2018 revised International Technical Guidance on Sexuality Education put forth by UNAIDS, UNFPA, UNICEF, UNWOMEN, and WHO. <[http://www.unaids.org/sites/default/files/media\\_asset/ITGSE\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf)>
- 22 World Health Organization. "Standards for improving the quality of care for children and young adolescents in health facilities". *World Health Organization*, 2018. Web. <[http://www.who.int/maternal\\_child\\_adolescent/documents/child-quality-standards-policy-brief.pdf?ua=1](http://www.who.int/maternal_child_adolescent/documents/child-quality-standards-policy-brief.pdf?ua=1)>
- 23 "UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender." *United Nations Population Fund (UNFPA)*, 2014. Web. 13 Apr. 2016. <[http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA Operational Guidance for CSE -Final WEB Version.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf)> .
- 24 "Adolescents and long-acting reversible contraception: implants and intrauterine devices." Committee Opinion No. 539. American College of Obstetricians and Gynecologists, 2012. Web. <<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>> .
- 25 "More than 30 million girls to be immunised with HPV vaccines by 2020 with GAVI support." 6 Dec. 2012. Web. 1 Dec. 2015. <<http://www.gavi.org/library/news/press-releases/2012/more-than-30-million-girls-immunised-with-hpv-by-2020/>> .
- 26 "Niger - Husbands' Schools Seek to Get Men Actively Involved in Reproductive Health." New York: UNFPA, n.d. Web. <[http://niger.unfpa.org/docs/SiteRep/Ecole des maris.pdf](http://niger.unfpa.org/docs/SiteRep/Ecole%20des%20maris.pdf)> .
- 27 "The Right to Contraceptive Information and Services for Women and Adolescents." Center For Reproductive Rights. 2010. Web. 12 Apr. 2016. <https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf>



- 28 *Family Planning High Impact Practices*. n.d. Web. 16 Feb. 2016. <<https://www.fphighimpactpractices.org>>.
- 29 "The Global Strategy for Women's, Children's and Adolescents' Health 2016 - 2030." n.d. Web. <[http://www.who.int/pmnch/activities/advocacy/globalstrategy/2016\\_2030/en/](http://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/en/)>.
- 30 "UN COMMISSION ON LIFE-SAVING COMMODITIES FOR WOMEN AND CHILDREN." Every Woman Every Child, Sept. 2012. Web. 12 Apr. 2016. <[http://www.unfpa.org/sites/default/files/pub-pdf/Final UN Commission Report\\_14sept2012.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Final%20UN%20Commission%20Report_14sept2012.pdf)>.
- 31 *Family Planning 2020 (FP2020)*. n.d. Web. 16 Feb. 2016. <<http://www.familyplanning2020.org/>>.
- 32 Ross, John and John Stover. "Use of Modern Contraception Increases When More Methods Become Available: Analysis of Evidence from 1982-2009." *Global Health, Science and Practice* 1.2 (2013): 203-212. Web. 24 Feb. 2016. <<http://www.ghsjournal.org/content/1/2/203.full>>.
- 33 Belaid, L., et al. "Effectiveness of demand generation interventions on use of modern contraceptives in low- and middle-income countries." *Tropical Medicine & International Health* 21.10 (2016): 1240-254. 17 Aug. 2016. Web. <<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12758/full>>.
- 34 Stanback, J, et al. "WHO tiered-effectiveness counseling is rights-based family planning." *Glob Health Sci Pract* 3.3 (2015): 352-357. Web. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4570010/>>.
- 35 Belaid, L., et al. "Effectiveness of demand generation interventions on use of modern contraceptives in low- and middle-income countries." *Tropical Medicine & International Health* 21.10 (2016): 1240-254. 17 Aug. 2016. Web. <<http://onlinelibrary.wiley.com/doi/10.1111/tmi.12758/full>>.
- 36 "Adolescents and long-acting reversible contraception: implants and intrauterine devices." Committee Opinion No. 539. American College of Obstetricians and Gynecologists, 2012. Web. <<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>>.
