

Center for Reproductive Rights: 8 Key Points for the Family Planning Summit

On 11 July, 2012, governments, donors and civil society actors will meet in London at a one-day Family Planning Summit, co-hosted by the UK Department for International Development and the Bill and Melinda Gates Foundation. The Summit aims to channel political commitment and resources to achieve a dramatic increase in the provision of contraceptives in the world's poorest countries.

The Center for Reproductive Rights believes that any attempts to increase demand for contraceptives must work alongside efforts to improve access to comprehensive and integrated sexual and reproductive health services and women's autonomy and rights. Existing commitments such as the Programme of Action of the International Conference on Population and Development, and various international human rights obligations, must guide efforts to ensure that they improve—rather than undermine—women's human rights.

In particular, we urge governments, donors and other actors supporting the Family Planning Summit to remember that:

1. **Commitment to empowering women**, and promoting and protecting their rights must guide all actions. The specific needs of different women—young women, unmarried women, women with disabilities, and others—must be considered and respected.
2. Contraceptive information and services form an essential part of the health services that women need throughout their lives. Yet **contraceptives alone are not enough**: they must be accompanied by a full range of reproductive health services that include safe abortion, comprehensive sexuality education, and access to accurate information.
3. Efforts to increase the provision of contraceptives to women must respect that **different methods may be acceptable to different women**. A full range of methods—including female condoms and emergency contraception—should be available so individual women can make an informed choice as to the appropriate method for them.
4. The provision of contraceptives through top-down, vertical programs will be ineffective. Instead, contraceptives must be part of **comprehensive and integrated sexual and reproductive health services** that are delivered across relevant sectors of government. This requires that health systems are strengthened, providers are properly trained, women have access to accurate information, and comprehensive sexuality education is provided.
5. Past and current experiences across the world show us that pressuring or encouraging service providers to meet targets for numbers of new users can lead to serious abuses of women's rights. All steps possible must be taken to **prevent any coercive measures being introduced** through increased provision of contraceptives. This responsibility falls squarely on governments, and can be supported by other actors.

6. In many countries, **laws and policies currently hinder access to contraceptives** and information in law and in practice. These include third party consent requirements and bans on specific contraceptive methods. Unless these barriers are addressed, efforts to increase service provision are likely to be ineffective and exacerbate disparities in access.
7. The **participation of women** during program design and implementation is essential to the ability to provide services that are responsive to their needs and to preventing human rights violations.
8. Accountability is crucial. Monitoring and evaluation of the impact on women's human rights of actions taken under this initiative must be built into plans. Establishing a **watertight system for accountability** will allow any corrections to be made, should any be necessary to ensure that women's human rights are upheld.

For more information please see CRR's briefing paper *The Right to Contraceptive Information and Services for Women and Adolescents* (co-authored with UNFPA). Available at: http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/BP_unfpa_12.10.pdf