

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 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,¹ and many obstacles prevent girls and women from realizing their human right to modern contraception and reproductive health.² But successful interventions from around the world show what can be done across sectors and at all levels to accelerate access and break down existing barriers. This policy brief looks at these examples to highlight how 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 full potential, they must have control over their sexual and reproductive lives.³ They have a right to determine whether to have children, how many children to have, and when and with whom to have them, as well as the right to have healthy and satisfying sexual lives.⁴ An estimated 214 million women of reproductive age in the developing world would like to avoid pregnancy, but are not using modern contraception.⁵ In addition, according to data from 51 countries, only 57% of women aged 15 to 49 who are married or in a union make their own decisions about sexual relations and the use of contraceptive methods and reproductive health services.⁶

Realizing these rights requires meeting the need for modern contraception and sexual and reproductive health (SRH) information, care, and services—including access to and choice of modern contraceptive methods, testing and treatment for sexually transmitted infections (STIs), access to safe and legal abortion and postabortion care, infertility treatment and counseling, and maternal healthcare—regardless of age, income, marital status, sexual orientation, gender identity, or parity.⁷ 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.^{8,9} In many countries, barriers to access include a lack of political or financial support, stigma, inequality, poverty, gender-based violence, and geographic location.¹⁰ Living in conflict, humanitarian, and emergency settings is another important barrier, as health services and structures may not exist.¹¹ Many countries have a strong and coordinated opposition to providing universal access to sexual and reproductive health and rights, creating obstacles both at the policy, service provision, and socio-cultural levels.¹²

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

- Of the 206 million pregnancies that occurred in the developing world in 2017, 43% were unintended.¹³
- Roughly 84% of all unintended pregnancies in developing regions occur due to an unmet need for modern contraception.¹⁴
- In 2017, approximately 295,000 women died as a result of maternal or pregnancy-related complications, and 94% of these deaths occurred in developing countries.¹⁵
- Complications from pregnancy and childbirth are one of the leading causes of death among girls ages 15 to 19.¹⁶
- At least 22,800 women die each year from abortion-related complications.¹⁷
- About half of pregnancies among adolescent women ages 15 to 19 living in developing regions are unintended, with about half of these ending in abortion, often under unsafe conditions.¹⁸
- More than 80% of women in developing countries infected with common, curable, sexually transmitted infections do not receive treatment.¹⁹

Working toward improving adolescent sexual and reproductive health in particular can have an impact on adolescent health and wellbeing, and it can also help break cycles of poverty.²⁰ And while

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Meeting the demand for modern contraception and reproductive health is linked to the achievement of the Sustainable Development Goals (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 well-being 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



adolescent health and the needs of young people are starting to be prioritized, meeting the SRH needs of all adolescents and young people who want to delay, avoid, space, or plan for a pregnancy requires overcoming a range of cultural, social, and health-service challenges.²¹ Despite more than three decades of global adolescent- and youth-focused contraception efforts, adolescents still have contraceptive discontinuation rates that are higher than those of older age cohorts.²² Adolescents and young people across developing countries continue to face a number of barriers in obtaining SRH information, accessing and using contraception, and maintaining correct and consistent use of services.²³ Tackling these barriers can have significant effects. If the unmet need for contraception was fulfilled for adolescents, up to 6 million unintended pregnancies per year could be prevented, as would up to 6,000 adolescent maternal deaths.²⁴

SECTION 2: SOLUTIONS AND INTERVENTIONS

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 a diverse range of high-quality, affordable, modern contraceptive methods.
- Integrate stigma-free, high-quality, youth-friendly, and affordable contraception services with other strategies and interventions that focus on youth and women.
- Utilize key financing mechanisms, including bilateral and multilateral aid, as well as domestic resource mobilization, to fund sexual and reproductive health and contraceptive needs.
- Improve access to prevention and treatment services 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 high-quality infertility services.
- Implement comprehensive sexuality education, offered in accordance with the 2018 International Technical Guidance on Sexuality Education.²⁵

Sexual and reproductive healthcare delivery and counseling must meet quality standard requirements, including a review of pregnancy risks and best practices to avoid complications.^{26,27} Another important element of success is meaningfully engaging all stakeholders, including, but not limited to, women, young people and, as applicable, their family members at all stages of planning, implementation, and evaluation.

