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CONTRIBUTIONS OF FP2020 IN ADVANCING RIGHTS-BASED FAMILY PLANNING

UPHOLDING AND ADVANCING THE PROMISES OF CAIRO



WHAT IS FP2020?

Family Planning 2020 is a global community of partners working together to advance rights-based family planning. The FP2020 partnership was launched at the 2012 London Summit on Family Planning, with the goal of enabling 120 million additional women and girls in 69 of the world's poorest countries to use voluntary modern contraception by 2020.

In the FP2020 approach, countries lead the way. They set the agenda for progress with formal commitments to develop, support, and strengthen their family planning programs. Each country's commitment functions as a blueprint for collaboration, providing partners with a shared agenda and measurable goals.



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Foreword

The 2012 London Summit on Family Planning not only marked the revitalization of family planning as an essential component of the global development agenda; it was also a historic moment of solidarity among many who wanted—and who still want—to see women and girls in the global South enjoy the same right and freedom to determine if, when, and how often they have children as those who happened to live in countries with more ready access to sexual and reproductive health services. The Summit solidified agreements that business as usual would no longer suffice, instead calling for an evidence-based focus on understanding and meeting the needs of adolescents and young people, on engaging country leadership in the work, and in ensuring measurement and accountability; it also drew attention to the importance of how programs and services are delivered.

This review shows the path taken by Family Planning 2020 to make rights-based programming a viable and central part of all our operations. Over the seven years since the 2012 Summit, we have worked with a range of partners to define, build understanding of, and operationalize rights-based approaches. In so doing, we also sought to implement a part of the International Conference on Population and Development (ICPD) agenda that had somewhat languished since Cairo. Today, we are seeing more attention to and understanding of the importance of rights-based programming for women and girls, but there is still a long way to go until respect for the reproductive rights of women and girls is universally promoted, protected, and realized.

Since 2012, the FP2020 Secretariat has evolved into a convening platform for creative thought, action, and exchange of research, ideas, and innovation with partners from all points of the globe. Together, we have explored the journey to realizing rights. Our partners have included implementers, donors, young advocates, civil society, and ministers of health from the Philippines to Tanzania, from Kenya and Nigeria to Nepal and Pakistan, who have shown how to develop groundbreaking approaches in programming, outreach, and services. Standing with them have been human rights lawyers, humanitarian actors, those involved in other

facets of the broad sexual and reproductive health and rights agenda, the gender community, women and girls living with AIDS, and young activists and champions throughout the world who demand better treatment that comes freely, without judgment, and that serves the individual. While this story comes from one organization, it belongs to so many of us.

This review charts the course of action that FP2020 has taken in defining and understanding rights. It reflects the hopes—and fears—of the activists who, in the beginning, were skeptical there could be “rights in a results-based world.” Of course, after only seven years, the work is not done. As this goes to print, we are working with our global partners to assess FP2020’s impact across the board and to define a pathway and a revised partnership that will take us to 2030. As part of that process, we wanted to share the steps FP2020 has taken to make the case that human rights principles can, and must, inform efforts to advance human—and country—development.

Our work is far from over, but what has been done will pave the path for future action. In the spirit of Cairo, we are sharing some of what we have learned as a mark of progress toward full achievement of the rights promised in the ICPD Programme of Action. We show how, in our experience, individual people are essential to agreements and development, and how tools—and more importantly, conversation—can bring change to long-established norms, policies, and programs. We lay this out for others to build upon, so we can keep moving toward full realization of programs that protect, respect, and fulfill the rights of women and girls to make their own decisions about their reproductive health and lives.



Beth Schlachter
Executive Director
Family Planning 2020



Introduction

In 2012, the global family planning community gathered in London for a Summit on Family Planning to recommit support for reenergizing and expanding programs in 69 low- and medium-income countries. The aspirational goal of the organizers, the Bill & Melinda Gates Foundation (BMGF), the UK Department for International Development (DFID), and core conveners the U.S. Agency for International Development (USAID) and the United Nations Population Fund (UNFPA), was to reach an additional 120 million women and girls with contraception by 2020, ensuring that women's rights were at the center of all programs. The Summit came at a critical point: Family planning programming had been declining as a global health priority in the years since the 1994 International Conference on Population and Development (ICPD) in

Cairo, due both to donor fatigue and to the emergence of other critical public health issues, such as the HIV epidemic and malaria, that demanded extensive and immediate donor commitment (CPHA, 2017).

FP2020 is an outcome of this Summit, where more than 20 governments made commitments to address the policy, financing, delivery, and sociocultural barriers hindering women from accessing contraceptive information, services, and supplies, while donors pledged an additional US\$2.6 billion in funding. Since then, the number of countries with FP2020 commitments has grown to 46; in 2015 alone, donors provided US \$1.3 billion in bilateral funding for family planning. Led by a 23-member Reference Group, overseen daily by a Secretariat, and hosted by the United Nations



“The London Summit on Family Planning will mobilize commitments to support the rights of an additional 120 million women and girls in the poorest countries to use contraceptive information, services and supplies, without coercion or discrimination, by 2020.

FP2020, 2012a

Foundation (UNF), FP2020 was founded on the principle that all women, no matter where they live, should have access to lifesaving contraceptives. FP2020 serves as an inclusive and results-oriented partnership that is working with a diverse group of stakeholders and experts to accelerate action and to address the most significant global and country-level barriers to progress against FP2020 goals.

Many observers agreed that reclaiming family planning as a development priority was important for revitalizing the family planning movement, which had lost momentum and funding in recent years. Others expressed concern that the numeric goal signaled a retreat from the human rights approach that underscored the ICPD Programme of Action (POA) (Khosla, 2012; Krishnan, 2012), representing a return to numbers-driven rather than client-centered programming.

Following the Summit, acknowledging these fears and acting on evidence showing the value of a rights-based approach in promoting greater access to services through volunteerism, informed choice, and equity, DFID and BMGF reiterated that FP2020 was about changing business as usual. The focus would be on increasing demand and support by improving the supply of services, developing new contraceptive technologies, and emphasizing monitoring to measure quality of care to promote informed and voluntary choice. Additionally, “there will be a focus on supporting advocacy around sustaining and increasing funding, but also on protect[ing] and promot[ing] global commitments to family planning within the ICPD framework for sexual and reproductive health and rights” (Cohen, 2012: 23).

As 2020 nears, and as the world observes the 25th anniversary of the landmark 1994 ICPD, this is an opportune time to assess the FP2020 Partnership through a rights lens by asking: **“Has FP2020 promoted the promise of Cairo related to rights-based programming?”**

To find the answer, we reviewed the attention to rights in the implementation of FP2020 from 2012 to mid-2019, with a particular focus on the role of the Secretariat and its partners in family planning. This review traces the status of family planning and rights in programming pre-2012; follows the establishment of the FP2020 Partnership, with a particular focus on the Secretariat, and its country partners; tracks the actions of the work that has been done by the Secretariat and others to define, implement, and measure rights-based family planning; and concludes with recommendations for strengthening this work.

This assessment draws from published and gray literature on rights-based family planning since the 1994 ICPD to mid-2019, including the 2012 and 2017 Summits on Family Planning; FP2020 documents on rights-based family planning, including implementation of the FP2020 Partnership; and interviews with 23 key informants. More information on the methodology and a list of key informants is found in Annex 1.

Rights-Based Family Planning: From ICPD to the London Summit

The foundation for voluntary and human rights-based family planning can be traced to the 1968 International Conference on Human Rights, which included in its proclamation that “parents have a basic human right to decide freely and responsibly the number and spacing of their children” (UN, 1968); this statement was reaffirmed at subsequent international population conferences in Bucharest in 1974, Mexico in 1984, and Cairo in 1994¹ (Singh, 2009). Based on that right, the core principle of voluntarism and informed choice has undergirded international family planning programming for decades.