- 37 "Emergency contraception." n.d. Web. 25 Feb. 2016. <<http://www.ippf.org/our-work/what-we-do/contraception/emergency-contraception>>.
- 38 Lee, Connie. *Emergency Contraception for Conflict-Affected Settings: A Reproductive Health Response in Conflict Consortium Distance Learning Module*. The Reproductive Health Response in Conflict Consortium, 2004. Web. <[http://www.cceinfo.org/custom-content/uploads/2012/09/RHC\\_English.pdf](http://www.cceinfo.org/custom-content/uploads/2012/09/RHC_English.pdf)>.
- 39 Gure, F, et al. "Emergency contraception in post-conflict Somalia: assessing awareness and perceptions of need." *The Lancet Global Health* 3, Supplement 1 (2015): S11. Mar. 2015. Web. <<http://www.sciencedirect.com/science/article/pii/S2214109X15701300>>.
- 40 "Emergency contraception." n.d. Web. 25 Feb. 2016. <<http://www.ippf.org/our-work/what-we-do/contraception/emergency-contraception>>.
- 41 "Use of Highly Effective Contraceptives in the U.S. Continues to Rise, with Likely Implications for Declines in Unintended Pregnancy and Abortion." 12 Dec. 2014. Web. <<http://www.gutmacher.org/media/inthenews/2014/12/12/>>.
- 42 "Training Manual for The Providers of Youth Friendly Services." *FHI 360*. UNFPA Egypt and Family Health International (FHI), 2008. Web. 13 Apr. 2016. <[http://www.fhi360.org/sites/default/files/media/documents/Training Manual for the Providers of Youth-Friendly Services.pdf](http://www.fhi360.org/sites/default/files/media/documents/Training%20Manual%20for%20the%20Providers%20of%20Youth-Friendly%20Services.pdf)>.
- 43 "Adolescents and long-acting reversible contraception: implants and intrauterine devices." Committee Opinion No. 539. American College of Obstetricians and Gynecologists, 2012. Web. <<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>>.
- 44 Tsui, Amy O., Win Brown, and Qingfeng Li. "Contraceptive Practice in Sub-Saharan Africa." *Population and development review* 43, Suppl Suppl 1 (2017): 166-191. *PMC*. Web. 13 June 2018. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5658050/>>
- 45 Abdul-Hadi RA, Abass MM, Aiyenigba BO, Oseni LO, Odafe S, Chabikuli ON, et al. The effectiveness of community based distribution of injectable contraceptives using community health extension workers in Gombe State, Northern Nigeria. *Afr J Reprod Health*. 2013;17(2):80-88
- 46 Zerfu, Taddese Alemu. Effect of Deploying Trained Community Based Reproductive Health Nurses (CORN) on Long-Acting Reversible Contraception (LARC) Use in Rural Ethiopia: A Cluster Randomized Community Trial. *Studies in family planning* 49.2 01 Jun 2018: 115-126. Blackwell Publishing. 02 Aug 2018.
- 47 High-Impact Practices in Family Planning (HIP). Drug Shops and Pharmacies: Sources for family planning commodities and information. Washington, DC: USAID; 2013 Jun. Available from <http://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies>
- 48 Burke, H.N., et al. "Effect of Self-Administration versus Provider-Administered Injection of Subcutaneous Depot Medroxyprogesterone Acetate on Continuation Rates in Malawi: a Randomised Controlled Trial" *The Lancet Global Health* V6.5; Elsevier, 8 Mar. 2018. [www.sciencedirect.com/science/article/pii/S2214109X18300615](http://www.sciencedirect.com/science/article/pii/S2214109X18300615).
- 49 Hardee, Karen, Melanie Croce-Galis, and Jill Gay. "Are men well served by family planning programs?" *Reproductive Health* (2017): n.p. 23 Jan. 2017. Web. <<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0278-5>>.
