



Incorporating Expanding Method Choice in Your Commitment



The vision framework for FP2030 sets out five key focus areas. One of these focus areas is “Improve System Responsiveness to Individual Rights and Needs” with the success statement by 2030 articulated as “Health systems meet the information, service, and supply needs of individuals.” Expanding method choice and including self-care and client-controlled methods within that choice are critical to our collective success. A few relevant definitions:

- **Method mix** refers to the menu of contraceptives available in a country. Even with a balanced method mix, women may not be receiving the contraceptive method of their choice.
- **Method choice** exists when “client-centered information, counseling, and services enable women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, and change.”
- **Self-care** is about people taking health and wellness actions for themselves, with or without a health worker’s support, e.g., decision-making to seek care from a health worker for long-acting reversible contraceptives (LARCs) or permanent methods (PMs).
- **Self-administration** is a feature of some contraceptive methods, meaning they are controlled and administered by users themselves. This includes DMPA-SC, oral contraceptive pills, emergency contraceptive pills, rings, condoms, and fertility awareness-based methods. For fertility awareness and methods such as withdrawal, the user requires cooperation from and collaboration with her male partner.

In the COVID-19 era, self-administered options are even more critical as communities face lockdowns or other barriers to service delivery points, and there is a need to minimize the risk of COVID-19 transmission among clients, and between clients and health care workers. Digital health solutions and platforms that support self-care — from telehealth to client-centered apps to data management systems — can empower patients and help ensure continuity of voluntary family planning.

KEY RESOURCES

[Expanding Contraceptive Method Choice for Successful Family Planning Programs](#)

[WHO Expanding Contraceptive Choice Evidence brief](#)

[Accessing Family Planning in a Crisis: The potential of contraception self-injection](#)

[WHO Task Sharing to Improve Access to Family Planning/ Contraception brief](#)

[WHO Consolidated Guideline on Self-care Interventions for Health: Sexual and reproductive health and rights](#)

[A Brief Guide to the Method Choice Framework: A framework to expand contraceptive method choice in client-centered family planning programs](#)

[DMPA-SC Impact Model](#)

Expanding individuals' method choices and self-efficacy to use family planning supports increased and continuous voluntary contraceptive use. That enables more women and couples to realize their reproductive intentions alongside their ambitions for themselves and their families. It also helps communities and nations achieve their development goals.

Consider the following tips on expanding method choice in your commitments:

- Identify gaps in current method choice, using existing tools such as the [National Composite Index on Family Planning \(NCIFP\)](#), the Method Information Index (MII), or FP2020's indicator on Method Availability.
- These tools and the indicator can assist in identifying areas to channel investments in expanding choice to those with the greatest needs.
- Consider whether methods available represent a mix of long- and short-acting, hormonal and non-hormonal, coitally dependent and independent, provider dependent and independent, male- and female-controlled, and include highly effective methods and those with immediate return to fertility.
- Assess and address policy gaps that inhibit the maximum level of method choice at all service delivery points (e.g., limitations on user age, or exclusion of certain methods by outlet) or policies that favor more choice and self-efficacy, such as task-sharing provision of more methods, liberalizing, self-injections of DMPA-SC or (with implementation research) self-removal of IUDs.

Develop and ensure availability of new and improved contraceptive methods that meet diverse user preferences and needs, including those that can be self-administered:

- Prioritize new contraceptive regulatory processes.
- Fund and conduct implementation research on new methods to understand most suitable delivery modalities across all sectors, and quickly capture user insights and experience to inform introduction strategies.
- Expand HMIS to capture use of new methods.

Ensure the health workforce is prepared and equipped to deliver on a range of contraceptive options and services — including for counseling, client follow-up, and removal — so that choice is upheld at all stages of adoption and use:

- Social and behavior change approaches like values clarification and attitudinal transformation as part of provider training, mentorship, and supervision may be necessary to ensure clients receive nonjudgmental care and are offered a full range of methods.
- Training in contraceptive counseling should focus on the principles of shared decision-making where the

interpersonal interaction and information exchange between provider and client along with client choice are prioritized.

