Family Planning through the lens of global strategies, measurement and human rights

Contraception and human rights: Rights based quality of care and monitoring in contraceptive programmes
Session 5

An Online Evidence-based Course 2021

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Unmet need for contraception

❑ **Unintended pregnancy**, resulting from unmet need for contraception, threatens the lives and well-being of women and their families globally.

❑ It is critical that commitment to the rights-based approach to family planning is not compromised by the requirement to scale up rapidly.

   - History of coercion

❑ **Ensuring access to contraception is fundamental** to upholding **human rights** as well as contributing to improved health outcomes, as recognised in **SDG 3.7** for universal access to sexual and reproductive healthcare services.

❑ Despite increases in contraceptive use, an estimated **218 million women had an unmet need for contraception** in developing regions (Guttmacher 2020).

❑ **Discontinuation rates for method-related reasons are high** in these countries and use of modern methods is suboptimal in some groups (e.g., missed pills): there is a **need to improve effective coverage** among modern method users.

Sully E, Biddlecom A, Darroch JE, et al. Adding It Up: Investing in Sexual and Reproductive Health 2019. New York: Guttmacher Institute, 2020 Jul 28. http://dx.doi.org/10.1363/2020.31637

If all unmet need for modern contraception were satisfied..

- ... in LMIC regions and all pregnant women and their newborns were to receive care at the standards recommended by the World Health Organization, **the impacts would be dramatic**:

  – Unintended pregnancies would drop by 68%

  – Unsafe abortions would drop by 72%

  – Maternal deaths would drop by 62% from 299,000 to 113,000.

  – Providing the recommended maternal and newborn care would also vastly improve newborn health. Newborn deaths would drop by 69%, and new HIV infections among babies six weeks and younger would drop by 88%. *(Guttmacher 2020)*

2.5 Unintended pregnancies would drop by more than two-thirds if the need for modern contraceptive care were fully met in LMICs.

111 million

Unintended pregnancies, by outcome
- Unplanned births
- Safe abortions
- Unsafe abortions
- Miscarriages and stillbirths

68% decrease

30
33
35
13

35 million
9
13
10
—4

Current contraceptive care · All needs met for contraceptive care
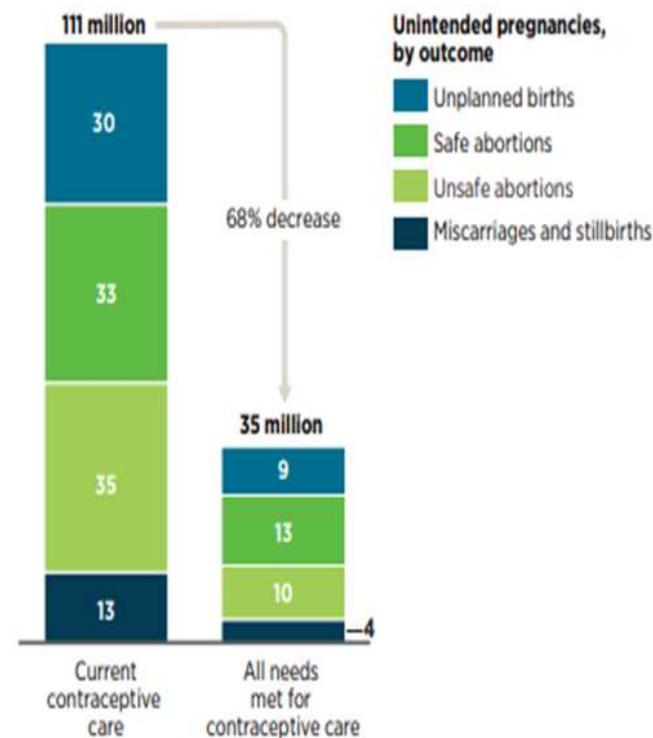
Notes: Estimates are for 2019. Definitions of abortion safety, miscarriage and stillbirth are in the footnotes to the left of this figure. Numbers may not add to totals because of rounding. LMICs=low- and middle-income countries (see Figure 1.1). Source: reference 45.

Why is quality of care important?