The 1994 ICPD expanded the focus from family planning to reproductive health, with women as the subjects rather than the objects of programs (Dixon-Mueller, 1993; Jacobson, 2001) and with rights at the center, shifting “population policy away from fertility regulation and toward the notion of reproductive health, predicated on the exercise of reproductive rights and women’s empowerment” (Reichenbach and Roseman, 2009: 4). The focus on rights at ICPD was in part a reaction to some family planning programming from the 1960s through the 1980s that was based on a demographic rationale and that emphasized fertility reduction. ICPD repudiated approaches that included the use of targets, incentives, and disincentives, which had led to instances of coercion (Hardee et al., 2014a).

Following ICPD, countries worked to implement the comprehensive vision of sexual and reproductive health and rights (SRHR) that had been articulated in the POA (Hodgson and Watkins, 1997; Ashford and Makinson, 1999; Hardee et al., 1999; Haberland and Measham, 2002). Some felt that ICPD, with its broader focus on SRHR, helped cause the decline in attention to family planning, even though the POA contained a chapter on family planning (Gillespie, 2004; Sinding, 2005; Cleland et al., 2006; Bongaarts and Sinding, 2009). However, Chi Laigo Vallido, Director for Programs and Advocacy, Forum for Family Planning & Development in the

Philippines, comments that “the 2012 Family Planning Summit was important, particularly for countries like the Philippines, where [family planning] was at the center of debate and opposition from the Catholic hierarchy... We needed to show that family planning meant the right to plan one’s family, the right to have a safe pregnancy, the right to be able to avoid sexually transmitted infections, HIV and AIDS and the like.” Vallido continues: “We had to challenge misconceptions with data and evidence, and FP2020 helped us to have more access to data and information.”

Others believed that the slow pace of family planning advancement and the rise of other pressing public health concerns, such as malaria and HIV, had drawn resources and expertise from the field. In 2000, when the global community adopted the Millennium Development Goals, many felt that family planning and reproductive health had been left out. “That Cairo brought the shift to rights to the fore—along with gender and structural determinants—was positive, but arguably it also let governments off the hook for family planning. And then AIDS hit, and everything shifted after that—attention, funding, and staffing—to HIV and AIDS. By the time 2012 came around, I was excited that family planning was put back on the agenda,” recalls Christine Galavotti, previously Senior Director, SRHR, at CARE, and now Senior Program Officer at BMGF.

The Summit offered a way forward not only for galvanizing funding commitments but also for mobilizing



[2012] was globally... a time when more donors, more country leaders, governments, and international leaders had come to realize that family planning had been neglected for too long and needed revitalizing.

Scott Radloff, quoted in CPHA, 2017:6

¹ See Annex 3 for more detail about human rights conventions, treaties, and conference documents related to family planning. Also, see Hardee et al. (2013) for more discussion about forging the Cairo consensus and the evolution of family planning.

around a specific family planning goal, and it created a path for achieving global political and programmatic support for expanded access to contraception, support that has improved and strengthened over time. With this came a strengthened focus on rights, an acknowledgment that women and girls need more than contraception. Given this, advocates called for strong accountability systems to ensure that programs offered voluntary family planning services based on human rights laws and principles.

Reflecting on the atmosphere leading up to the 2012 London Summit on Family Planning, Sarah Shaw, previously from the International Planned Parenthood Federation (IPPF) and now head of advocacy at Marie Stopes International (MSI), observes that “The numeric goal caused worry that we were turning back the clock to pre-Cairo programming, which had singled out family planning from SRHR, with the potential for... perverse incentives for providers. And rolling back the conversation on abortion. There was a sign-on petition circulated close to the date of the 2012 Summit to call it off for these reasons, because the numeric goal made it not rights-based. Some of us asked, ‘Are we really going to throw the baby out with the bathwater?’” Rajat Khosla, previously with Amnesty International and now Human Rights Advisor working in reproductive health with the World Health Organization (WHO), comments that the pressure brought by civil society helped: “The original business plan for the Summit did not reflect the Cairo consensus, as rights and choice principles were not explicitly integrated. Amnesty International, working with a lot of other nongovernmental organizations (NGOs), signed on to a petition and succeeded in getting the business plan to reflect the need for rights to be respected.”

Even those initially surprised by the concerns that individual rights could get lost in the numbers conceded that the 120 million by 2020 goal could have been better communicated, to expressly counter the history of coercion in family planning programs. Jane Hobson, Senior Social Development Advisor, SRHR, with DFID, acknowledges “we hadn’t actually articulated it. We had to be clearer on what we were talking about.” Maggwa Baker, Senior Fellow and Research and Program Advisor with USAID’s STAR Fellowship Program at the Public Health Institute at USAID and previously with BMGF, agrees, saying that “family planning programs have always addressed elements of quality, voluntarism, and informed choice within the constraints of political

commitments, capacity to implement, and limited resources.” Suzanne Ehlers, President and CEO of PAI, notes that “a lot of good family planning programming was being implemented before the 2012 Summit, even if it wasn’t called rights-based family planning.”

While much had been written since the ICPD about a broad array of reproductive rights (UNFPA, 1994; IPPF, 1996; Jacobson, 2000; DFID, 2004; Eager, 2004; Erdman and Cook, 2008; Cottingham et al., 2010), family planning programming remained focused on quality of care, based on the landmark Bruce/Jain framework published prior to the ICPD (Bruce, 1990; Huezo and Diaz, 1993; Lynam et al., 1993; Bertrand et al., 1995; Kols and Sherman, 1998; Simmons et al., 2002; EngenderHealth, 2003; RamaRao and Mohanam, 2003; Jain et al., 2012). Yilma Alazar, previously with IPPF and now International Advisor for Family Planning at UNFPA, agrees that “before the London Summit, there was more of a quality of care perspective to programming. We had the IPPF poster—the rights of clients—and having that in clinics was a requirement for accreditation from IPPF. But the application was more from a quality of care perspective and not strictly from a rights angle.” Furthermore, guidance documents and many tools that were developed focused broadly on SRHR, with the implication that family planning was subsumed under SRHR.

In the lead-up to the 2012 Summit, work on rights-based family planning began to be published (Cottingham et al., 2012; CARE, 2012; UNFPA, 2012), with other work underway to assess past experience with coercion in family planning (Hardee et al., 2014a) and to develop a framework for voluntary, rights-based family planning (Hardee et al., 2013; Hardee et al., 2014b).



The 2012 FP Summit put a renewed focus on family planning as a political priority... It paved the way to rearticulate and refine what a rights-based family planning program looked like.

Sarah Shaw, MSI

Embedding Rights into FP2020

Since 2012, FP2020 has worked to lay the foundation for promoting rights-based family planning, building on its partnerships with countries and organizations committed to ensuring the rights of women and girls to family planning. The FP2020 Partnership, through its Reference Group, its Core Conveners (BMGF, DFID, UNFPA, and USAID), and its Secretariat housed at the United Nations Foundation in Washington, DC, has consistently conveyed the centrality of rights to FP2020's vision and implementation in its work with governments, civil society, multilateral organizations, donors, the private sector, and the research and development community.

