A Fine Balance: Contraceptive Choice in the 21st Century

Consultation Summary

IBP Meeting, December 6, 2012
Consultation objectives:

1) Reach consensus on an operational definition of contraceptive choice

2) Formulate clear messages to specific audiences about how to balance various policy and programmatic tensions

3) Recommend actions that stakeholders can take to promote and safeguard contraceptive choice
Diverse perspectives.

Common ground.
Is contraceptive choice a reality?
LITERATURE

INSTANCES OF STERILIZATION ABUSE STILL EXIST

- Victims tend to be from minority or other disadvantaged subsets of the population.

DATA

F.S. IS MOST WIDELY USED METHOD WORLDWIDE

- Use relatively low in Africa.
- Prevalence rates stagnant or declining in most regions (except Latin America & Caribbean).

INTERVIEWS

LACK OF ATTENTION & ABSENCE OF DIALOGUE

- Neglected global issue during last decade.
- Success of other long-acting methods and stigma from past abuses.

There are significant access barriers to female sterilization.

- Legal constraints
- Provider attitudes
- Societal pressures
- General lack of availability (often mixed in with other facilities)

RISK FACTORS:
- Woman young (under 30)
- Poor, undereducated,
- Poorly understood
- Female circumstances have changed
- Someone other than client suggests procedure

POST-OPERATIVE REGRET IS A CONCERN

There is significant level of unmet need for limiting future pregnancies in many countries.

- In Africa, overall demand for limiting has been increasing over time.

In all regions but Latin America.

FEMALE STERILIZATION STILL HAS A ROLE IN FP PROGRAMS

- Majority of limiters using contraception rely on short-acting & traditional methods.

Most believe access is a more pressing issue.

However, renewed concern about global population growth & results-based financing of FP programs might bring new pressures & instances of coercion.

Program context is critical... choice between access & coercion is a false dichotomy - both are equally important.

Infrastructure & capacity constraints in many resource settings need to be addressed to be able to expand.

Document success stories, deliver socially & build capacity.

In what ways can mobile units help expand capacity & develop evidence base on cost-resource tradeoffs?
TENSIONS

INDIVIDUAL HEALTH & RIGHTS
FOCUS ON DEMOGRAPHICS, PUBLIC HEALTH & ENVIRONMENT

HEALTH OF SYSTEM
MS ALIGNMENT, TRANSLATION & POLICY IN THE AGENDA

POLICIES TO PROTECT
POLICIES THAT PREVENT

POLICIES TO PROMOTE METHOD AVAILABILITY
PROMOTION AT SERVICE LEVEL

POLICIES OF NOT PROVIDING
HUMAN COST OF NOT PROVIDING

WHAT IS THE CAPACITY OF THE SYSTEM TO MANAGE COMPLEXITY?

RHETORIC - REALITY, RESOURCES & RESULTS

I. QUALITY & SERVICES, TRAINING & PROVIDERS
II. SUPPORTING CIVIL SOCIETY WATCHDOGS
III. EDUCATION & CLIENTS
IV. ALLOCATING RESOURCES, ACCORDING TO RESULTS IN RESPECT OF RIGHTS

RIGHTS COST MONEY!

WHAT ARE THE UNINTENDED CONSEQUENCES OF INTENDED GOOD
WHO HAS THE POWER? WHO SETS THE TARGETS?

NO INT'L CONSENSUS

SHORT-TERM, LONG-TERM
WHAT TIME HORIZON IS BEING USED?

STRUCTURAL CHANGE REQUIRED

BEST INTENTIONS DON'T ALWAYS LEAD TO GREAT RESULTS...

INVESTMENT IN LING, AGN, VHT (ILLUMINATED)
METHOD COST ACCEPABILITY PREPARATION

CONFLUENCE OF COSTS, VARIETY ACCORDING TO SECTORAL & REPRODUCTIVE STAGES

INFECTION PREVENTION & REPRODUCTIVE PRECAUTIONS

MUCH BEING DONE TO PROMOTE ONE METHOD V. METHOD MIX
LARGELY DUE TO COST & DIRECTION OF FUNDING

HARMONIZATION TO REDUCE CONFUSION -

SUPPORTING PROVIDERS

RESOURCE COSTS

HIGH VOLUME & PROCEDURES NEEDED TO MAINTAIN SAFETY
- INFRASTRUCTURE (INTERVENTION, RECOVERY)
- HR (SURGEONS, NURSES, TECHNICIANS, PROGRAM MARS)
- POLICY/LEGISLATION (LEGAL, BARRIERS, CRITERIA, REQUIREMENTS...)
- TECHNOLOGIES/EQUIPMENT (SUBSTANCES, INSTRUMENTS)
- GHR/GOVERNANCE (CONSTELLATION, SNOS, DHL, ADVOCATES...)
- REMEDIES

ABUSE (0%)

INDIVIDUAL REGRET

HUMAN COST OF SYSTEM

ONGOING COST & PROVIDING SERVICES
- CITY, CONTINUITY, RESULTS QL UNINTENDED CONSEQUENCES

INDIVIDUAL
- FEES, TRANSPORT, SIDE EFFECTS, ANXIETY, UNINTENDED PREGNANCY

A Fine Balance: Contraceptive Choice in the 21st Century
Bellagio, Italy | 4-8 September 2012
Achievements:

- Shifted conversation from methods to clients
- Identified need to routinely monitor choice and rights
- Agreed that female sterilization has a vital role to play
We need to focus on quality, including counseling, but this is not sufficient to ensure women are empowered to exercise their rights and choices.
Ideally, the individual making reproductive health and family planning decisions should be supported by the health system and by social networks, and protected by the policy and legal context.
Contraceptive Choice

... is the fundamental right and ability of individuals to choose and access the contraceptive method that meets their needs and preferences without either barriers or coercion. Legal and social practices are in place to support this right and the health system is able to provide the counseling, information, competent providers and range of methods required to ensure that adequate and appropriate options are available. Women and communities are effectively engaged in informing services and in continuous quality improvement.

Supporting conditions include:
* Constitutional and legal frameworks affirming and supporting these rights are integrated and operationalized through protocols and practices in the health system.
* Vibrant civil society
* Accountable health systems
* Informed and confident individuals and communities
Coercion attracts most of the attention and outrage.

*All* conditions that compromise women’s rights and FP choices warrant attention.
Sterilization abuse still exists

Significant access barriers remain

Method’s images suffers from lack of dialogue

Growing unmet need for limiting; heavy reliance on short-acting methods

Lack of studies about regret of sterilization denied
Recommendations:

• Governments should protect and uphold reproductive rights

• Develop an accountability framework

• Monitor and reward service quality in addition to quantity
Increased focus on choice, voluntary FP and human rights

* FP 2020
* Gates
* WHO
* UNFPA
What does this mean for IBP members?

Use the power of the partnership to identify and promote effective practices for:

• Bringing the FP/RH program community and the rights community together to work toward common goals
• Balancing the focus on methods and numbers with a focus on clients and their rights
• Protecting choice and rights in FP programs
• Monitoring choice and rights and holding programs accountable
For more information…

http://www.engenderhealth.org/bellagio