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# From Evidence to Policy: Expanding Access to Family Planning

## Eliminating systemic barriers to contraceptive services

### Policy and programmatic actions

- Implement policy and targeted funding that prioritizes family planning for health, development, and equity.
- Engage community and key groups, in particular men and adolescents, with comprehensive communications strategies that identify and address the needs of the vulnerable and underserved.
- Initiate strong, independent evaluation and monitoring research, with long term follow-up of program outcomes to ensure quality and sustainability.

### Background

The right to decide when, or if, to start a family is fundamental to the health of women, and their equitable position in society (1). Promotion of family planning, and ensuring access to preferred contraceptive methods for women and couples, is essential to securing the well-being and autonomy of women, while supporting the health and development of the community.

Unintended pregnancy remains a significant cause of maternal morbidity and mortality in the developing world (2, 3). More than half of all pregnancies are unintended (4, 5). Rates of maternal mortality remain high in many regions, where pregnancy is a serious threat to a woman's life (2). Action is urgently needed.

Contraception is well established as a safe and cost-effective way to improve the health of women, their families, and communities (6). However, unmet need for family planning remains high. Worldwide, women and families lack access to the full array of modern methods to plan their families. The need for modern contraception is greatest where maternal mortality rates are the highest (2). In many countries, more than 30% of women who desire contraception are unable to receive a method (6). Additionally, large disparities in access to, and utilization of, modern contraception remain (7). Less than 1% of women are using the most effective methods of reversible contraception, such as the intrauterine device (IUD) and progestogen implant (6, 8). Access to permanent methods of sterilization is also limited in many regions.

### Methods

Between 27 June and 29 June 2012, the World Health Organization (WHO) convened a meeting of experts to review global strategies to increase access to modern methods of family planning for women and men. The technical consultation brought together 37 participants from 17 countries; 16 agencies were represented. The multidisciplinary group comprised experts in international family planning, including clinicians, researchers, epidemiologists, programme managers, policy-makers and civil society constituents. Research and programme data was evaluated to identify optimal strategies for improving family planning care. Four areas of focus were determined: increasing access to long-term and permanent methods of contraception, reaching target populations, optimizing human resources, and addressing unmet needs of women who come into contact with the health system.

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At the consultation, the technical and programme experts reviewed the evidence and programme experience on systemic barriers to equitable access to family planning and interventions to increase access to modern contraception. The group identified critical policy, program and research priorities to improve utilization of family planning, and addressing unmet contraceptive needs.

## Conclusions

Effective and targeted actions are urgently needed to improve contraceptive choice and access for women and families globally. Barriers to family planning occur at multiple levels in government, society, and the health system. The following actions are recommended to promote health, equity, and development.

### *Governments and donors: implement policy and directed funds to secure access to family planning for all, and in particular for vulnerable populations.*

Sustainable change will require directed policy and funding that prioritizes family planning for development and equity. Specific recommendations include a budget line item for family planning, with dedicated funds for contraceptive supplies and maintenance of infrastructure. Donors should commit directed funds for family planning, and collaborate with countries to monitor progress. Strategies that broaden the range of contraceptive options for women and men to choose from must be emphasized. Contraceptive options available to women and men should include the most effective, modern methods of family planning, such as the intrauterine device, progestogen implant, and sterilization. Legislation should enable provision of family planning for individuals regardless of age, partner or parent consent, and parity. Promotion of cadres of family planning providers, within the health system and community, is essential to optimizing access.

### *Maintain a reliable and far reaching commodity supply chain*

A reliable supply of a broad mix of contraceptive commodities is essential. Promotion of a supply chain that is capable of tracking commodities from production to the consumer, even in rural and hard-to-reach areas is critical. Development of systems that monitor contraceptive availability will reduce stock outs, and ensure access for users. Legislation that reduces the length of time required to import or register contraceptives in countries is essential.

### *Provide on-going training and supportive supervision of cadres of family planning providers within the health system and community*

Insufficient numbers of trained family planning providers limit access to care. Training providers in the benefits and side-effects of modern contraception according to the standards and norms [in line with WHO guidelines] is essential. Focusing on counseling skills is important to optimize acceptance and continuation of contraception. Providing ongoing support, supervision and training for providers is a key component to ensuring quality care. Recognizing that many women, and in particular adolescents and men, seek health information outside of clinics, integrating community and alternative family planning providers is critical.

Engage the community with comprehensive communication strategies that addresses their needs and dispel misinformation

Inadequate and inaccurate knowledge about contraception is common. Myths about modern family planning methods and side-effects limit their use. Enlisting community leaders to identify concerns and needs will facilitate acceptance and community health. Communications must be targeted to the community's needs, and be delivered through multiple channels.

### *Provide equitable, evidence based, and quality care*

Family planning is essential to health, equity, and development. To ensure that appropriate, high-quality family planning services are offered, a strong independent evaluation and monitoring component with long term follow-up of programmes is critical. Sustainable improvement in community health and local capacity building, are integral to programme success. External evaluation, with regular monitoring of outcomes promotes quality care.

## References

1. Dehlendorf C, Rodriguez MI, Levy K, Borrero S, Steinauer J. Disparities in family planning. *Am J Obstet Gynecol* 2010, Mar;202(3):214-20.
2. *Trends in Maternal Mortality: 1990 to 2010*. Geneva, World Health Organization, 2012.
3. Hubacher D, Kimani J, Steiner MJ, Solomon M, Ndugga MB. Contraceptive implants in Kenya: current status and future prospects. *Contraception*. 2007, Jun;75(6):468-73.
4. *Facts on abortion and unintended pregnancy in Africa*. New York, The Guttmacher Institute; 2009.
5. Singh S, Sedgh G, Hussain R. Unintended pregnancy: worldwide levels, trends, and outcomes. *Stud Fam Plann*. 2010, Dec;41(4):241-50.
6. Darroch JE, Singh S, Nadeau J. *Contraception: an investment in lives, health and development. Issues Brief*. New York, Guttmacher Institute, 2008, Dec(5):1-4.
7. Singh SD, JE. *Adding it up: the costs and benefits of investing in family planning and newborn and maternal health. Estimates for 2012*. New York, Guttmacher Institute, 2012.
8. d'Arcangues C. Worldwide use of intrauterine devices for contraception. *Contraception*, 2007, Jun;75(6 Suppl):S2-7.



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