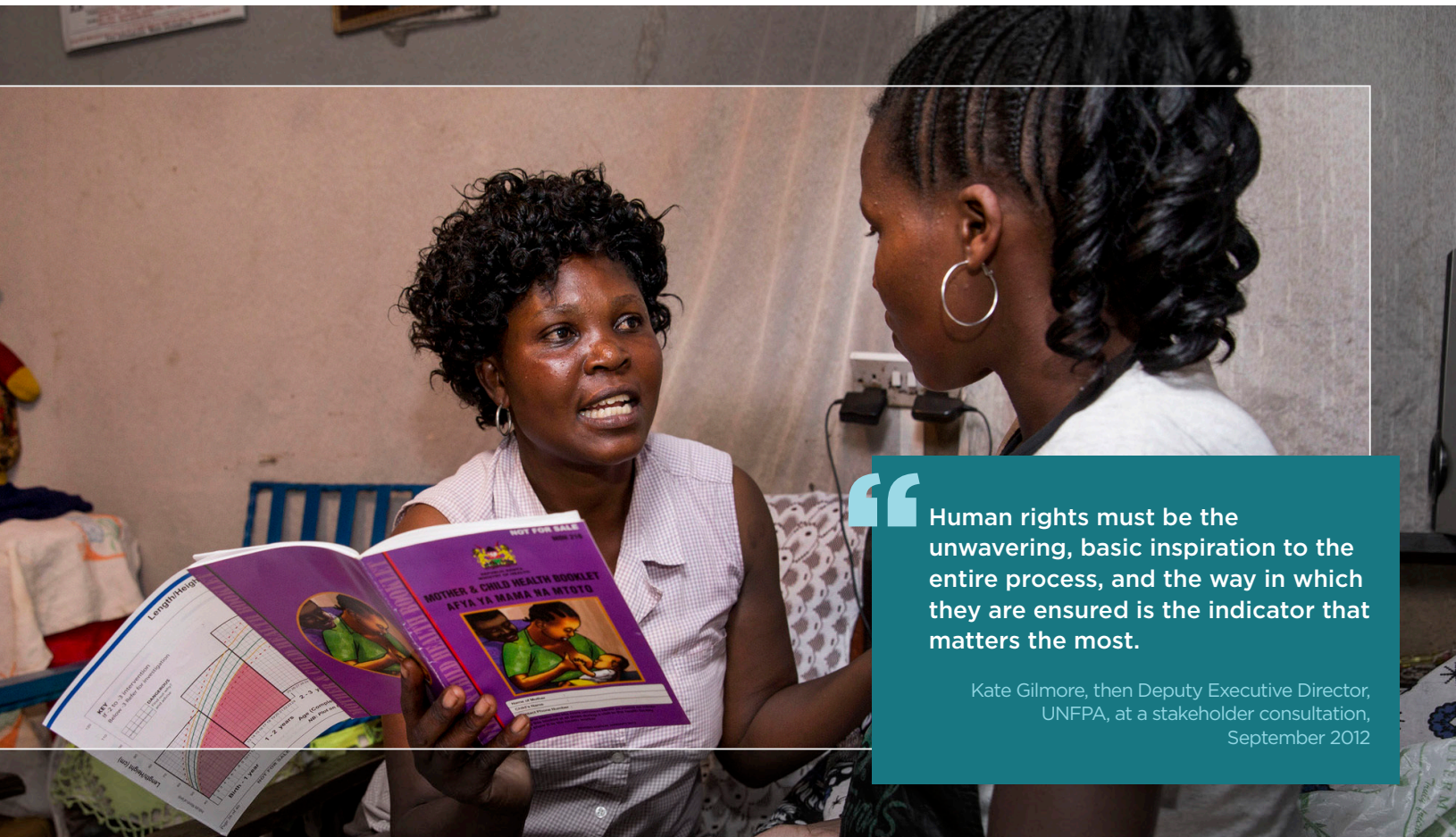


When I travel and talk to women around the world, they tell me that access to contraceptives can often be the difference between life and death. Today is about listening to their voices, about meeting their aspirations, and giving them the power to create a better life for themselves and their families.

Melinda Gates, cochair of BMGF, at the London Family Planning Summit, July 11, 2012

The FP2020 Secretariat facilitates the ability of all of its partners to create collective and coordinated impact, to increase access to modern contraceptives, and to overcome barriers to their use among women and girls around the world. The Secretariat connects the players, shares and expands knowledge of best practices, supports partners and countries in delivering on their commitments, and advances issues in sexual and reproductive health (SRH) that will improve the health and lives of many. The Secretariat has leveraged its work on rights by connecting with a varied mix of organizations to amplify awareness of and attention to rights. The Secretariat has also contributed to measurement of rights-based family planning.

The progression of FP2020's focus on rights is clear in its annual progress reports (Box A).



Human rights must be the unwavering, basic inspiration to the entire process, and the way in which they are ensured is the indicator that matters the most.

Kate Gilmore, then Deputy Executive Director, UNFPA, at a stakeholder consultation, September 2012

BOX A**Rights in FP2020 Progress Reports**

2013 “FP2020 envisions a world where the rights of women and girls, no matter where they live, to decide whether and when to have children is respected, protected and fulfilled.”

FP2020, 2013: 15

2014 “FP2020 is more than a goal—it is a promise. A promise to the least fortunate women and girls that we will not forget about their rights and agency, that we won’t let contraception get pushed aside because it makes some people uncomfortable.”

FP2020, 2014: 11

2015 “Collectively, we’re working to ensure that rights and empowerment principles are built into the DNA of every family planning program.”

FP2020, 2015a: 8

“Human rights are at the center of FP2020’s vision and goals... Rights-based family planning means listening to what women want, treating individuals with dignity and respect, and ensuring that everyone has access to full information and high-quality care.”

FP2020, 2015a: 29

2016 “Our journey began at the 2012 London Summit for Family Planning, when the global community recommitted to the principle that all women, no matter where they live, should enjoy their human right to access safe and effective, voluntary contraceptive services and commodities.”

FP2020, 2016a: 2

2017 “In an era of mounting global uncertainty, the mission of FP2020 remains as pertinent and compelling as ever. Every woman and girl must be able to exercise her basic human right to control her own reproductive health. Access to safe, voluntary family planning is fundamental to women’s empowerment. It’s also fundamental to achieving our global goals for a healthier, more prosperous, just, and equitable world.”

FP2020, 2017a: 5

2018 “In the past six years, this collaborative approach has enabled our partners to bring rights-based family planning programs and voluntary contraception to millions more women and girls than would have been thought possible just a decade ago.”

FP2020, 2018

2019 “What does health care look like from a woman’s perspective? What happens when women themselves are the architects of those systems?”

FP2020, 2019a

The FP2020 Reference Group

The Reference Group, cochaired by BMGF and UNFPA and staffed with representatives from the core conveners, ministries of health, country partners, civil society and youth, and other development and donor partners,² provides strategic direction on and oversight of FP2020's progress toward the achievement of the FP2020 goals, which encompass the goals that commitment-making countries set for themselves during and since the Summit. The governance manual for the Reference Group notes that "All activities of FP2020 must be underpinned by a rights-based approach, and women's and girls' perspectives and rights must be observed in all programs and activities" (FP2020, 2014b). At its first meeting in December 2012, the Reference Group endorsed the establishment of a Rights and Empowerment Working Group (RE WG) as one of four working groups³ under the Secretariat.

Poonam Muttreja, Executive Director of the Population Foundation of India and an early rights representative on the FP2020 Reference Group, recalls Reference Group meetings at which conversations focused on the group itself and on technical issues. By her second

² For more information on the Reference Group, see <http://familyplanning2020.org/reference-group>.

³ The other three were the Country Support, Market Dynamics, and Performance Monitoring & Accountability working groups.

meeting, when the focus increasingly was on expanding access to contraceptive services and other technical issues, "Cochairs Chris Elias, from BMGF, and Dr. Babatunde Osotimehin, Executive Director of UNFPA, were always supportive of and listened respectfully to minority voices." Rights remained a part of the discussion going forward, and Muttreja remembers she never missed the opportunity to raise the issue. Presentations at Reference Group meetings were designed as reviews of the current status of family planning programming, including challenges, gaps, and opportunities, and featured discussions and problem-solving on how these could be addressed. Regular rights-based family planning presentations were designed to update the group on learnings and new approaches.