- 50 Bartz, Deborah and James A. Greenberg. "Sterilization in the United States." *Rev Obstet Gynecol*. 1.1 (2008): 23-32. Web. 8 Apr. 2016. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2492586/>>.
- 51 Trussell, James, et al. "Cost Effectiveness of Contraceptives in the United States." *Contraception* 79.1 (2009): 5-14. Web. 8 Apr. 2016. <<http://www.ncbi.nlm.nih.gov/pubmed/19041435>>.
- 52 "A Girl with a Plan!" *A360's Smart Start: Reframing Contraceptives Through Financial Planning*. A360 Ethiopia.
- 53 Ibid.
- 54 "A Girl with a Plan!" *A360 Places Girls at the Centre of Everything*. PSI, Web. [https://www.psi.org/wp-content/uploads/2018/02/A360Snapshot\\_GirlwithAPlan-JULY-2018.pdf](https://www.psi.org/wp-content/uploads/2018/02/A360Snapshot_GirlwithAPlan-JULY-2018.pdf)
- 55 "Niger - Husbands' Schools Seek to Get Men Actively Involved in Reproductive Health." New York: UNFPA, n.d. Web. <[http://niger.unfpa.org/docs/SiteRep/Ecole des maris.pdf](http://niger.unfpa.org/docs/SiteRep/Ecole%20des%20maris.pdf)>.
- 56 Ibid.
- 57 Ibid.
- 58 Ibid.
- 59 Ibid.
- 60 Rasanathan, Kumanan, et al. "Ensuring multisectoral action on the determinants of reproductive, maternal, newborn, child, and adolescent health in the post-2015 era." *BMJ* 351 (2015). Web. <<http://www.bmj.com/content/351/bmj.h4213>>.
- 61 Turning Promises into Action: Gender equality in the 2030 Agenda for Sustainable Development. UN Women: USA (2018). 13 June 2018 Web: <<http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/sdg-report-gender-equality-in-the-2030-agenda-for-sustainable-development-2018-en.pdf?la=en&vs=5653>>
- 62 "Family Planning and Immunization Integration: Reaching postpartum women with family planning services." High-Impact Practices in Family Planning (HIP). Washington: USAID, 2013. Web. <[https://www.fphighimpactpractices.org/sites/fphips/files/hip\\_fp\\_imz\\_brief.pdf](https://www.fphighimpactpractices.org/sites/fphips/files/hip_fp_imz_brief.pdf)>.
- 63 "Integrating Family Planning into HIV Programs: Evidence-Based Practices." n.d. Web. <<http://www.fhi360.org/sites/default/files/media/documents/fp-hiv-evidence%20based%20practices%202013.pdf>>.
- 64 "PROGRESS technical area: Integration of family planning with non-health sectors." n.d. Web. <<http://www.fhi360.org/projects/progress-technical-area-integration-family-planning-non-health-sectors>>.
- 65 High-Impact Practices in Family Planning (HIPs). Digital Health for Social and Behavior Change: New technologies, new ways to reach people. Washington, DC: USAID; 2018 Apr. 13 June 2018. Web. <<http://www.fphighimpactpractices.org/briefs/digital-health-sbc/>>
- 66 *Family Planning Saves Lives and Promotes Resilience in Humanitarian Contexts*. Inter-Agency Group on Reproductive Health in Crises. 2017. Web. <<http://iawg.net/wp-content/uploads/2017/07/Family-planning-white-paper-complete-spread-in-US-LETTER-WEB.pdf>>
- 67 Temmerman, Marleen et al. "Women's health priorities and interventions." *BMJ* 351 (2015). Web. <<http://www.bmj.com/content/351/bmj.h4147>>.
- 68 "Costed Implementation Plans: Strengthening investments in family planning." *Family Planning 2020*. n.p., n.d. Web. <<http://www.familyplanning2020.org/microsite/cip>>.
