

Reducing Inequities:

Ensuring Universal Access to Family Planning as a key component of Sexual and Reproductive Health

Programmes

- 01 Use appropriate mapping techniques to identify underserved communities and those most in need of family planning services.
- 02 Design programmes and policies to place family planning and reproductive health services close to where disadvantaged groups live and work. This can be achieved by:
 - a Allocating health systems resources including personnel, logistics and delivery systems and management support to underserved areas such as urban slums, rural and remote areas, and informal settlements.
 - b Supporting the most appropriate constellation of services to reach disadvantaged populations in a cost effective manner. Private sector networks and community-based organizations may complement public sector care to ensure services are provided appropriately and are of high quality.
 - c Integrating family planning services into health services currently utilized by disadvantaged groups, such as immunization, nutritional supplementation, treatment for childhood diseases and malaria.
- 03 Provide sufficient funding to scale-up proven approaches to provide basic health services to the disadvantaged.

- 04 Create a supportive environment for family planning through messaging that is targeted to specific disadvantaged population groups; and mobilising community-based organizations, social networks, associations, and community leaders to disseminate messages and information to populations where access to mass media is limited.
- 05 Ensure that programmes meet the needs of young people, a large and diverse population group, by ensuring access to comprehensive sexual and reproductive health education, for both in-school and out-of-school youth; providing youth friendly services; and including adolescents and parents in the development and implementation of programmes.
- 06 Make male and female condoms widely available and promote these methods as highly effective for both pregnancy and disease prevention.
- 07 Tailor and deliver services to people who are multiply disadvantaged (for example, by disability, HIV status, ethnicity, emergency situations) to overcome their particular constraints to access and use of family planning and sexual and reproductive health services.
- 08 Make use of research to understand and address the barriers disadvantaged groups face in accessing services, as well as non-health sector approaches that could help to improve their conditions.

Research

- 01 Monitor trends in inequity in “universal access to reproductive health” by collecting and disseminating information on established MDG indicators** and other related indicators to both national and international audiences.
- 02 Build consensus on appropriate indicators to measure “universal access” at the country and programme levels.
- 03 Support analysis of existing data such as Demographic and Health Surveys and the 2010 round of censuses at the country level to conduct assessments on trends in inequity in access to family planning and reproductive health services.
- 04 Develop national capacity to maintain and strengthen routine data systems to monitor trends and evaluate programme efforts to reduce inequities in access.
- 05 Support research, both technically and financially, to assess the barriers disadvantaged groups face and measure programme impact on reducing inequities in family planning access and use.
- 06 Establish a Monitoring and Evaluation Reference Group (MERG) to support monitoring for the MDG target to achieve universal access to reproductive health by 2015. Specifically, the MERG should be organized by UNFPA and tasked with building consensus on appropriate indicators to measure “universal access” at the country and programme levels and identifying priority needs for research, monitoring, and translating research into programmes and policies conducive to reducing inequities in access to reproductive health services.
- 07 Identify priority needs for research, monitoring, and translating research into programmes and policies conducive to reducing inequities in access to reproductive health services at the country level.

** Target 5b indicators include contraceptive prevalence, unmet need for family planning, percent of total demand satisfied, adolescent birth rate, and antenatal care coverage percent of demand satisfied, for family planning.

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On the occasion of the 15th anniversary of the International Conference on Population and Development (ICPD), 40 international experts* gathered in New York from June 30 to July 2, 2009. Together they reviewed evidence and developed recommendations on how to reduce inequities in access to family planning and other sexual and reproductive health services, particularly for disadvantaged populations. These actions are urgently needed to accelerate progress towards achieving the Millennium Development Goals by 2015.

In 1994 in Cairo, at the International Conference on Population and Development, 179 countries agreed that:

"...Reproductive rights embrace certain human rights that are already recognized... These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information, and means to do so, and the right to attain the highest standard of sexual and reproductive health... their right to make decisions concerning reproduction free of discrimination, coercion, and violence..." – Para 7.3, ICPD

Protection of these rights requires access to sexual and reproductive health services and is essential to achieve national and international health and development goals, such as the Millennium Development Goals. Contraceptive services offer exceptional social, economic, and health benefits to individuals, families, communities, and countries. Limited access to family planning may prove particularly detrimental as the world faces a global economic crisis of unprecedented

scale. Meeting the need for family planning is one of the most cost effective investments that governments can make in their quest to alleviate poverty.