As illustrative examples, in an early meeting, the Reference Group invited the cochaairs of the RE WG to provide an update of progress concerning rights and empowerment. In another meeting, the Secretariat organized a session that included panelists from the Reference Group itself to address how rights were advanced at the 2017 London Summit on Family Planning; the importance of rights-based family planning goals in country Costed Implementation Plans (CIPs)—multiyear, actionable roadmaps designed to help governments achieve their family planning goals—and how these commitments had translated



FP2020 Reference Group, March 2019

into action; the impact of rights on advancing quality of care; the need for improved evidence on the efficacy of the approach; and the need to broaden individual and community understanding of (or literacy on) rights and to begin exploring ways in which this could be done.

Over the years, the Reference Group has discussed rights as they are related to other topics, including: meeting the needs of adolescents and youth, people living in humanitarian settings, and other marginalized groups for rights-based information and services; integration of family planning and services related to HIV and AIDS; the balance between building programs that reach the hardest to reach while also accelerating progress; integrating high-quality, voluntary, rights-based family planning into universal health coverage (UHC); enhancing quality of care among other rights in Global Financing Facility programming and investments; and improving equity and leaving no one behind. More recently, the Reference Group devoted a half day of their March meeting to discuss UHC, which combines two important ideas: that access to health services is a human right, and that those services should be financially within everyone's reach. UHC builds on the Alma-Ata Declaration of 1978, which identified health as a human right and key driver of economic development (UNICEF, WHO, and ICPHC, 1978).

The Reference Group also addressed how FP2020 would respond in the event of rights violations: It determined that the Secretariat's role should be to provide the foundation, information, guidance, and support needed for countries to prevent and resolve rights violations. The Reference Group reinforced that FP2020 should work with countries to ensure that rights are woven into country commitments and plans—that countries making a commitment to FP2020 are de facto committing to rights principles (FP2020, 2014a). Poonam Muttreja recounts that “when we did a fact-finding report following 15 sterilization deaths in India in 2014, I received strong support from the FP2020 Reference Group and Secretariat. They stood by me, but more importantly, they were standing by the rights-based approach to family planning and having women at the center.”

Core Conveners

FP2020's Core Conveners—BMGF, DFID, UNFPA, and the USAID—provide support to both the Reference Group and the Secretariat. Through ongoing

touch-base calls and annual work reviews by DFID and BMGF, the Core Conveners are important partners in the process. The rights agenda is included in their calls and meetings, and they provide input and recommendations. Representatives from the Core Conveners have been active participants at global consultations on rights and help guide FP2020's workplan related to rights, among other topics.

Rights and Empowerment Working Group

The call for adherence to rights-based programming led the Reference Group to add the RE WG to the Secretariat's architecture. Three other working groups, Country Engagement, Market Dynamics, and Performance Monitoring and Accountability (later renamed Performance Monitoring and Evidence), were also created.

To explore the establishment of the working groups, a multipartner meeting was convened in September 2012 at UNFPA, supported by DFID, BMGF, and USAID, to generate discussion about the post-Summit future of FP2020. The gathering included staff from UNFPA, DFID, USAID, BMGF, McKinsey & Company, the Secretariat, and representatives of civil society. Continued advocacy from civil society led to a discussion of barriers to the acceptance of family planning and possible objectives of the RE WG.⁴ All parties agreed that rights are core business for FP2020, but unless the subject was explicitly included in the business structure, it would not be able to hold its own against the other core activities. Jane Hobson recounts that in establishing the working group, “people weren't sure why we needed one on Rights and Empowerment, which just showed us what we needed to do. No one ultimately disagreed, but we still had to work to show that it was foundational.”

The meeting participants determined that key objectives for this working group would be to ensure an emphasis on equity, access, and respect in FP2020-supported programs and to mainstream a rights-based approach in the other working groups (see Box B, page 10). A number of principles were articulated to underpin the activities of the working group (see Annex 2). Meeting participants noted the need to make sure that the rights agenda was manageable, given limited human and financial resources. Participants

⁴ This information comes from unpublished notes from the meeting.

BOX B**Purpose of the Rights and Empowerment Working Group**

As approved by the Reference Group, the purpose of the Rights and Empowerment Working Group was to provide technical advice and support to FP2020 that will:

- › “Ensure that all activities of FP2020 are underpinned by a rights-based approach and that women’s and girl’s perspectives and rights are observed in all programs;
- › Support the development of approaches to address the full range of barriers that prevent and limit women’s and girls’ ability to make reproductive decisions/choices for modern methods of family planning and to act on these decisions; and
- › Provide PM&A and Country Support Working Groups with materials, information, research, best practices and proposals for indicators that will strengthen their work” (FP2020, 2012b: 2).

also believed that the working group could play an important role in developing key messages on rights. The meeting notes indicated that “although there is a broad consensus on the right to access family planning, the consensus breaks down on issues related to, for example, abortion, demographic imperatives, incentives for family planning, and their potential to violate rights, etc. The Working Group could play an important role in developing key messages around these complex, controversial issues.”

The RE WG, comprising more than 20 volunteer members, was convened in 2013. Its cochairs, Suzanne Ehlers, President and CEO of PAI, and Sivananthi Thanenthiran, Executive Director of ARROW, both came from organizations with strong track records on promoting women’s and adolescent girls’ reproductive rights. The membership also included partners from family planning, human rights, faith-based, and development actors. The list of original members is found in FP2020’s First Progress Report (FP2020, 2013). Ehlers recounts that “we on the Rights and Empowerment Working Group were doing our best—the FP2020 initiative was just getting started, and we were all seeing where we could fit in.” They clearly did, with Rajat Khosla describing the Working Group as “important—it was a powerful and useful pressure group.”

Rights and Empowerment Principles

The Rights and Empowerment Principles, the signature product of the RE WG, offered “a common understanding of rights principles as they relate to ten dimensions of family planning” (FP2020, 2015b: 1). (Box C shows the 10 Rights and Empowerment Principles.) The document included tips for policies and programs, markets, and measurement related to each of the principles (FP2020, 2014b). RE WG hosted a consultation with SRHR advocates in London to unveil the draft principles and then published them in December 2014.

Sivananthi Thanenthiran notes that “at the start, FP2020 was all about the service modalities and not about the clients. Introduction of the rights framework caused a mind shift, helping us move beyond just a focus on quality.” The RE WG chose to publish principles rather than to endorse any particular framework of rights-based family planning. The principles “were informed by existing and emerging frameworks, including WHO’s guidance *Ensuring Human Rights in the Provision of Contraceptive Information and Services* (WHO, 2014a), UNFPA’s operational guide on human rights in contraceptive services (UNFPA and WHO, 2015), and *Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights: A Conceptual Framework User’s Guide*, developed by Futures Group and EngenderHealth [Hardee et al., 2013; Kumar et al., 2014]” (FP2020, 2015a).

The principles were well-received. “The Rights and Empowerment principles mattered,” says Rajat Khosla. Suzanne Ehlers adds, “It is helpful to have the FP2020-branded principles—for example, for focal point workshops, to show that FP2020 is serious about rights.”

BOX C**Rights and Empowerment Principles from FP2020**

- › Agency & autonomy
- › Availability
- › Accessibility
- › Acceptability
- › Quality
- › Empowerment
- › Equity and nondiscrimination
- › Informed choice
- › Transparency and accountability
- › Voice and participation

Source: FP2020, 2015b.