One key element of providing young people with access to contraceptive and reproductive health information and education is offering comprehensive sexuality education, delivered in accordance with the 2018 International Technical Guidance on Sexuality Education.²⁸ Additionally, 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 is important.²⁹ Engaging men and boys,^{30,31} religious and cultural leaders,³² policymakers,³³ and other key stakeholders is also crucially important to ensure the sustainability of universal sexual and reproductive healthcare. 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.³⁴ Additional investments must be made to support new innovations in self-care products and practices that allow girls and women, particularly those in low-resource settings, to assess and manage their own sexual and reproductive health needs, where and how they want.³⁵

These interventions are discussed below, but it is important to note that there are multiple overarching resources that can help map out the path toward fulfilling the sexual and reproductive health and rights of girls and women. These include the Global Strategy for Women's, Children's and Adolescents' Health;³⁶ the High Impact Practices (HIPs) in Family Planning;³⁷ the International Conference on Population and Development Programme of Action;³⁸ the UN Commission on Life-Saving Commodities for Women and Children;³⁹ WHO and UNAIDS Global Standards for Quality Health-Care Services for Adolescents;⁴⁰ Family Planning 2020;⁴¹ the Political Declaration of the High-Level Meeting on Universal Health Coverage;⁴² and the Global Action Plan for Healthy Lives and Well-being for All.⁴³

Improve Access to and Demand for a Diverse Range of High-Quality, Affordable, Modern Contraceptive Methods

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 choices are available to a large portion of the population to meet the specific needs of girls, women, and couples.⁴⁴ 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.⁴⁵ It is also important that the use is voluntary and not forced, and that young people in particular understand that contraception is safe and reversible.⁴⁶



- **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 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





No single method is suitable for all individuals, therefore, building the capacity of providers to offer counseling that prioritizes effective methods based on consumers' self-expressed needs and priorities can promote informed decision-making and increase voluntary use of the most effective methods.⁴⁷ Moreover, recently released results from the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study on the use of common LARC methods and HIV infection rates found no link between contraceptive method choice and risk of HIV.⁴⁸ Counseling services should also address issues of cultural stigma around contraceptive use. In some contexts, including family members during family planning counseling sessions and offering educational activities have been shown to help increase the demand for family planning.⁴⁹

Health planners and providers should ensure the consistent availability of modern contraceptive commodities, including LARCs, and prevent stockouts in order to promote continual 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. 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 unintended pregnancy.⁵⁰ This is especially critical for adolescent girls and women in emergency settings and conflict-afflicted areas, who are at heightened risk of gender-based violence, including rape, and often have minimal or no access to family planning methods.^{51, 52}

LARC users have lower abortion rates and unintended pregnancy rates, as these methods minimize the potential for human error,⁵³ and the medical community endorses their use for adolescents and young women.⁵⁴ However, adolescents and young women continue to face barriers to using LARCs, including high costs and limited availability.⁵⁵ 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.⁵⁶ It is also critical for providers to be well trained to insert and remove LARCs and perform procedures for voluntary permanent methods. Postpartum LARC insertion should be made available to eliminate the gap between the end of a pregnancy and initial or resumed contraceptive use.⁵⁷

Contraceptive injectables are the most commonly used modern contraceptive method in sub-Saharan Africa.⁵⁸ Community-based access to injectable contraceptives, such as through community health workers, drug shops, and mobile outreach services, is considered a proven way to safely expand access for women in rural and hard-to-reach areas.^{59, 60, 61} Additionally, new developments in the field of self-administered injectables have the potential to remove barriers requiring women to travel to a facility or provider for re-injection, which may reduce high discontinuation rates.^{62, 63} These two methods of provision could increase contraceptive access and continuation, 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.⁶⁴ A vasectomy is an affordable, safe, effective method that is less invasive and has fewer complications than tubal ligation for women.⁶⁵ 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 girls' and women's ability to access sexual and reproductive healthcare, information, and education.