❑ To improve maternal and child health emphasis in the 1990s and in the past decade

– improve access, and

– availability of medical care

❑ The above-mentioned aspects are "*necessary, but not sufficient*" – do not guarantee increased utilization of services or improved client satisfaction.

❑ Evidence is emerging that *poor quality of care* is the most plausible explanation for this reality.

Defining quality of care

Quality of care is a multi-dimensional concept and has significant role in improving health outcomes. It can be defined as:

❑ "clinically effective, safe and a good experience for the patient" (*Goodlee 2009*)

❑ "the degree to which maternal health services for individuals and populations increase the likelihood of timely and appropriate treatment for the purpose of achieving desired outcomes that are both consistent with current professional knowledge and uphold basic reproductive rights." (*Hulton et al. 2005*)

❑ *Basic attributes*: access to care, effectiveness of care, safety, equitability, acceptability and efficiency.

Godlee F. Effective, safe, and a good patient experience. BMJ. 2009 Oct 22;339:b4346. http://dx.doi.org/10.1136/bmj.b4346
Hulton LA, Matthews Z, Stones RW. A framework for assessing quality of maternal health services and preliminary findings from its application in Urban India (S3RI Applications and Policy Working Papers, A05/03). Southampton, UK: Southampton Statistical Sciences Research Institute, 2005. 37pp. http://eprints.soton.ac.uk/id/eprint/15011

Rationale for good quality

As a right

- ❑ People have a right to services of good quality
- ❑ Good quality is an end in itself

## As an instrument

- • May lead to other desirable RH outcomes
- • As an added bonus

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Quality of care: the essentials