**FAMILY PLANNING
MY FAMILY
MY CHOICE
MY SIZE**



Country Engagement in Rights-Based Family Planning

While the 69 focus countries were part of the global discussions on rights, they required assistance to incorporate the concept into country-level programming. FP2020 has provided support to help countries develop and implement their rights-based commitments and CIPs, execute high-impact interventions, and monitor their results and impact. The Secretariat links countries with a global community of donors, advocates, and experts who are committed to expanding high-quality, rights-based family planning. The FP2020 initiative has established a broad platform of multisectoral support and cooperation as countries pursue their family planning objectives and maintain continuity with their existing development priorities. FP2020 also promotes South-to-South collaboration, encourages broader and more inclusive conversations between countries, and cultivates the engagement of all sectors at the country and global levels.

Realizing Commitments to FP2020

At both the 2012 and 2017 London Summits, FP2020 generated global commitments from countries and individuals to show how they intended to expand access to voluntary, rights-based, high-quality family planning programs. To hold themselves accountable to their



FP2020 links countries with a global community of donors, advocates, and experts who are committed to expanding high-quality, rights-based family planning.... FP2020 is facilitating technical support in all thematic areas of rights-based family planning programming: demand creation; service delivery and access; contraceptive security; policy and enabling environment; financing; and stewardship, management, and accountability.

FP2020, 2016a: 34

commitments, each country's focal points—representatives from the government and two donor organizations, usually UNFPA and USAID, as well as civil society and youth representatives—prepare CIPs, which are critical tools in transforming ambitious family planning commitments into concrete programs and policies.

To track the actions undertaken under the CIPs, every 12–18 months FP2020 convenes Regional Focal Point Workshops in Asia, Anglophone Africa, and Francophone Africa, at which focal points work together to assess their progress on their CIP and develop a Country Action Plan (CAP) to plan and define their work. The CAPs are aligned with the national family planning strategy or CIPs and identify immediate next steps necessary for progress.

An assessment of CIPs developed from 2012 to 2013 shows few mentions of rights; those created in 2014 and later paid increased attention to rights, although they contained little detail about how they would be operationalized in family planning programs. Uganda's CIP for 2015–2020 was the first to include extensive language on rights-based family planning, affirming that access to family planning is a reproductive right; that family planning helps women achieve other rights (education, health, and work); and that nonfulfillment of rights is detrimental to the country.

CIPs written since 2016 have tended to include language on rights. Ghana's CIP (for 2016–2020) was the first to explicitly list the FP2020 Rights and Empowerment Principles, although with little detail about how they would be integrated into programming. Sono Aibe, previously of Pathfinder International and now an independent consultant, noted that she was particularly aware of rights while working on the Vietnam CIP and ensured that it included the list of Rights and Empowerment Principles. She wondered, though, if “some of the nuances in rights language get lost in translation when CIPs are translated into local languages.”

As of August 2019, more than 40 CIPs had been developed, most at the national level (although some subnational CIPs are also available). A few countries have completed their first-round CIPs and have developed subsequent CIPs. The plans are available on the country pages of FP2020's website, along with a toolkit for developing CIPs (FP2020, NDb).

Commitment-making countries supplement their CAPs with annual Country Self-Reports to chart their progress in achieving their FP2020 country commitments, including progress on rights, quality, and equity, among other aspects of their programming. The FP2020 Secretariat reviews CAPs and Self-Reports through a rights lens, and, where necessary, makes recommendations to help countries see how a rights approach can advance their program and make it rights-based—for example, through efforts such as expanding the method mix or improving counseling.

The Secretariat also supports country-level action through a Rapid Response Mechanism (RRM), which provides grants or catalytic funding for action at the country level. The RRM is used to fund projects that directly respond to opportunities for which an

immediate intervention is needed. As part of the process to apply for funding under the RRM, applicants are asked to explain how their proposed inter-

vention incorporates a rights-based approach. As one example, Ben D. De Leon, President of the Forum for FP and Development and formerly Executive Director and member of the Board of Commissioners of the Commission on Population and Development in the Philippines, described one of the grants they received and praised the RRM, saying that the funding enabled them to reach night high school students in the Philippines with family planning messages and to orient them to their rights under the Responsible Parenthood and Reproductive Health (RPRH) Law. De Leon, who has been advocating for family planning since the 1970s, calls the RRM the “human face of FP2020.”

Strategic Adaptation and Change

In 2015, at the Secretariat's midpoint, FP2020 conducted a strategic review of its work, structure, and effectiveness to identify ways to improve the partnership. The revised strategy for 2016–2020 called for an increased level of direct country support to accelerate progress in the remaining four years of the initiative. The 2015–2016 annual progress report noted that “FP2020 is facilitating technical support in all thematic areas of rights-based family planning programming” (FP2020, 2016a: 35).

As a result, three working groups (the RE WG, the Country Engagement Working Group, and the Market Dynamics Working Group) were dissolved, leaving only the renamed Performance Monitoring and Evidence Working Group, which has continued to make strong contributions to measurement and accountability of FP2020's efforts. In the place of the working groups, the Secretariat hired technical staff, including a senior rights advisor, a clear indication of FP2020's continued commitment to rights. While rights-based family planning was a common thread running throughout the early working groups, their discontinuation did not lessen the cross-project work to advance rights in a multitude of ways.



Country engagement has now become so strong and the addition of youth and civil society organizations was very important. Now, I feel rights are in the DNA of the countries.

Poonam Muttreja,
Population Foundation of India

Replacement of working groups with technical staff helped strengthen how improvements were delivered; country engagement was fine-tuned to improve targeted and direct technical support as countries developed, implemented, and monitored their rights-based family planning strategies. Human rights remained the through line of all efforts, while outreach to countries focused on assisting these partners to define, operationalize, monitor, and measure the impact of rights-based family planning. Mainstreaming youth participation at the country and global levels became a priority, to ensure that young people’s needs and perspectives were reflected in family planning programs, policies, and practices. The refocused strategy also included an even greater emphasis on data use and performance monitoring and management.

Discussing the reorganization, Olanike Adedeji, a country focal point in the early days of FP2020 in Nigeria, notes that “FP2020 systematized engagement among partners and provided a platform for annual meetings that engaged the national and state government and development partners to review progress and plan for the next period, building on each partners’ strengths.”

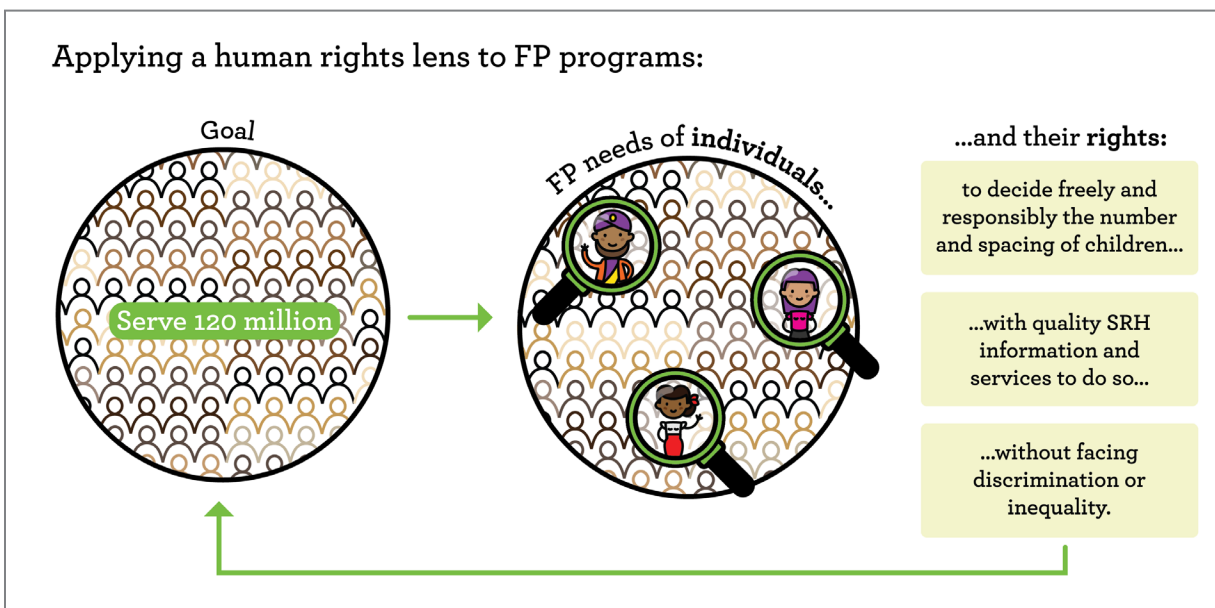
Working with Country Focal Points to Address Rights