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 wives should have access to reproductive health services.⁶⁶ This study inspired the creation of 11 husband schools in Niger's Zinder region to educate men on the importance of reproductive health and foster behavior change at the community level.⁶⁷ As a result of the relationships formed between health workers and the men participants, 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.⁶⁸ 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.⁶⁹ Overall, there has been noticeable behavior change regarding contraception and reproductive health throughout the communities involved.⁷⁰ Husband schools are also associated with better maternal and child nutrition.⁷¹ The program is spreading to villages throughout Niger and other West African countries.

Integrate Stigma-Free, High-Quality, Youth-Friendly, and Affordable 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 and the 2016 to 2030 Global Strategy for Women's, Children's and Adolescents' Health set the foundation for more robust, cross-sectoral actions.⁷² In 2018, UN Women launched a report called, "Turning Promises Into Action: Gender Equality in the 2030 Agenda for Sustainable Development." Among the recommendations to achieve gender equality and sustainable development was a call for accelerated efforts to increase access to modern contraception.⁷³

Some strategies envision integrating contraception delivery within other programs that focus on girls and women to expand access beyond family planning sites. Entry points include key health and non-health development programs. For example, offering family planning services to postpartum women through infant immunization programs is one of several high-impact family planning practices identified

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 transborder 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



by a group of international experts.⁷⁴ Another example is the integration of voluntary family planning and HIV services, a proven 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 SRH and comprehensive sexuality education and counseling.⁷⁵ Moreover, models that integrate family planning within nutrition, food security, microfinance, agricultural, and environmental projects have proven to be feasible, acceptable, and effective.⁷⁶

The World Health Organization (WHO) recognizes self-care interventions as some of the most promising approaches to promote health, including reproductive health. Especially in low-resource settings, self-care interventions can increase access and reduce costs—both particularly important for ensuring quality care for all.⁷⁷ One example of self-care interventions is the use of digital technologies (e.g., mobile phones, computers, tablets), which 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.⁷⁸ For example, two apps were launched in 2018: the WHO's *Medical eligibility criteria for contraceptive use* for family planning providers and community health workers to recommend safe, effective and acceptable contraceptive methods to women;⁷⁹ and *Contraceptive delivery tool for humanitarian settings* for frontline healthcare providers to help women in humanitarian and emergency settings initiate contraception.⁸⁰ As digital technology use increases, it is becoming a useful way to connect young people to contraceptive and other SRH services.⁸¹

Case Study: Scaling Up Contraceptive Access in North Kivu, DRC

In 2016, the global humanitarian agency CARE International launched a program in North Kivu, Democratic Republic of the Congo (DRC), which 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 critical to 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 to provide follow-up referrals to nearby government health facilities when required. The project helped generate increased demand for contraception among adolescents, particularly long-acting reversible options.⁸²

Utilize Key Financing Mechanisms, Including Bilateral and Multilateral Aid, as Well as Domestic Resource Mobilization, to Fund 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.⁸³ CIPs are government-led, multi-year policy action plans that contain detailed resource projections to achieve national family planning goals.⁸⁴ Supported by Family Planning 2020, CIPs are useful for national coordination, resource mobilization, implementation, and monitoring and accountability.

Case Study: Global Financing Facility

The Global Financing Facility (GFF) launched in 2015 in support of Every Woman Every Child. When it started in four initial "frontrunner" countries, its goal was to contribute to SDG 3 by reducing maternal, newborn, and child deaths and improving the health and quality of life of women, adolescents, and children by 2030.⁸⁵ Now, the GFF works in 36 low- and lower-middle-income countries to bring together multi-sector stakeholders from civil society, the private sector, multilateral institutions, and foundations under country government leadership and build investment cases for health and nutrition. It aims to support 50 countries by 2023.⁸⁶ The GFF uses creative approaches to financing to secure \$75 billion by 2030 through domestic resource mobilization, aligning external assistance with country priorities, securing concessional financing, and crowding in additional private capital to close the financing gap. This increased investment could increase coverage of priority reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) interventions by an estimated 70% in focus countries by 2030.⁸⁷

The structure of the GFF is dynamic, including an Investment Group comprised of stakeholders from country governments, civil society, donors, the United Nations, Gavi, the Global Fund, and the private sector. The GFF Trust Fund designs the strategy for funding approaches and priorities and is supported by the governments of Canada, Japan, the Netherlands, Norway, the United Kingdom, as well as the Bill & Melinda Gates Foundation, Laerdal Global Health, MSD for Mothers, the Susan Thompson Buffett Foundation, and the World Bank.⁸⁸