1. A *functioning health system*

2. *Technical competence of health care providers*

3. *User satisfaction* with the services received

4. Accountability mechanism that enables and allows participation, redress and remedies

Donabedian system model

Structure → Process → Outcome
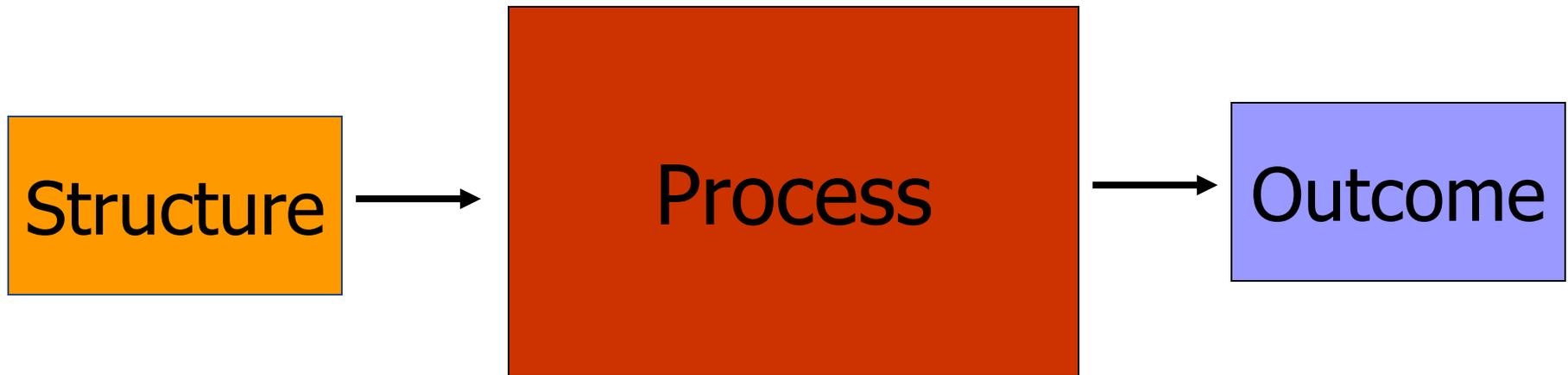
Bruce and Jain framework
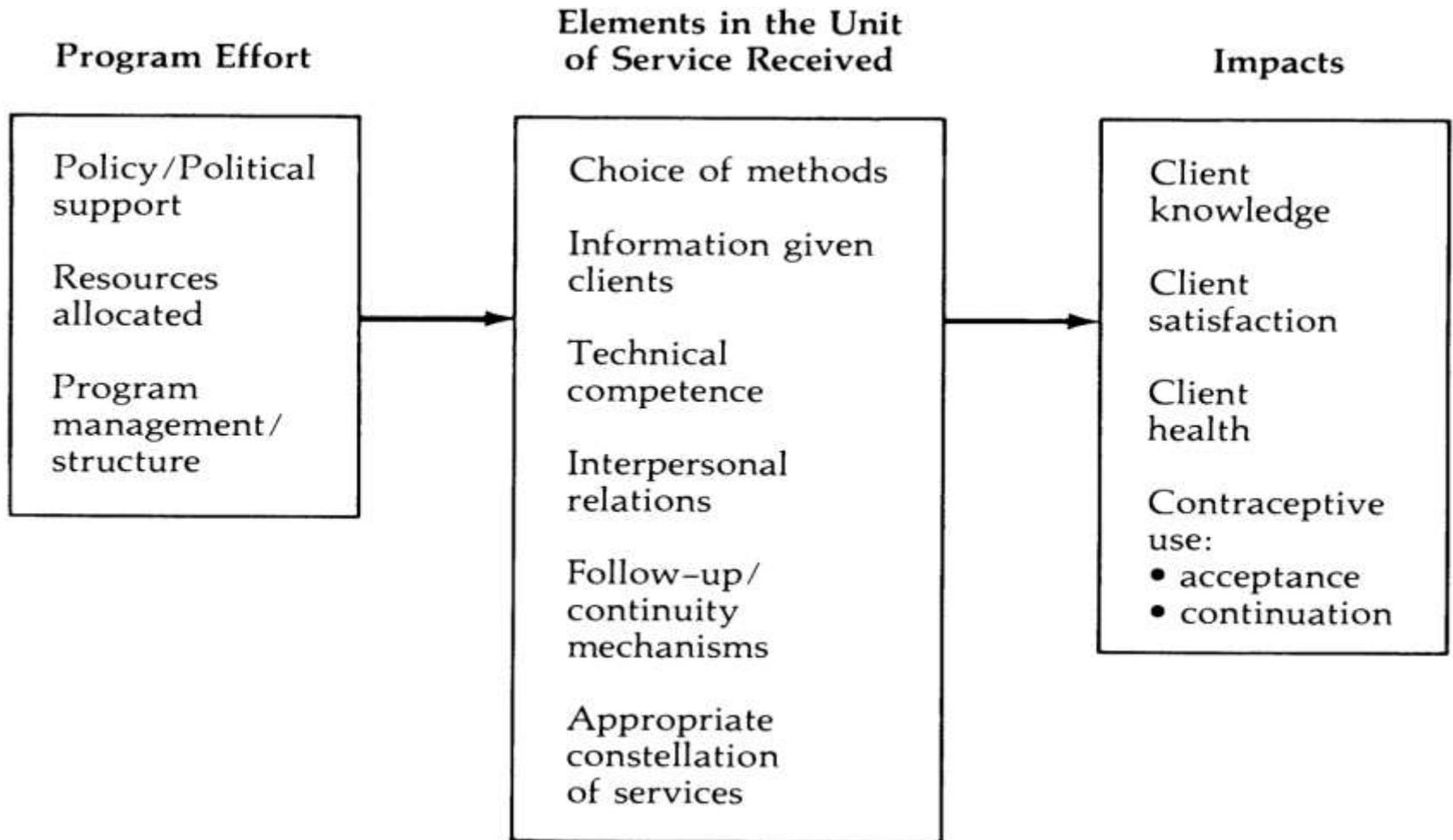
Fundamental elements of quality of care. (Bruce 1990)

Bruce J. Fundamental elements of the quality of care: a simple framework. Stud Fam Plann. 1990 Apr;21(2):61-91.