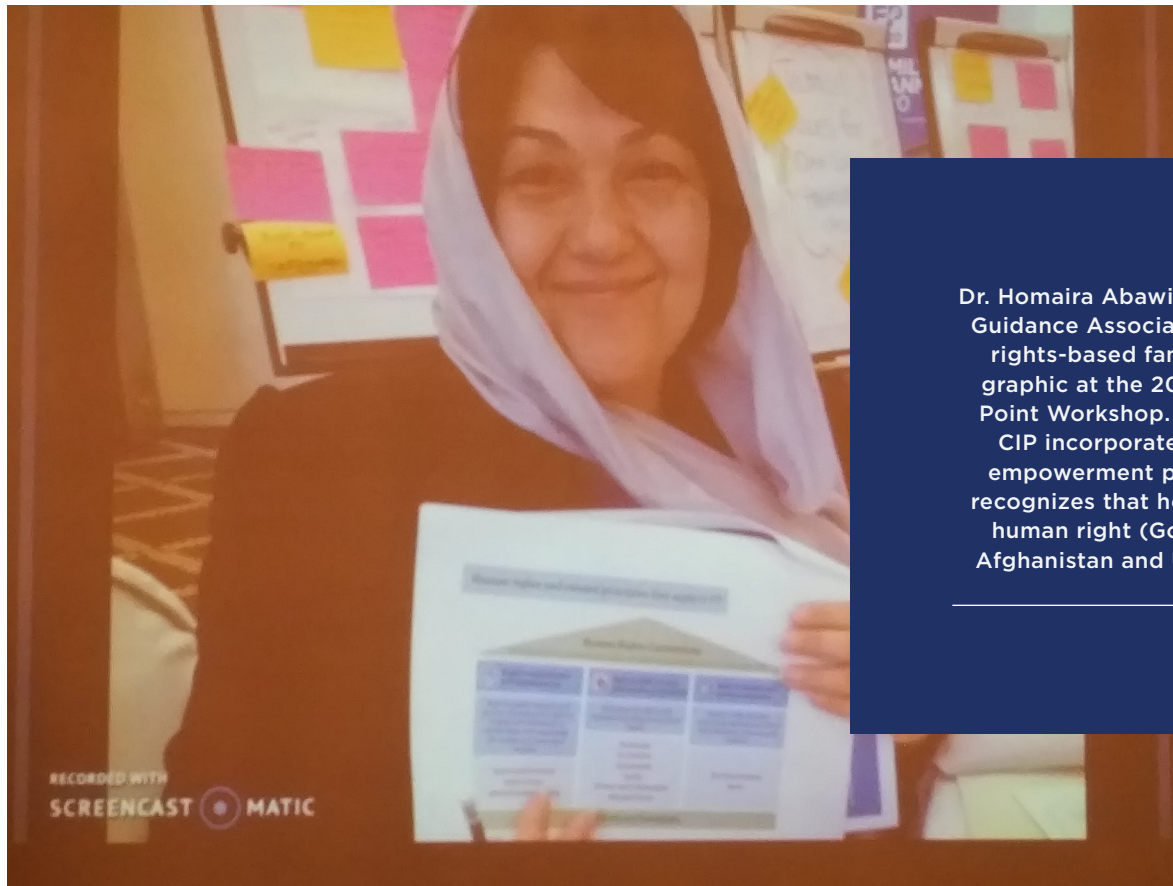
To strengthen capacity, the 2017–2018 workshops with country focal points emphasized rights, with special sessions devoted to the topic. This process began at the Asia Focal Point Workshop in Manila in May 2017, followed by the Anglophone Africa Focal Point Workshop in Malawi in November 2017 and the Francophone Africa Focal Point Workshop in March 2018. At those meetings, FP2020 conducted a special session explaining the whys and hows of rights-based family planning, using a presentation on “Understanding Rights-based Family Planning” (FP2020, 2017c) and the *Rights-sizing Family Planning* toolkit (FP2020, 2018b). Highlighting the Rights and Empowerment Principles, the presentation reinforces that implementing rights-based family planning does not need to be incompatible with having a numeric goal (Figure 1).

Countries advance the concept of family planning and rights at their own pace. For example, in South Sudan, many members of Parliament thought family planning meant population control. Sensitization campaigns

FIGURE 1

Rights-Based Family Planning:
Moving from Numbers to People





Dr. Homaira Abawi, Afghan Family Guidance Association, holds the rights-based family planning graphic at the 2017 Asia Focal Point Workshop. Afghanistan's CIP incorporates rights and empowerment principles and recognizes that health is a basic human right (Government of Afghanistan and UNFPA, 2018).

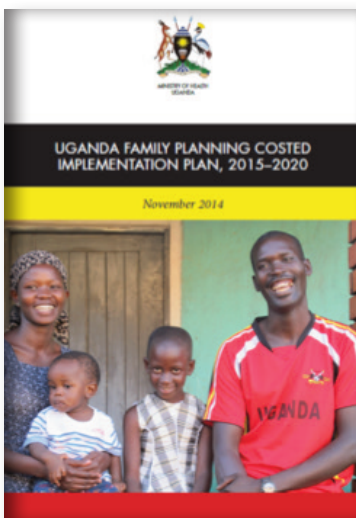
conducted through the South Sudan Parliamentary Network for Population and Development (SSPNPD), which is funded by UNFPA, were able to overcome deep-seated social beliefs that had been a barrier in the country. Dr. Alexander Dimiti, Director General of the

Directorate of Reproductive Health in South Sudan's Ministry of Health, said that "engagement with FP2020 has been valuable. Once we conducted campaigns with the South Sudan parliamentarians as well as local chiefs, commissions, adolescent and youth groups, and women's groups, it became clear that the demand for family planning is there."

Indonesia made a commitment in 2017 to strengthen the integrated approach for

rights-based family planning at the subnational level, including through its Rights-Based Family Planning Strategy and CIP. Its 2019 Self-Report noted that a national coordination team had been established and was providing guidance on how a rights-based approach can be operationalized. Activities in Indonesia included reaching women at high risk of poor maternal outcomes, expanding method choice, and strengthening community-based programming. Since 2017, countries have begun making youth commitments, and FP2020 is actively working with countries to ensure that their commitments respect the rights of young people (e.g., provide access to a full range of family planning methods, end early marriage, reduce stigma, improve counseling, and more).

Some countries have made commitments and developed action plans related to rights and empowerment principles without necessarily including the term "rights." For example, many countries have committed to expanding method choice, improving quality, ensuring equity, and strengthening accountability, among



other rights-based actions. Country commitments, CAPs, and Self-Reports, along with other key documents, are available on the country pages of FP2020's website. As Suzanne Ehlers notes: "Some countries don't want to talk about rights, so we have to think about progressive realization. Not everyone uses the same vocabulary. People have different starting points."

Box D shows country perspectives on the session on rights-based family planning at the 2017 Anglophone Africa Focal Point Workshop in Malawi. Tamar Abrams, FP2020 Director of Communications (2017) wrote, "at the end of each full day, country teams stayed at their tables to continue the work and many expressed the desire for more time to discuss topics like demand creation, service delivery, and financing. Each conversation was framed by the need and desire to operationalize rights-based family planning: a topic that imbued all aspects of the meeting. A number of focal points embedded rights-based principles into their plans for the first time."