The GFF improves SRH 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 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 primary and secondary healthcare levels to 20% by 2020 (up from 8% in 2017).⁸⁹ With performance-based financing contracts, there has been a significant increase in family planning visits throughout 2017 and an increase to the budget to pilot a technology-based counseling service for adolescents' sexual health.⁹⁰



Relevant International Agreements:

- International Conference on Human Rights Tehran, Republic of Iran (1968)
- Convention on the Elimination of All Forms of Discrimination Against Women (1978)
- 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) (2003)
- Convention of the Rights of Persons with Disabilities (2006)
- The Global Strategy for Women's and Children's Health (2010)
- Montevideo Consensus on Population and Development (2013)
- 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)
- Report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents (2017)
- United Nations Political Declaration on Universal Health Coverage (2019)
- Global Action Plan for Healthy Lives and Well-being for All (2019)



Improve Access to Prevention and Treatment Services for Sexually Transmitted Infections

Every day, more than 1 million people are infected with a curable sexually transmitted infection,⁹¹ yet many infected people—particularly those living in developing countries—are untreated.⁹² STIs can have serious health consequences, from maternal health complications to chronic diseases and death.

Of note, AIDS-related deaths are rising among adolescents while declining in all other age categories.⁹³ Approximately two-thirds of all new HIV infections in adolescents, ages 10 to 19, are among girls.⁹⁴ Contraceptive vaginal rings that girls and women can insert and remove themselves could protect against HIV and unwanted pregnancy, help girls and women exercise autonomy over their sexual and reproductive health, and reduce HIV acquisition rates.⁹⁵ In addition, biomedical interventions, such as voluntary medical male circumcision and pre-exposure prophylaxis (PrEP), should also be integrated with healthcare and promoted through the media in order to help reduce the spread of HIV.⁹⁶ Affordable HIV self-test kits allow individuals to perform an HIV test alone or with someone they trust in a private setting and interpret the result, increasing the potential for early diagnosis and timely initiation of treatment.^{97,98} Self-sampling and point-of-care tests for different STIs are being tested, becoming more available, and being recommended as an important SRH self-care innovation.^{99, 100, 101}

Overall, young people require better access to information and preventative methods—such as vaccines, condoms, and clean syringes—as well as stigma-free STI testing, counseling, and treatment.¹⁰² Prevention of human papillomavirus (HPV), some strains of which are linked to cervical cancer, has become more feasible as access to the HPV vaccine increases. Currently, a woman dies every two minutes from cervical cancer,¹⁰³ and nearly 90% of these are women living in low- and middle-income countries.¹⁰⁴ Condoms and a wide range of contraception products must be made available in schools and in public areas where young people gather. Raising awareness about STI transmission, prevention, symptoms, and testing through mass media campaigns or digital technologies needs to be prioritized, including the integration of comprehensive sexuality education into education curricula and other channels beyond school.¹⁰⁵ Prevention efforts should focus on quality counseling that also promotes dual method use when delivering family planning services, regardless of age, marital status, parity, or HIV status.¹⁰⁶

While young adults bear the burden of STIs, rates of chlamydia, gonorrhea, syphilis, and HIV have significantly increased in adults ages 50 and older.¹⁰⁷ Strategies to curb the rise of STIs among 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.^{108, 109}

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

More than half of the nearly 38 million people living with HIV are women,¹¹⁰ attesting to the need for women-controlled prevention products. 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% to 31% compared to the control group, with differences in protection according to age. A relatively greater protection was observed among older women (over the age of 25), perhaps due to lower level of adherence or other age-related risk factors.^{111, 112, 113}

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 that can be reduced by meeting the need for modern contraception.^{114, 115} However, access, availability, and affordability of contraceptives are 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, including medical abortion, and postabortion care services will reduce maternal mortality.¹¹⁶ Restrictive abortion laws and policies do not stop women from having abortions; they often make the procedure clandestine and unsafe, and places with restrictive abortion laws can be associated with higher abortion rates.^{117, 118} It is estimated that each year, 25 million unsafe abortions take place¹¹⁹ and between 22,800–31,000 women die from complications related to abortions.¹²⁰

