

Human Rights Standards on

Contraceptive information and services

Key Questions

for Monitoring Health System Compliance with Human Rights Obligations

The questionnaire below provides a tool for assessing your health system's compliance with human rights obligations regarding contraceptive information and services.

A comprehensive, human rights-based approach to contraceptive information and services programming includes capacity development for health workers, advocacy, adequate data, targeted interventions for marginalized groups, attention toward gender inequality, and strong accountability mechanisms. To support the further assessment and design of programming embracing a human rights-based approach to contraceptive information and services, see the [support tool](#) developed by UNFPA.¹⁶

¹⁶ UNFPA and What Works Association, Program Assessment Tool for a Human Rights-based Approach to Family Planning (HRBA to FP), (2021) available at http://www.whatworksassociation.org/uploads/5/7/8/3/57837239/hrba_to_fp_progr_assess_tool_9-21.pdf.

1. Are contraceptive-related facilities, goods, information, and services available as needed, accessible and affordable, including in remote areas?¹⁷

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Support health officials and civil society organizations in ensuring that the full range of contraceptive methods is readily available in public and private clinics (e.g., by supporting procurement and training of health workers, task-sharing where appropriate, and modifying facilities to ensure accessibility for all).

Engage with the Ministry of Health to support the integration of contraceptive information and services into primary health care and sexual and reproductive health care, including postpartum and post-abortion care.

Engage with the drug regulation authority to ensure that all essential medicines for contraception (as recognized in the WHO Model List of Essential Medicines), including emergency contraception, are legally permitted and available in practice.¹⁸

Examine logistics and procurement policies to ensure the availability of goods and conduct regular monitoring of contraceptive distribution and stocks, with attention to stockouts and method mix at all levels of service delivery.

Review public insurance plans and budgeting processes to ensure the affordability of contraceptive services, including their inclusion in public health insurance schemes and their subsidization.¹⁹

KEY RESOURCES

UNFPA, [Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming](#), p. 32

WHO, [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)

UNFPA and WHO, [Ensuring Human Rights within Contraceptive Services Delivery: An Implementation Guide](#), p. 15

¹⁷ ESCR Committee, Gen. Comment No. 22, supra note 5, paras. 12-17.

¹⁸ ESCR Committee, Gen. Comment No. 14, supra note 6, para. 43(d) (explaining that the provision of essential drugs, as defined by WHO, constitutes a core obligation of states parties in satisfying the right to health). The WHO Model List of Essential Medicines includes a full range of modern contraceptives. WHO, WHO Model List of Essential Medicines (21st List 2019) available at <https://www.who.int/publications/i/item/WHOMVPPEMPIAU2019.06>.

¹⁹ See, e.g., ESCR Committee, Gen. Comment No. 14, supra note 6, para. 12(b)(iii).

2. Are contraception-related facilities, goods, and services provided in a manner that is respectful of medical ethics and culturally acceptable to all, including by being respectful of the cultures of individuals belonging to ethnic and religious minorities and Indigenous Peoples, and sensitive to gender and life-cycle requirements?

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

In partnership with affected communities, provide training to health care providers to improve the accessibility of services to all individuals and cultures, including by raising awareness around the needs and cultures of marginalized groups and addressing dominant discriminatory stereotypes and norms that may undermine care.

Ensure that civil society and other stakeholders play a central role in the development and monitoring of laws, policies, and programs on contraceptive information and services.

KEY RESOURCES

UNFPA, [Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming](#), p. 32

WHO, [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)

UNFPA and WHO, [Ensuring Human Rights within Contraceptive Services Delivery: An Implementation Guide](#), p. 21

UNFPA, [Social and Cultural Determinants on Sexual and Reproductive Health: Studies from Asia and Latin America](#)

3. Do all people have access to comprehensive, unbiased, and scientifically accurate²⁰ information on sexual and reproductive health that covers the full range of contraceptives (including through comprehensive sexuality education and public health campaigns), provided in a manner that is understandable to all (considering age, language, ability, etc.)?²¹

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Develop and disseminate information and education materials on contraceptive information and services and related rights in the most common local languages, Braille, and adolescent-friendly formats.

Work with education officials to develop a national curriculum on comprehensive sexuality education that reflects the input of young people and includes contraceptive information and services.

Develop communication campaigns, targeting providers and the public, to destigmatize contraceptive use and dispel misconceptions and misinformation that create barriers to accessing contraceptives and related services.²²

KEY RESOURCES

UNFPA, [Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming](#), p. 31

WHO, [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)

UNFPA and WHO, [Ensuring Human Rights within Contraceptive Services Delivery: An Implementation Guide](#), pp. 28, 37

²⁰ By “scientifically accurate,” this toolkit refers to objective international standards as determined by established authorities in the field of sexual and reproductive health, such as WHO.

²¹ ESCR Committee, Gen. Comment No. 22, supra note 5, paras. 18-19.

²² Id., para. 41.

4. Are sufficient numbers of health care providers adequately trained to provide information and counseling on the full range of contraceptive methods, including emergency contraceptives?

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

5. Does the state ensure that access to contraception is not impeded based on conscience by health care providers or pharmacists?²³

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Provide ongoing competency-based training to health care providers to ensure their capacity to provide counseling and services around the full range of contraceptives, including recent advancements and emergency contraception.

Support the development and execution of quality-assurance processes in health care facilities to identify barriers to access, including refusal to provide contraceptive information and services based on conscience.