BOX D

Rights-Based Family Planning:

Views from the 2017 East African Focal Point Workshop

- › Mary Mulombi-Phiri, Director of Reproductive Health in the Ministry of Health (MOH) from **MALAWI**, talked about the three phases the country has gone through over the years to raise the contraceptive prevalence rate (CPR), from 1982 (when the country had a restrictive program) with a CPR of 7% to now, with a CPR of 74% for married women—and the importance of a rights-based approach in the achievement. Malawi is now focusing on rights-based programming for youth. She ended by noting that "rights are real—it makes a difference to programs and outcomes."
- › Dr. Placide Mihayo, Assistant Commissioner for Health in the Ugandan MOH, and Roseline Achola, with the UNFPA National Program Office from in **UGANDA**, talked about engaging with policymakers to expand access to family planning and the many actors needed to promote a rights-based approach, including the government, nonstate actors, and individuals. They mentioned linking the MOH with the Human Rights Commission for this work. They noted the need to focus not just on the government, but the private sector as well. They talked about the importance of addressing the needs of providers in addition to clients. They said the program gets pushback from some community leaders, who say that social norms are against family planning, and from religious leaders who support larger families.
- › Dr. Gondi Joel Odhiambo, Head of Reproductive, Maternal, and Newborn Health at the MOH in Kenya, and Sam Mulyana, from Jhpiego and the Advance Family Planning (AFP) Lead in **KENYA**, said that the program has been bolstered by the country's constitution, which supports the right to the highest attainable standard of health, including reproductive health. They said that the rights orientation of the constitution is also reflected in the 2017 Act of Health. They noted that rights are mentioned in many places in Kenya's new Family Planning CIP. Kenya is contending with subnational issues and was described as a "country with many small countries." They are developing county CIPs to address the local contexts. They mentioned contending with the need to raise domestic resources now, which adds a challenge for programming. They said, "rights takes time—it is not just a one-off thing."

Engaging Civil Society and Youth

Country engagement does not stop with the focal points. FP2020 leverages regional workshops and other international meetings to convene civil society, including youth advocates, for meetings designed to address their specific needs and interests. Rights-based family planning is always foremost among the topics discussed. In 2018, the civil society meeting held in Nigeria strongly focused on rights, with voices from government, the religious community, and youth and civil society members placing rights at the center of their comments and discussions. An earlier 2017 meeting in Kenya specifically focused on rights and how to use the approach in advocacy. One attendee, a representative from UNFPA, asked FP2020 for the materials that were presented, saying that she could use them at a meeting over the weekend in which she would be helping Kenya to revise its CIP. FP2020 immediately worked with the representative on her presentation and shared the materials and PowerPoint slides with her before the end of the day, to support her upcoming meeting.

The rights discourse has particularly benefited youth programs. Describing the progress in Uganda, Amanda Banjura, FP2020's Youth Focal Point and Executive Director of the Uganda Youth Alliance, notes that progress has really been evident: "Today, young people, adolescents, and other sectors of the most at-risk and vulnerable populations are given a platform to contribute to rights-based family planning programming at various levels." Bless-me Ajani, another FP2020 Focal

Point who also works with the Nigeria Urban Health Initiative, agreed: "In Nigeria, it is a lot of progress to see interventions targeting unmarried young people, newly married couples, postabortion family planning, and postpregnancy family planning in recent times."

Experience from the Philippines (Box E), illustrates FP2020's support for country efforts to promote rights-based family planning.

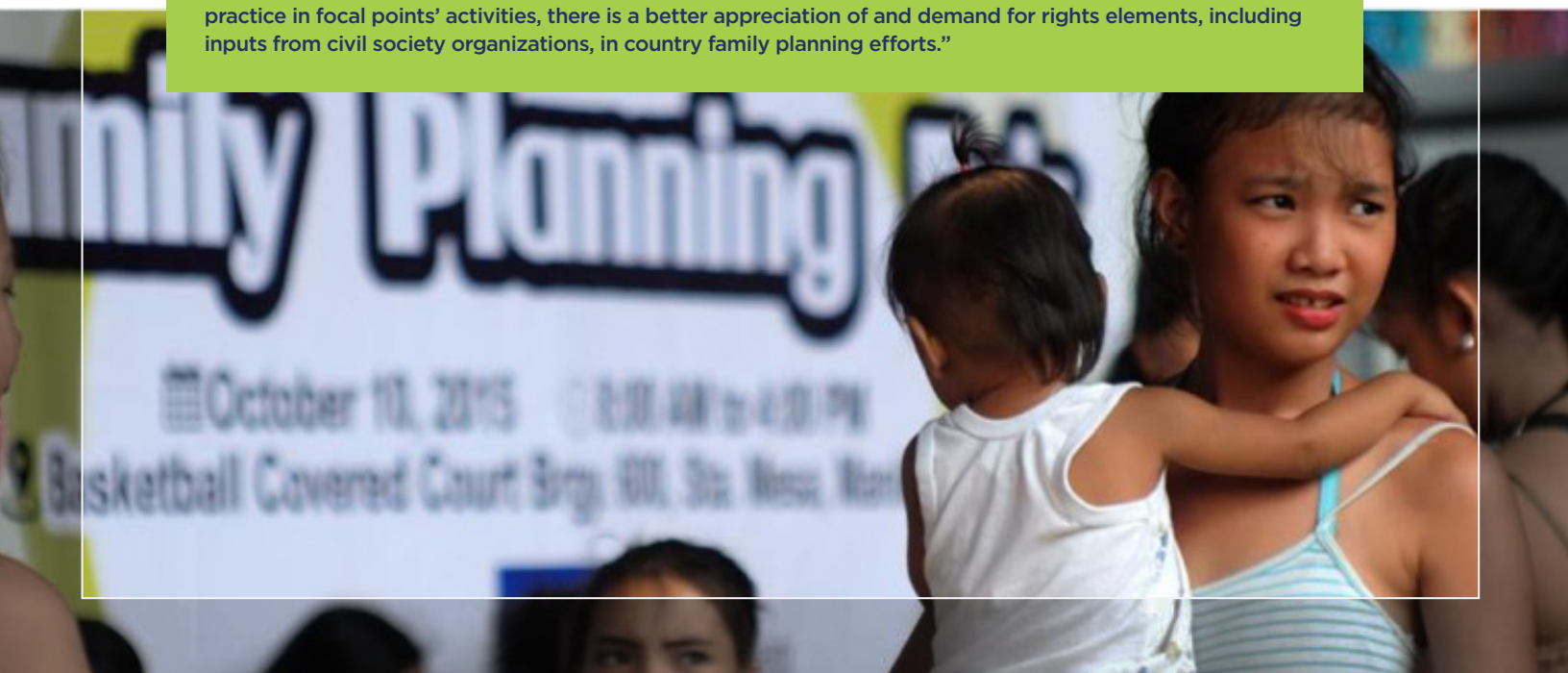
BOX E

Family Planning and Rights in the Philippines

While the Philippines has benefited from FP2020, attention to rights-based programming there predates 2012, as advocates fought for reproductive health laws and policies and access to reproductive health and family planning services in an environment unsupportive of SRHR. Junice Melgar runs the Likhaan Center for Reproductive Health and is a civil society focal point for FP2020. As an NGO advocating for rights-based reproductive health policy reform, she explains, Likhaan was the hub of the advocacy for the passage of the Reproductive Health Law and has worked since on helping to draft the law's Implementing Rules and Regulations and organizing against legal challenges. Likhaan serves on the secretariat coordinating implementation of the law by all government agencies, development partners, and civil society organizations.