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 a country that allows women to have an induced abortion without restriction.¹²¹ According to the 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 mandatory ultrasounds before the procedure.¹²²

Medical abortion is one of the methods recommended by the WHO as appropriate, safe, effective, acceptable abortion care.¹²³ One of the most common medical abortion regimens is a combination of misoprostol and mifepristone (or misoprostol alone when mifepristone is unavailable). Evidence has shown that this regimen is also safe and effective to treat complications resulting from incomplete abortion and miscarriage.^{124, 125} 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 healthcare facilities.^{126, 127} In addition to its use for postabortion care, misoprostol is often used to prevent postpartum hemorrhage, a leading cause of maternal death.¹²⁸

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

As of 2018, approximately 34 million women of reproductive age live in humanitarian settings, all of whom require access to reproductive health, information, and care.¹²⁹ When emergencies strike, there is a strong need for swift action and coordination on sexual and reproductive health, particularly to mitigate and respond to the heightened risk of maternal and neonatal morbidity, mortality, and disability; sexual violence; and HIV transmission.¹³⁰

To enable timely and effective responses, the newly revised 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM) lists priority interventions in the Minimum Initial Service Package (MISP) and contains crucial actions to respond to comprehensive reproductive health needs, including contraceptive access, at the early stages of a humanitarian emergency.^{131, 132} 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.



The MISP 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.¹³³ 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 appointed health sector lead and the ministry of health are responsible for implementing the priority activities in the MISP.¹³⁴ However, many of these activities cut across sectors, so coordination across organizations working on nutrition, protection, water and sanitation, and other issues is also essential. Humanitarian organizations responding to a crisis should thus always include funding for MISP activities in their donor proposals. The package of interventions outlined in the MISP form the minimum requirements 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: Delivering SRH Services in the Wake of Boko Haram¹³⁵

The Boko Haram insurgency has crippled portions of Nigeria, Chad, Cameroon, and Niger since 2009. In response, the International Rescue Committee (IRC) has developed a multipronged approach to delivering SRH services. Girls and women can access contraception counseling and other services in ministry of health facilities with improved staff capacity, in comprehensive sexual and reproductive health internally displaced person (IDP) camp clinics serving 36,000 IDPs, and in Comprehensive Women's Centers (CWCs). Comprehensive Women's Centers are a unique model in humanitarian settings that serve the holistic needs of girls and women. Sexual and reproductive health services, including contraception, are included alongside psychosocial services, case management of gender-based violence, and acquisition of other life skills. Since 2017, more than 16,000 girls and women have initiated a new family planning method across these sites.

Increase Equitable Access to High-Quality Infertility Services

Some people may not be able to conceive without specific medical interventions. A 2018 report by the Gutmacher-Lancet Commission on Sexual and Reproductive Health and Rights states that as many as 180 million couples could be affected by infertility each year.¹³⁶ In many lower-resource settings, untreated sexually transmitted infections, tuberculosis, female genital mutilation/cutting, and unsafe abortion can cause infertility.^{137, 138} Assisted reproductive technologies such as in vitro fertilization (IVF) have been used for more than three decades, yet they remain unavailable in many low-resource settings.¹³⁹ Sperm collection and self-insemination techniques are more accessible and feasible in developing countries, but they have a lower rate of success.¹⁴⁰ For women struggling with infertility in some settings, this inequitable access can have consequences, including severe economic deprivation, social isolation, disinheritance, violence, polygamy, and murder.^{141, 142}

Leading by example, South Africa revised its previous national family planning policy in 2012 to include both contraception and conception. Infertility counseling and treatments are recommended throughout the policy and accompanying guidelines, including for men alone and men as partners.¹⁴³ In 2018, the Human Reproduction Programme (HRP), a joint United Nations agency initiative that develops guidance on sexual and reproductive health, convened a global summit of experts and country representatives and agreed on a set of coordinated actions to advance the safety of and access to fertility care.¹⁴⁴

Implement Comprehensive Sexuality Education, Offered in Accordance With the 2018 International Technical Guidance on Sexuality Education

Comprehensive sexuality education (CSE) aims to provide young people with the knowledge necessary to engage in safe, healthy, and consensual sexual behavior. In 2018, UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and the WHO published new international technical guidance on CSE that is grounded in evidence on what tools and approaches are effective, and is holistic and inclusive in its approach. The topics, structures, and approaches outlined in this guidance cover all aspects of sexual and reproductive health inclusive of all gender identities and sexual orientations.¹⁴⁵