Yet, despite increases in contraceptive use since 1994, high unmet need for family planning persists. In the least developed countries, for example, six out of ten women who do not want to get pregnant are not using contraception. This unmet need for family planning is highest among the disadvantaged individuals who are also most likely to suffer adverse consequences from unprotected sex. When faced with an unintended pregnancy, women with few resources often have an unwanted birth or seek an unsafe abortion, resulting in high rates of maternal mortality and morbidity among this population group. These same women also lack protection from sexually transmitted infections, including HIV.

Among the most significant underserved group is a new generation of adolescents - the largest the world has seen, who have begun their sexually active years but often are excluded from reproductive health services. They enter adulthood with inadequate information on sexuality and reproductive health and few skills to protect their health and rights. Family planning services too often fail to reach the poor, those living in remote areas and urban slums, and people with less education. Also lacking access are indigenous people, individuals with disabilities, people living with HIV, internally displaced people, and migrant workers, among others. As a result, socio-economic disparities in sexual and reproductive health indicators are among the largest of any health indicators.

To make greater progress, reducing the unmet need for family planning through improved coverage and quality of services, must be prioritized by governments, United Nations agencies, donors, and civil society within their broader commitments to development and reproductive health and rights. In doing so, careful and focused emphasis must be given to policies and programmes that will reduce inequities in access to services and health outcomes.

Recommendations for Action

We, the participants of the consultation on *Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of Sexual and Reproductive Health* call on governments, UNFPA, other United Nations agencies, donors, and civil society to:

Policy

- 01** Ensure that their strategies to achieve the Millennium Development Goals (MDGs) give high priority to improving access to family planning (FP) and other sexual and reproductive health (SRH) services and protecting reproductive rights. UNFPA and other stakeholders should assist Governments to incorporate strategies to expand access to FP/SRH among disadvantaged groups as part of national Poverty Reduction Strategies.
- 02** Revise national and international health and development strategies to improve access to family planning and other sexual and reproductive health services among disadvantaged groups as a priority. This should include the establishment of national

health system objectives that are more relevant to disadvantaged groups, and that will ensure increased attention to improve their access to FP/SRH services.

- 03** Hasten efforts to build functional health systems for equitable, efficient and sustainable delivery of basic health services. Family planning and sexual and reproductive health services must be acknowledged and positioned as core components of basic health services. Within health system strengthening efforts, financial, legal, and other barriers to access, especially for disadvantaged groups and individuals, should be identified and eliminated.
- 04** Empower disadvantaged groups to play a more central role in the design and operation of policies and programmes. Work with civil society to ensure adequate support for monitoring and evaluation of policy implementation as well as public discussion of the effect of specific policies on those most disadvantaged.
- 05** Raise awareness of inequities in access to family planning and resulting health outcomes.
 - a** UNFPA should highlight evidence on inequities in access in all publications, including the *State of World Population* reports, country profiles and discussion briefs.
 - b** Incorporate evidence on inequities in major international reviews and consultations, such as the 2010 Millennium Development Goals Summit to Review Progress, Beijing at 15 re-

views, International Health Partnership validation processes, and 2010 HIV/AIDS review.

- c** Undertake evidence-based advocacy with national governments to increase their investment in and commitment to achieving universal access to reproductive health with equity, using as one tool the 2009 Commission for Population Development (CPD) Resolution.*
- d** Assess and report regularly and systematically on actual resource allocations for advancing equitable access to family planning and sexual and reproductive health at global and national levels.
- e** Engage journalists and media outlets to raise awareness of disparities in access to family planning and sexual and reproductive health services, particularly among married and unmarried adolescents and among the poor.
- 06** Develop and implement policies conducive to private-public partnerships that meet the needs of disadvantaged groups, particularly the poor and the young.

* http://www.un.org/esa/population/cpd/cpd2009/CPD42_Res2009-1.pdf