- 69 *The Global Financing Facility 2017-2018 Annual Report*. Global Financing Facility, 2018. Web. <[https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF\\_Annual\\_Report\\_2017-2018\\_EN.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_Annual_Report_2017-2018_EN.pdf)>.
- 70 "Global Financing Facility." n.d. Web. 16 Feb. 2016. <<http://www.ippf.org/our-work/what-we-do/advocacy/development-financing/gff>>.
- 71 *The Global Financing Facility: COUNTRY-POWERED INVESTMENTS IN SUPPORT OF EVERY WOMAN, EVERY CHILD*. The Global Financing Facility (GFF), n.d. Web. <[http://www.globalfinancingfacility.org/img/GFF\\_REPORT.pdf](http://www.globalfinancingfacility.org/img/GFF_REPORT.pdf)>.
- 72 *The Global Financing Facility 2017-2018 Annual Report*. Global Financing Facility, 2018. Web. <[https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF\\_Annual\\_Report\\_2017-2018\\_EN.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_Annual_Report_2017-2018_EN.pdf)>.
- 73 "Sexually transmitted infections (STIs)." Dec. 2015. Web. 1 Dec. 2015. <<http://www.who.int/mediacentre/factsheets/fs110/en/>>.
- 74 Ibid.
- 75 UNAIDS & UNICEF. "All in! to end adolescent AIDS". Web 2017. <[http://www.unaids.org/sites/default/files/media\\_asset/20150217\\_ALL\\_IN\\_brochure.pdf](http://www.unaids.org/sites/default/files/media_asset/20150217_ALL_IN_brochure.pdf)>
- 76 Idele, P, et al. "Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps." *J Acquir Immune Defic Syndr* 66, Suppl 2 (2014): S144-53. Web. <<http://www.ncbi.nlm.nih.gov/pubmed/24918590>>.
- 77 UNAIDS & UNICEF. "All in! to end adolescent AIDS". Web 2017. <[http://www.unaids.org/sites/default/files/media\\_asset/20150217\\_ALL\\_IN\\_brochure.pdf](http://www.unaids.org/sites/default/files/media_asset/20150217_ALL_IN_brochure.pdf)>
- 78 WHO. "Family Planning/Contraception". 8 Feb. 2018. Web. <http://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- 79 Murray, M., Brady, M., Drak, J. "Women's Self-Care: Products and Practices." Nov 2017. PATH. <[https://path.azureedge.net/media/documents/RH\\_Outlook\\_Nov\\_2017.pdf](https://path.azureedge.net/media/documents/RH_Outlook_Nov_2017.pdf)>





- 80 "UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender." *United Nations Population Fund (UNFPA)*. 2014. Web. 13 Apr. 2016. <[http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA Operational Guidance for CSE -Final WEB Version.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf)>.
- 81 "Sexually transmitted infections (STIs)." Dec. 2015. Web. 1 Dec. 2015. <<http://www.who.int/mediacentre/factsheets/fs110/en/>>.
- 82 Murray, M., Brady, M., Drak, J. "Women's Self-Care: Products and Practices." Nov 2017. PATH. <[https://path.azureedge.net/media/documents/RH\\_Outlook\\_Nov\\_2017.pdf](https://path.azureedge.net/media/documents/RH_Outlook_Nov_2017.pdf)>
- 83 WHO. "Prevent HIV, test and treat all – WHO support for country impact. Progress Report." Dec. 2016. <<http://apps.who.int/iris/bitstream/handle/10665/251713/WHO-HIV-2016.24-eng.pdf?sequence=1>>
- 84 Tavoschi, L. et al. "New HIV diagnoses among adults aged 50 years or older in 31 European countries, 2004–15: an analysis of surveillance data." *The Lancet HIV*, V4:11 (2017)
- 85 Ibid.