KEY RESOURCES

WHO, [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)

UNFPA and WHO, [Ensuring Human Rights within Contraceptive Services Delivery: An Implementation Guide](#), p. 32

UNFPA and CRR, [The Right to Contraceptive Information and Services](#), p. 21

See also questionnaire on "Comprehensive Abortion Care"

23 Id., para. 14.

6. Are state policies, programs, and practices regarding contraceptive goods and services evidence-based and scientifically and medically appropriate, and in line with recent technological advances and innovations?²⁴

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Support national and local health officials in the review of contraception-related policies and programs to ensure the quality of the information presented and the inclusion of recent technological advances and innovations.

KEY RESOURCES

WHO, [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#)

UNFPA and WHO, [Ensuring Human Rights within Contraceptive Services Delivery: An Implementation Guide](#), p. 32

²⁴ Id., paras. 21, 47.

7. Have legal and professional regulations been adopted to guarantee the confidentiality and privacy of individuals seeking contraceptive information and services? ²⁵

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Support national and local health offices in designing health facilities that include private spaces for confidential counseling, examination, and treatment and in implementing policies that clarify that counseling sessions and examinations should include only the patient, unless they request the presence of a spouse or another person.

KEY RESOURCES

UNFPA and CRR, [The Right to Contraceptive Information and Services](#), p. 17

25 CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 31(e).

8. Do legal and professional regulations respect autonomy and support informed consent, including by: providing counseling; removing all third-party authorization requirements (such as parental, spousal, or partner consent);²⁶ and eliminating non-medical conditions for access to contraceptives (such as restricting access to contraception on the basis of age, marital status or minimum number of children)?

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Partner with civil society to provide capacity-building and sensitization programs for health officials, judges, and legislators to raise awareness of human rights standards concerning third-party consent for contraceptive information and services, including for adolescents.

Engage national and local health officials to develop robust protocols for informed consent, including tools to ensure comprehensive counseling and consent forms in multiple languages and formats (e.g., Braille and audio).

Support law and health officials in removing non-medical conditions for access to contraceptives and ensuring that laws and policies on contraceptive information and services and other health care adopt a clear definition of meaningful, free, full, and informed consent.

KEY RESOURCES

UNFPA, Danish Institute for Human Rights, and UNCHR, [Reproductive Rights Are Human Rights: A Handbook for National Human Rights Institutions](#).

²⁶ Id., para. 22.

9. Has the state taken effective measures to prevent or eliminate laws, practices and policies that promote involuntary, coercive, or forced contraception?²⁷

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Conduct a review of laws, policies, and programs to strengthen commitments to identify if and where such measures may directly or indirectly perpetuate coercion, including through incentives schemes for sterilization, quota policies for providers to perform sterilization, or surgery or sterilization requirements for the legal recognition of one's gender identity or for access to health services such as HIV treatment, obstetric care, gender-affirming surgery, or abortion.²⁸

In partnership with affected communities, identify and advocate for procedural safeguards protecting the rights of those who are at high risk of being subjected to medical interventions without informed consent.

Engage medical professional associations to review, develop, implement, and monitor ethical and professional standards for the prohibition of discrimination and stereotyping on all grounds in connection with sterilization, in conformity with international human rights law and ethical standards.

Work with national and local health officials to review contraception-related programming and policies to ensure that access to quality, accessible, acceptable, and voluntary sterilization remains available alongside the full range of short- and long-term contraceptive methods.

KEY RESOURCES

OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF, and WHO, [Eliminating Forced, Coerced and Otherwise Involuntary Sterilization: An Interagency Statement](#)

²⁷ ESCR Committee, Gen. Comment No. 22, supra note 5, paras. 13, 18, 28, 41, 44-45, 57-59, 62.

²⁸ Id.

10. Are special measures being taken to ensure that contraceptive information and services are provided in compliance with the human rights of marginalized groups, including adolescents, people with disabilities, sex workers, and people living in remote areas or humanitarian settings?

 ALWAYS OFTEN SOMETIMES RARELY NEVER

Examples of Implementation

Support civil society organizations in advocating for and monitoring the delivery of quality contraceptive information and services and facilitating discussions between service providers and users (particularly those from marginalized groups).

Ensure that recent, reliable, disaggregated contraception-related data is accessible to local advocates, and support them in using data to foster accountability.

Work with national judicial academies and national human rights institutions to develop and implement capacity-building programs on contraceptive information and services as a human rights concern.

KEY RESOURCES

UNFPA, [Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming](#), p. 31

UNFPA and CRR, [The Right to Contraceptive Information and Services](#), p. 10

11. Has the state ensured administrative or judicial safeguards in instances where an individual is impermissibly denied access to a particular contraceptive method (including emergency contraceptives) or experiences violations of informed consent or other abuses around contraceptive access and use?²⁹

ALWAYS

OFTEN

SOMETIMES

RARELY

NEVER

Examples of Implementation

Create awareness-raising campaigns and legal aid programs to provide individuals affected by forced, coercive or involuntary sterilization with information on seeking administrative and judicial redress.

Support the establishment of monitoring mechanisms to prevent and document forced, coercive, and otherwise involuntary sterilization and adopt corrective measures.

KEY RESOURCES

UNFPA, [Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming](#), p. 33

OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF, and WHO, [Eliminating Forced, Coerced and Otherwise Involuntary Sterilization: An Interagency Statement](#)

²⁹ Center for Reproductive Rights, *Breaking Ground 2020: Treaty Monitoring Bodies on Reproductive Rights* (2019), available at <https://reproductiverights.org/wp-content/uploads/2020/12/Breaking-Ground-2020.pdf>.