Widespread adoption of holistic and inclusive comprehensive sexuality education is critical to meeting the demand for modern contraception and reproductive health. Governments must work to incorporate CSE in curricula and train teachers to use age- and context-appropriate methods, both in schools and in informal educational channels, that focus on the key sexual and reproductive health needs of all.^{146, 147} These include STI prevention, contraception use, and how to access legal support and health services, including safe abortion.^{148, 149} CSE curricula are most effective when young people are engaged in the planning and design processes, and when they include strong community linkages,¹⁵⁰ as well as reference and potential referral to youth-friendly services.¹⁵¹ In humanitarian settings, or other situations where there is an interruption in formal education, it is critical to ensure comprehensive sexuality education is still provided in the appropriate languages outside of school settings.¹⁵²

Comprehensive sexuality education also contributes to gender equality by increasing awareness of the diversity and impact of gender in people's lives, and by providing an opportunity for gender norms and relations to be discussed, evaluated, and reinterpreted.^{153, 154} Studies have shown that CSE programs that integrate considerations of gender norms and power dynamics are up to five times as effective as those that do not, and they ultimately lead to better SRH outcomes.¹⁵⁵ Through the introduction of CSE, healthy life skills are established. Because these life skills are based on human rights principles, they also help advance human rights, gender equality, and the empowerment of young people.¹⁵⁶

It is the responsibility of governments to ensure that all information, including information related to sexual and reproductive health and rights, is easily accessible to the public and that legislative policies and information on violence and harmful practices are widely disseminated according to human rights standards.¹⁵⁷ Any obstruction or attempt to impede the sharing of information focused on sexuality or sexual health and rights can create increased obstacles to needed care and justice, especially for youth and adolescents.¹⁵⁸

SECTION 3: THE BENEFITS OF INVESTMENT

Comprehensive sexual and reproductive health information, education, and care, as well as modern contraception, are not only integral to people's right to have access to quality healthcare and essential for achieving gender equality, they are also a smart financial investment.¹⁵⁹ Cost-benefit estimates show that every additional \$1 spent on contraceptive services in developing countries reduces pregnancy-related care costs by \$2.20.¹⁶⁰



The estimated returns of effectively reducing the unmet need for contraception in 27 high-fertility countries would exceed 8% of global GDP by 2035.¹⁶¹ The Global Investment Framework for Women's and Children's Health estimated a cost-benefit ratio of \$1 to \$39 for all social and economic benefits when investing in contraceptive, maternal, newborn, and child health by 2050.¹⁶² 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 2030.¹⁶³

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.¹⁶⁴ 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%.^{165,166} 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.¹⁶⁷ 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, their families, communities, and societies. For young people, this investment yields a triple dividend: a better life now, a better future for themselves, and a better life for future generations.¹⁶⁸

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, they 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 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. It is based on human rights and gender equality, with the goal of empowering children and young people to realize their health and rights.¹⁶⁹ 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 the Sustainable Development Goals.

Multilateral organizations, civil society, and other key stakeholders need to do their part to hold governments accountable for their 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, donors, multilateral organizations, 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, donors, 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 in pediatric care and/or primary schools. (Most relevant for: governments)
- Adopt the 2018 revised International Technical Guidance on Sexuality Education guidelines to deliver universal, high-quality, comprehensive sexuality education.¹⁷⁰ (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. (Most relevant for: governments and civil society)
- 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 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)



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Brief prepared by: Catherine Packer and Tricia Petruney, FHI 360

2019 version reviewed and updated by: Saeeda Rizvi, Women Deliver; Meagan Torello, Women Deliver; Catherine Packer, FHI 360; Amy Uccello, PSI; Emma Beck, PSI; Mary Crippen, Women Deliver; Marcy Hersh, Women Deliver; Courtney Carson, Women Deliver; Dani Murphy, Women Deliver; Susan Papp, Women Deliver; Emilie Z. Fidock, Women Deliver; Molly Shapiro, Consultant; Meyris Montalvo, Women Deliver; Rachel Fowler, 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.

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