WHO quality of care framework
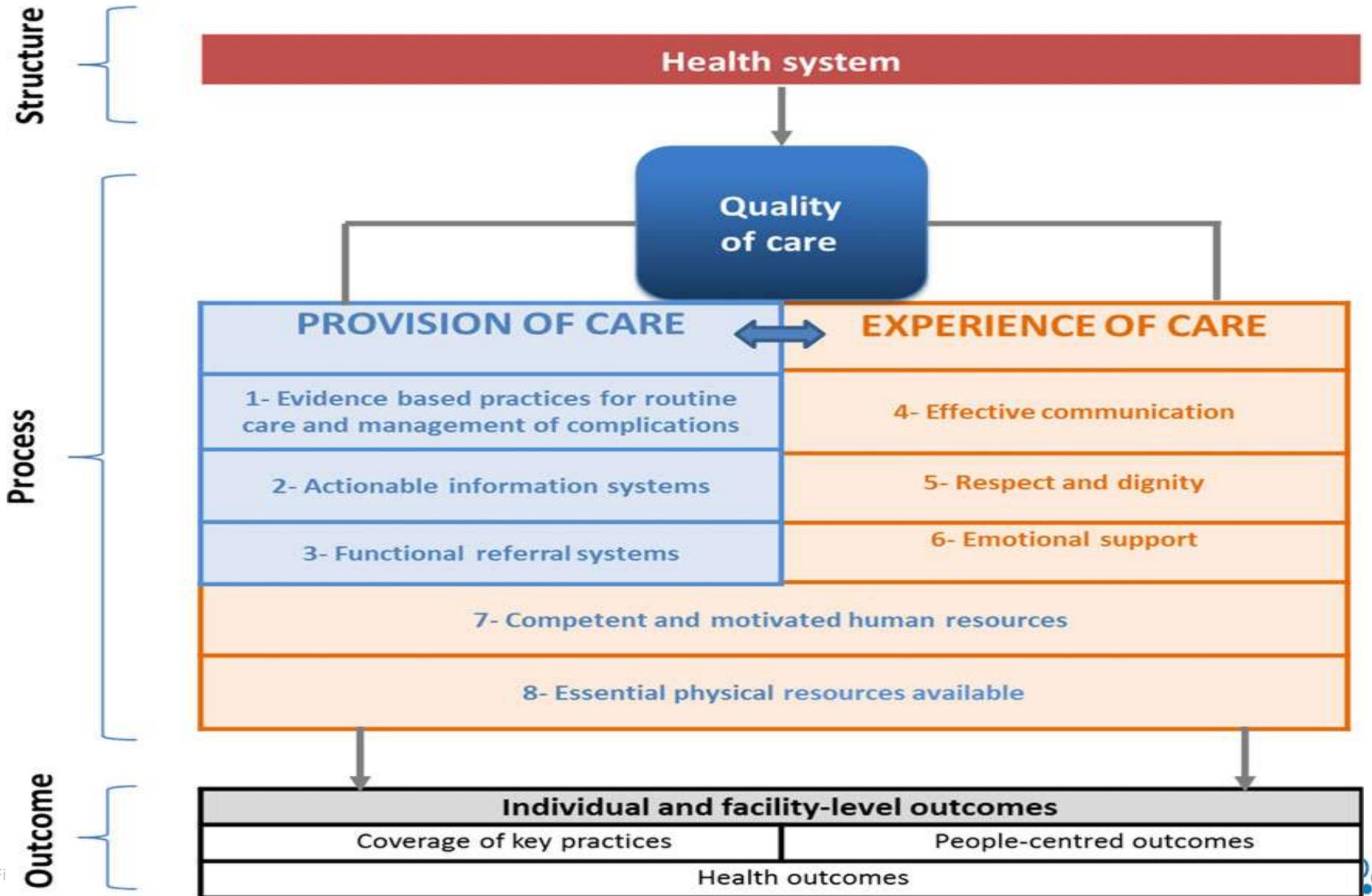
Background of WHO'S work on contraception

- WHO's work on contraception and human rights
  - Ensuring human rights in the provision of contraceptive information and services: guidance for programmes
  - Ensuring human rights within contraceptive programmes: a human rights analysis of existing quantitative indicators
  - UNFPA/WHO Implementation guide for programmes
  - Ensuring quality of care in context of rights based approaches

Quality of care based on human rights standards

WHO is developing this body of work:

❑ To ensure women's agency, autonomy and choice: Women's right to choose
❑ To accelerate progress towards attainment of international development goals and targets in sexual and reproductive health.
❑ To contribute to reducing unmet need for contraceptive information and services.
❑ To provide practical guidance on how to ensure and implement a rights based approach from a contraceptive programme design and management perspective.

