

A Fine Balance: Contraceptive Choice in the 21st Century

Consultation Summary

USAID Briefing, March 5, 2013



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History
of the
consultation




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

A photograph of a meeting room with a high, vaulted wooden ceiling. Several people are seated at long wooden tables, facing towards the front of the room. There are whiteboards and posters on the walls. The room has a warm, rustic feel due to the wood. The text 'Common ground' is overlaid in a dark grey box in the top right corner.

Common
ground

Diverse
perspectives



Is contraceptive
choice a reality?

Evidence-based discussions

LITERATURE

INSTANCES OF STERILIZATION ABUSE STILL EXIST

VICTIMS TEND TO BE FROM MINORITY OR OTHER DISADVANTAGED SUBSETS OF THE POP.

THERE ARE SIGNIFICANT ACCESS BARRIERS TO FEMALE STERILIZATION

- LEGAL CONSTRAINTS
- PROVIDER ATTITUDES
- SOCIETAL PRESSURES
- GENERAL LACK OF AVAILABILITY (RURAL AREAS + BUSY URBAN FACILITIES)

RISK FACTORS:

- WOMAN YOUNG (UNDER 30) @ TIME OF PROCEDURE
- DECISION MADE UNDER DURESS
- FAMILY CIRCUMSTANCES HAVE CHANGED
- SOMEONE OTHER THAN CLIENT SUGGESTS PROCEDURE

POST-OPERATIVE REGRET IS A CONCERN

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)

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

MAJORITY OF LIMITERS USING CONTRACEPTION RELY ON SHORT ACTING & TRADITIONAL METHODS

IN ALL REGIONS BUT LATIN AMERICA

INTERVIEWS

LACK OF ATTENTION & ABSENCE OF DIALOGUE

- NEGLECTED GLOBAL ISSUE DURING LAST DECADE
- SUCCESS OF OTHER LONG-ACTING METHODS
- STIGMA FROM PAST ABUSES

PROGRAM CONTEXT IS CRITICAL... CHOICE BETWEEN ACCESS & COERCION IS A FALSE DICHOTOMY - BOTH ARE EQUALLY IMPORTANT...

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

INFRASTRUCTURE & CAPACITY CONSTRAINTS IN LOW-RESOURCE SETTINGS NEED TO BE ADDRESSED TO BE ABLE TO EXPAND

FEMALE STERILIZATION STILL HAS A ROLE IN FP PROGRAMS

EXPLORE HOW MOBILE UNITS CAN DELIVER SVCS & BUILD CAPACITY
DOCUMENT SUCCESS STORIES
DEVELOP EVIDENCE BASE ON COST + RESOURCE TRADE-OFFS

TENSIONS

EMERGE FROM CREATIVE TENSION
MANY STILL DON'T KNOW WHAT RIGHTS ARE OR THAT THEY EXIST.

RIGHTS

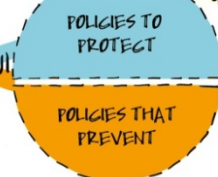
CITIZEN'S STATE



HEALTH & SYSTEM

INDIVIDUAL AUTONOMY

MIS-ALIGNMENT
TRANSLATION
& POLICES ON the GROUND



POLICIES TO PROMOTE METHOD AVAILABILITY

PROMOTION AT SERVICE LEVEL

WHAT IS the CAPACITY of the SYSTEM to MANAGE COMPLEXITY?



RHETORIC · REALITY · RESOURCES & RESULTS

- I QUALITY of SERVICES & TRAINING of PROVIDERS
- II SUPPORTING CIVIL SOCIETY WATCHDOGS
- III EDUCATION of CLIENTS
- IV ALLOCATING RESOURCES ACCORDING to RESULTS IN RESPECT to RIGHTS

RIGHTS COST MONEY!

RIGHTS HARD TO MONITOR WHEN THEY EXIST... EASIER WHEN THEY DON'T...
DEMOGRAPHICS EASY TO MONITOR...

MEASURES OUT of BALANCE...
LEARN from OTHER SECTORS...
ADDRESS INDICATORS & MONITORING

NEED TO CREATE INDICATORS FOR SOCIAL/ECONOMIC/CULTURAL FACTORS

ROLE of INT'L BODIES v. NATIONAL BODIES

FOCUS of MANY GOV'Ts ON VISIBLE OUTPUT (BRIDGES, ETC.) - NEED to SHIFT THINKING

STRUCTURAL CHANGE REQUIRED

ISSUE of LEGACY

WHAT ARE the UNINTENDED CONSEQUENCES of INTENDED GOOD

WHO HAS THE POWER?
WHO SETS THE TARGETS?

NO INT'L CONSENSUS

NAT'L v. INT'L

SHORT-TERM
LONG-TERM

WHAT TIME HORIZON IS BEING USED?

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



RESOURCE COSTS

HIGH VOLUME of PROCEDURES NEEDED TO MAINTAIN SAFETY

- = INFRASTRUCTURE - OPERATING ROOM/RECOVERY
- = HR - SURGEON, NURSE, COUNSELLOR - PROGRAM MGRS
- = POLICY/LEGISLATION Δ
- = TECHNOLOGIES/EQUIPMENT
- = HMIS/GOVERNANCE - BUILD LINKAGES
- = REMEDIES
- = ABUSE (COSTA)
- = INDIVIDUAL REGRET

HUMAN COST SYSTEM

- = ONGOING COST of PROVIDING SERVICES
- = DIS CONTINUITY
- = RESULTS of UNINTENDED CONSEQUENCES

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






Challenges to Choice: Where's the outrage?

	Subtle	Overt
Barriers		
Coercion		

Achievements:

- Found common ground between the rights and public health perspectives
- Shifted the conversation from methods to clients
- Identified need for an accountability framework 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.



Coercion attracts most of the attention and outrage.

All conditions that compromise women's rights and FP choices warrant attention.



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



- 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



The Action Agenda:

1. To make contraceptive choice real, offer a broad range of voluntary family planning methods to meet all women's and couples' needs.
2. Address all challenges to choice and rights, including access barriers as well as coercion, both subtle and blatant.
3. Invest in holistic programs to ensure that contraceptive choice and rights are protected at the policy, service delivery, and community levels.



4. Hold donors, governments and programs accountable for choice and rights through regular monitoring.
5. Shift the focus from methods and services to clients.
6. Bring the human rights and public health communities together on common ground to embrace a common agenda.

Beyond Bellagio:
Increased focus on choice,
voluntary FP and human
rights

- FP 2020: working groups
- Gates: framework
- Hewlett: tools
- WHO: consultation
- UNFPA: report
- ICPD +20: High Level Task Force



Bridging the gap to move forward



Foundation established at Bellagio:

- Common ground established
- Action agenda developed

Since Bellagio:

- Unified rights/ FP framework drafted

What remains to be done:

- Carry out the action agenda
- Operationalize the framework, including paying attention to FS and establishing indicators for accountability

An extraordinary opportunity

- Expert guidance
- Pledges of political will and funds
- Coming together of the rights and public health communities on a common agenda



A close-up portrait of a woman with dark, curly hair, smiling and looking slightly to the right. She is wearing a white lace-collared shirt and a small earring. The background is a bulletin board with several papers and photos pinned to it. The entire image is framed by a thick orange border.

For more information...

<http://www.engenderhealth.org/bellagio>



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