- 86 Roberson, D. "Meeting the HIV Prevention Needs of Older Adults." *Journal of the Association of nurses in AIDS care*, V29:1. (2018). <<https://doi.org/10.1016/j.jana.2017.08.004>>
- 87 Adimora, Adaora A. "Preventing HIV among Women - A step forward, but much farther to go". *New England Journal of Medicine*, vol 375, no. 22, 2016, pp. 2195-2132. *New England Journal Of Medicine (NEJM/MMS)*, doi:10.1056/nejme1613661
- 88 Baeten, Jared M. et al. "Use of a Vaginal Ring Containing Dapivirine for HIV-1 Prevention in Women". *New England Journal of Medicine*, vol 375, no. 22, 2016, pp. 2121-2132. *New England Journal Of Medicine (NEJM/MMS)*, doi:10.1056/nejmoa1506110. Accessed 10 Aug 2018.
- 89 Nel, Annalene et al. "Safety and Efficacy of a Dapivirine Vaginal Ring for HIV Prevention in Women". *New England Journal of Medicine*, vol 375, no. 22, 2016, pp. 2133-2143. *New England Journal Of Medicine (NEJM/MMS)*, doi:10.1056/nejmoa1602046. Accessed 10 Aug 2018
- 90 Grimes, David A., et al. "Unsafe abortion: the preventable pandemic." *The Lancet* 368.9550 (2006): 1908–1919. Web. 14 Oct. 2015. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69481-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69481-6/abstract)>.
- 91 Sonfield, Adam. "Abortion Clinics and Contraceptive Services: Opportunities and Challenges." *Guttmacher Policy Review* 14.2 (2011). Web. 1 Apr. 2016. <<https://www.guttmacher.org/about/gpr/2011/06/abortion-clinics-and-contraceptive-services-opportunities-and-challenges>>.
- 92 Sedgh, G. et al. "Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends." *The Lancet* (2016): n.p. 2016. Web. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30380-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/fulltext)>.
- 93 Singh, S. et al. "Abortion Worldwide 2017: Uneven Progress and Unequal Access." New York: Guttmacher Institute, 2018. 13 June 2018. Web: <[https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf)>
- 94 *Safe abortion: technical and policy guidance for health systems*. 2nd ed. Geneva: WHO, 2012. Web. <[http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf)>.
- 95 Singh, S. et al. "Abortion Worldwide 2017: Uneven Progress and Unequal Access." New York: Guttmacher Institute, 2018. 13 June 2018. Web: <[https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf)>
- 96 Edelman, A. & Mark, A. *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ('second trimester')*. Chapel Hill, NC: Ipas. 2017
- 97 Singh, S. et al. "Abortion Worldwide 2017: Uneven Progress and Unequal Access." New York: Guttmacher Institute, 2018. 13 June 2018. Web: <[https://www.guttmacher.org/sites/default/files/report\\_pdf/abortion-worldwide-2017.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/abortion-worldwide-2017.pdf)>
- 98 Ibid.
- 99 Barot, Sneha. "Implementing Postabortion Care Programs in the Developing World: Ongoing Challenges." *Guttmacher Policy Review* 17.1 (2014). Web. 1 Apr. 2016. <<https://www.guttmacher.org/about/gpr/2014/03/implementing-postabortion-care-programs-developing-world-ongoing-challenges>>.
- 100 Alfrevic Z, Blum J, Walraven G, et al. "Prevention of postpartum hemorrhage with misoprostol." *International Journal of Gynecology and Obstetrics*. 99 (2007) 198-201. Web. 18 Mar. 2016.
- 101 Singh et. al. *Evaluating the Effectiveness of Sexual and Reproductive Health Services During Humanitarian Crises: A Systematic Review*. PLoS ONE 13 (7): e0199300. <<https://doi.org/10.1371/journal.pone.0199300>>
- 102 Inter-Agency Working Group on Reproductive Health in Crises. *Minimal Initial Service Package: Chapter 1*. <<http://iaawg.net/minimum-initial-service-package/>>
- 103 Ibid.
- 104 Ibid.