Primary audience
❑ Checklist specifically addressed to *health care providers*, probably at the primary health care level, who are involved in the direct provision of contraceptive information and services

Web Link: http://apps.who.int/iris/bitstream/10665/254826/1/9789241512091-eng.pdf?ua=1

Ensuring human rights in contraceptive information and services: Organizing principles

- ❑ Non-discrimination
- ❑ Availability
- ❑ Accessibility
- ❑ Acceptability
- ❑ Quality
- ❑ Informed decision making
- ❑ Privacy and confidentiality
- ❑ Participation
- ❑ Accountability
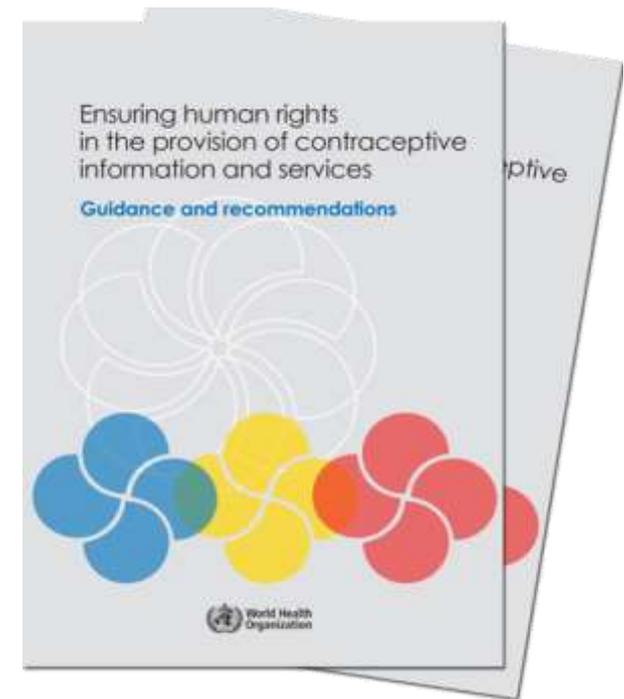
Most commonly used tools for assessing quality in contraceptive service (e.g., DHS surveys or "Quick Inspection of Quality") do not incorporate an explicit rights perspective.

Quality of care based on human rights standards

Quality of care in contraceptive information and services, based on human rights standards: A checklist for health care providers
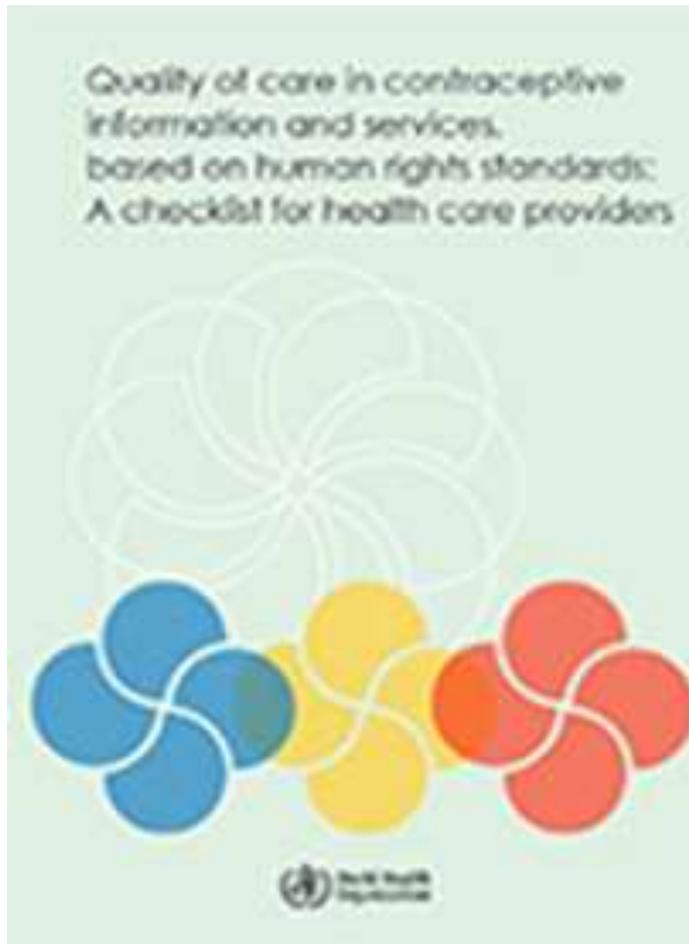
- ❑ Quality of care in health services is a key aspect of the right to health
- ❑ Critical element of WHO Guidelines and Implementation Guide
- ❑ Checklist specifically addressed to health care providers, who are involved in the direct provision of contraceptive information and services