- Training of providers should include ongoing supervision and mentorship to ensure that they are competent and confident in administering and removing all methods they are authorized to provide, including long-acting and permanent methods, so that all available methods are accessible to the client.
- Where LARCs are available, ensure follow-up and quality removal services are readily available and accessible without barrier.
- Ensure that providers have adequate personal protective equipment (masks, gloves, face shields, hand washing/sanitizing, cleaning supplies, etc.) and are receiving updates on best practices to prevent and manage COVID-19 infections, and have a support system from supervisors and community leaders to address their fears, concerns, and questions.

Build awareness among clients of the range of methods:

- Even with a well-informed provider base, an expanded method mix can only reach its full potential, only with continued demand from users. Social and behavior change strategies are proven to increase informed client demand for contraceptives. Multiple interventions such as radio, television, and community engagement offer the best results (see Social and Behavior Change Guidance). Special efforts and ongoing communication campaigns will be needed to increase awareness of new or underutilized methods.

Remove medical and legal barriers that restrict access to a full range of methods and enforce existing policies or enact new ones that support method choice, such as self-care or task-shifting policies that bring products and services closer to the community:

- Work with policymakers to review laws, regulatory frameworks, policies, and guidelines that increase people's agency to make informed choice without limitations from a spouse or parent.
- The World Health Organization medical eligibility criteria (MEC) is a guide for aligning service delivery policies for contraceptive methods with evidence-based best practices.
- When national guidelines and protocols are not aligned with the WHO MEC, providers, supervisors, and professional medical organizations have an opportunity to play an advocacy role with policymakers and national leaders to adapt national guidelines with global evidence and best practices.
- Remove regulatory barriers that restrict access to the emergency contraceptive pill (ECP) as a regular or on-demand method.
- Remove policy barriers that restrict self-injection of DMPA-SC.

Adopt diverse service delivery approaches that ensure individuals' family planning needs are met with quality, equity, support, and accountability enabling expanded method choice throughout the health system and in settings or among populations for whom access or choice is often most limited (e.g., urban, periurban, rural, hard-to-reach, fragile, marginalized or displaced populations):

- A combination of service delivery approaches through public and private sector, community and facility-based, integrated care, mobile outreach and doorstep delivery, pharmacies and drug shops, and telehealth and digital apps may be needed to reach these populations.
- Diverse service delivery approaches include task-shifting and task-sharing policies that allow lower-level health providers and community-based distributors to administer contraceptive methods such as injectables and implants.
- Creative delivery solutions may also include pharmacists playing an expanded role in counseling and provision of more contraceptive methods, delivery service from clinics to clients' homes, as well as digital health solutions and platforms, and drug shops to improve access for short-term methods.
- Consider also the range of methods that can be delivered in integrated settings (e.g., HIV clinics, postpartum or postnatal and immunization, visits, growth monitoring, and food distribution)
- While the COVID-19 pandemic continues and in preparation for future pandemics, explore telehealth options to offer clients information and counseling to help them choose a method, resolve any side effects, or address concerns about discontinuation or switching methods.

Update lists of essential medicines and strengthen supply chains to ensure that a variety of methods is available and in stock at service delivery points:

- Decision-makers should review their national list of essential medicines to ensure that the widest method mix is available, including self-administered contraceptives.
- Decision-makers at multiple levels can invest in strengthening supply chains to protect against stock-outs and guarantee that a full range of methods is on hand in both public and private sector clinics and outlets.
- Ensure supply and availability of all supplementary equipment, instruments, and consumable materials necessary to provide contraceptive services of the methods available, and respect infection prevention and control guidelines.

Reduce financial barriers to ensure access to a full range of methods:

- Ensure that all family planning methods are included in universal health care (UHC) package or health insurance, including those that may have higher upfront costs, e.g., sterilization, and IUDs.

Increase funding for contraceptive commodities to meet growing demand:

- As leaders and decision-makers continue to improve family planning programs and expand method choice, they will need to balance cost implications against the best quality services for their clients.



QUESTIONS?

If you have questions about this guidance, or any other element of the commitment process, contact FP2030 staff at commitments@fp2030.org.

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