- 105 Krause et al. "Reproductive health services for Syrian refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package". 2015. *Conflict and Health*. Web. <<http://iaawg.net/wp-content/uploads/2016/08/IAWG-Global-Evaluation-2012-2014-1.pdf>>
- 106 Starrs, A.M., Ezeh, A.C., Barker, G et al. "Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission." *The Lancet*. 2018; 391: 2642-2692
- 107 Langer, A, et al. "Women and Health: the key for sustainable development." *The Lancet* 386.9999 (2015): 1165–1210. Web. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60497-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60497-4/fulltext)>.
- 108 Grimes, David A., et al. "Unsafe abortion: the preventable pandemic." *The Lancet* 368.9550 (2006): 1908–1919. Web. 14 Oct. 2015. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69481-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69481-6/abstract)>.
- 109 "Unsafe abortion poses threat to fertility." 23 May 2013. Web. 1 Apr. 2016. <<http://timesofindia.indiatimes.com/home/science/Unsafe-abortion-poses-threat-to-fertility/articleshow/20228285.cms>>.
- 110 "2500 Unsafe Abortions - Cytotec Use Could Cause Infertility And Death." 17 Jun. 2011. Web. 1 Apr. 2016. <<https://www.modernghana.com/news/335019/1/2500-unsafe-abortions-cytotec-use-could-cause-infe.html>>.
- 111 Allahbadia, G. N. "IVF in Developing Economies and Low Resource Countries: An Overview." *Journal of Obstetrics and Gynaecology of India* 63.5 (2013): 291–294. *PMC*. Web. 13 Apr. 2016.
- 112 Ombelet, W. "Global access to infertility care in developing countries: a case of human rights, equity and social justice." *Facts Views Vis Obgyn* 3.4 (2011): 257–266. Web. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3987469/>>.
- 113 Langer, A, et al. "Women and Health: the key for sustainable development." *The Lancet* 386.9999 (2015): 1165–1210. Web. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60497-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60497-4/fulltext)>.
- 114 "Challenges – Addressing subfertility/infertility in developing countries." n.d. Web. <<http://www.who.int/reproductivehealth/topics/infertility/countryperspective/en/>>.
- 115 "National Contraception and Fertility Planning Policy and Service Delivery Guidelines: A companion to the National Contraception Clinical Guidelines." Republic of South Africa. Pretoria: Department of Health, 2012. Web. <<http://www.health-e.org.za/wp-content/uploads/2014/05/National-contraception-family-planning-policy.pdf>>.
- 116 Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>>.
- 117 "Adding it up: Investing in contraception and maternal and newborn health, 2017." Guttmacher Institute. Fact Sheet, Dec 2017. Web. 13 June 2018 , <<https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>>
- 118 Langer, A, et al. "Women and Health: the key for sustainable development." *The Lancet* 386.9999 (2015): 1165–1210. Web. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60497-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60497-4/abstract)>.
- 119 Starrs, A.M., Ezeh, A.C., Barker, G et al. "Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission." *Lancet*. 2018; 391: 2642-2692
- 120 Ibid.
- 121 Singh, Susheela and Jacqueline E Darroch. "Adding It Up: Costs and Benefits of Contraceptive Services Estimates for 2012." Guttmacher Institute. Web. 23 Feb. 2016. <<https://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>>.
- 122 "Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions." Guttmacher Institute. n.p., 29 Jun. 2017. Web. 29 Jun. 2017. <<https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs>>.
- 123 Starrs, A.M., Ezeh, A.C., Barker, G et al. "Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission." *The Lancet*. 2018; 391: 2642-2692
- 124 Guttmacher. "The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children". 2013. Web. <[https://www.guttmacher.org/sites/default/files/report\\_pdf/social-economic-benefits.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/social-economic-benefits.pdf)>
- 125 UNFPA. "International technical guidance on sexuality education: An evidence-informed approach". UNESCO, UNAIDS, UNFPA, UNICEF, UNWomen and WHO, 2018. Web. <<https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>>
- 126 Ibid.