Key elements of framework

1. Respecting users' privacy and guaranteeing confidentiality

    1.1 Autonomous decision-making and confidentiality

    1.2 Physical integrity and private spaces for counselling and examination

2. Choice of contraceptives

    2.1 Ensuring accurate and unbiased information

    2.2 Ensuring non-judgmental and respectful counselling and interactions with users

    2.3 Ensuring a range of contraceptive methods

3. Fostering an accessible and acceptable service

4. Involvement of users in improving services

5. Fostering continuity of care and follow-up and ensuring your own efficacy
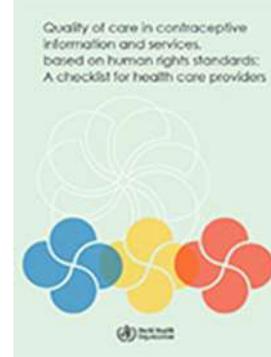
1. Respecting users' privacy and guaranteeing confidentiality

1.1 Autonomous decision-making and confidentiality

Key questions:	(1)	(2)	(3)	(4)	(5)
Mark a cross "X" based on your knowledge and present provision of contraceptives services at the fac					
1.1.a. I feel comfortable to provide all necessary information in order for the user to make a voluntary, informed decision					
1.1.b. I explain that the user has the right to be provided counselling and services confidentially, without family members present					
1.1.c. I clearly state to the user that all information she provides and medical diagnosis, prognosis, etc., will be held strictly confidential, including towards family members, unless she expressly authorizes release of such information					

3. Fostering an accessible and acceptable service

3.a. There are signs near the location of the service delivery point to guide users along the way				
3.b. The opening hours are convenient for clients, especially women and girls from key populations, including adolescents				
3.c. There are clear signs in the clinic on days and times in which services are available				

Checklist: how to use

❑ *Answers to questions:* a self assessment checklist for service providers

❑ *Analysis:* Score of 1-5

❑ *Action points.* Series of follow up action points geared to steering the provider

❑ *Application of findings*

  – *Workshops with service providers*

  – *Workshops with service users*

  – *Possible evaluation tool*

To summarize:

❑ This work will help strengthen the quality of services in contraceptive programs and provide the national leadership the strategic direction to implementation and scale up

❑ Ultimate goal - stronger policy and health systems' capacity to provide quality contraceptive services as their contribution to meeting the unmet need for contraception using right based approach

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Thank you

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Website **who.int/reproductivehealth**

Reading list

❑ **Read the WHO facts sheet on Human rights and health**
https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

Other resources

❑ **Ensuring human rights in the provision of contraceptive information and services. Guidance and recommendations**
https://apps.who.int/iris/bitstream/handle/10665/102539/9789241506748_eng.pdf;jsessionid=8BBF2242D8C16E1BBA24AD33CB7E912F?sequence=1

❑ **Ensuring human rights within contraceptive service delivery. Implementation guide**
http://apps.who.int/iris/bitstream/handle/10665/158866/9789241549103_eng.pdf?sequence=1

❑ **Ensuring human rights within contraceptive programmes. A human rights analysis of existing quantitative indicators**
https://www.who.int/reproductivehealth/publications/family_planning/contraceptive-programmes-hr-analysis/en/

❑ **Quality of care in contraceptive information and services, based on human rights standards: a checklist for health care providers**
https://apps.who.int/iris/bitstream/handle/10665/254826/9789241512091-eng.pdf?sequence=1&isAllowed=y

If you have questions discuss with your coach and submit any that you would like discussed in the webinar.