Melgar notes that challenges to family planning in the Philippines include cultural norms that mitigate against SRH, including from the very powerful Catholic Church; a highly decentralized health system structure spread over 1,600 autonomous local government units that may or may not support and implement the Reproductive Health Law; and the inertia of the government, which makes it difficult to integrate new programming ideas, such as taking a rights-based approach. She observes that some dedicated government officials working on key programs, including family planning, comprehensive sexuality education, and adolescent reproductive health, give her hope.

Speaking of the importance of FP2020, Melgar explains that "we see the constancy of application of the rights approach in focal point meetings, both in the country planning workshops and in interactive sessions. The rights approach is carried on further in the focus on young people. Because of the rights discourse and practice in focal points' activities, there is a better appreciation of and demand for rights elements, including inputs from civil society organizations, in country family planning efforts."



FP2020 Commitment to Rights-Based Family Planning across the Secretariat

Measurement of Rights

From its inception in 2012, FP2020 has been underpinned by a strong foundation of measurement of rights with core indicators to gauge progress across countries. FP2020 held meetings with rights and measurement experts prior to developing its core indicators, and in its first year, 2012–2013, the Performance Monitoring & Accountability Working Group (later renamed the PME WG) collaborated with the RE WG to identify indicators for measuring aspects of rights-based family planning. For these indicators, FP2020 drew on work being undertaken by WHO to identify indicators for measuring adherence to rights in provision of contraceptive services (WHO, 2014b), along with the work of others (Guttmacher Institute, 2015; Newman, 2016). Advancing the measurement of rights is a continuing priority of the PME WG. (FP2020's work on measuring rights is detailed starting on page 25.)

Elevating Youth and Championing Their Rights

Meaningful youth engagement has been a cornerstone of FP2020's efforts, and countries are encouraged to support the rights of young people to quality SRH and family planning information and services. FP2020's website has a page dedicated to adolescents and youth, noting that “the fundamental right of individuals (including young people) to decide, freely and for themselves, whether, when, and how many children to have is central to the vision and goals of FP2020” (FP2020, NDd). To hold FP2020 accountable for fulfilling its promises to the largest youth generation in history, Margaret Bolaji, a youth representative from Nigeria and a program officer with the Population & Reproductive Health Initiative, was recruited to sit on the Reference Group in 2016. When her term ended in 2018, two new youth representatives, Mbencho Andrew Millan from Cameroon (founder and executive director of Youth Health International) and Manasa Priya Vasudeven from India (from the YP Foundation), were selected to serve. When FP2020 changed its

focal point structure to add representatives from both youth networks and civil society, young people became some of FP2020's strongest champions. Esther Moraes, formerly of the YP Foundation, contends that “the big thing that the secretariat has done is involving youth thoughtfully, including having a young person on the Reference Group.” Venkatraman Chandra-Mouli, a scientist focused on adolescent SRH with WHO's Department of Reproductive Health and Research, further explains that “attention to adolescents by FP2020 has gotten better since its midpoint review, including at a Reference Group meeting in 2016 that stressed equity and rights for adolescents and with a special section on adolescents in the 2017–2018 annual progress report. When focal points meet at the regional meetings, they want to hear about adolescents. Particularly since its midpoint, FP2020 has not been scared to talk about adolescents, which is really important.”

Rights-based family planning can only be possible when there is accountability, and accountability is only possible with representation. Having young people as in-country focal points and as members of the Reference Group helps to support accountability efforts at all levels. Furthermore, rights-based family planning is not just about what the standard of care is, but also about who gets access to family planning: It is about equity and nondiscrimination. Aware that adolescents and youth face social and policy barriers to access, FP2020 is working with countries to ensure that this group is included in activities to respect, protect, and fulfill rights.

Rights-Based Family Planning in Humanitarian Settings

Given the number of both new and long-standing humanitarian crises around the world, FP2020 has used the rights framework as a marker for equity, expanding its engagement on humanitarian issues at both the country and global levels to ensure that women and girls have access to voluntary, rights-based family planning.

In the lead-up to the 2017 London Summit on Family Planning, FP2020 began to explore strategic needs in the humanitarian community. This focus bolstered efforts to ensure that family planning was included within the standard of care for SRH during crisis response (the Minimum Initial Service Package for Reproductive Health, or MISP). Family planning is now firmly positioned within the standards to which the humanitarian community is accountable, and language now goes beyond commodity availability and speaks to method mix, informed choice, efficacy counseling, privacy, and confidentiality.

Additionally, advocacy by the Interagency Working Group on Reproductive Health in Crisis (IAWG) at the 2017 London Summit around the critical family planning needs of women and girls affected by crises, combined with key humanitarian commitments made at the Summit, brought the issue of humanitarian contexts firmly to the attention of the FP2020 Secretariat. In 2018, CARE's commitment to FP2020 provided a fellowship to ensure technical capacity around humanitarian issues at the Secretariat and allowed a vision and role for a longer-term portfolio and position to take shape. FP2020 now has moved the fellowship to a full-time position in the Secretariat and partners more fully with the IAWG to ensure that global and country actions will ultimately improve family planning access for women and girls affected by crises. Now that standards are in place, this partnership will catalyze action over the next decade to ensure that commitments to rights-based family planning in humanitarian contexts are fully realized.

On the global stage, and particularly at the periodic International Conference on Family Planning (ICFP), this partnership has drawn attention to people's family planning needs in an increasingly unstable world. The 2019 Women Deliver conference provided an excellent opportunity to raise this issue across diverse communities. For example, FP2020, along with the IAWG, UNFPA, Women Deliver, and the NGO Working Group on Women, Peace and Security, cosponsored a meeting at the 2019 conference titled "Not Optional! SRHR Essential to Humanitarian Action." Hilary Johnson, Chief of Staff of FP2020, commented that panelists at the event "discussed the importance of SRHR in humanitarian response, to make sure women and girls in the most vulnerable communities are still able to make their own reproductive health decisions. Two FP2020 focal points—Dr. Grace Kodindo of the Ministry of Health, Chad, and Dr. Sathya Doraiswamy of UNFPA Bangladesh—spoke to the powerful role that [family planning], as part of an SRH package, can play in the early days of a crisis, and all the speakers brought their country experiences and individual stories of need to the panel" (Johnson, 2019). Sono Aibe agreed that work in humanitarian settings promotes equity for "those who aren't even supported in government safety nets and aren't always even recognized—e.g., the Rohingya, or those in active conflict areas that health workers can't get to or who are too scared to access services even if they are made available. They wouldn't show up even if the government made mobile outreach services available." Moving forward, FP2020 will be examining strategies for improving client services in these settings.





Socializing Rights-Based Family Planning

The Secretariat has provided a platform of meetings, webinars, and discussions to engage partners in discussion and discovery on issues ranging from best practices for advancing rights in programs to overcoming challenges to rights at the policy, community, and programmatic levels, improving the understanding of how a rights focus can have a positive impact on programs. “The role of the Secretariat in advancing the agenda through webinars, focal point meetings, conferences, work with partners—these have all further enhanced rights and incorporated it actively into the global discussion,” observes Poonam Muttreja. “ICPD started the discussion; FP2020 has played a leading role in advancing it.” A few examples follow.

Consultation on Realizing Sustainable Programming for Rights-Based Family Planning

Acknowledging the need to bring together those working to advance rights-based family planning, both to share experiences and to make the case to donors, FP2020 and IPPF cohosted a consultation in 2016 (FP2020, 2016b). Though the focus of that meeting was on family planning, all issues discussed pertained more broadly to SRHR.

The consultation, which was attended by 30 representatives of donor organizations, technical assistance agencies, and research groups, generated a number of broad insights about rights-based programming:

- › Human rights in health care is a complex, multidisciplinary, multidimensional issue with medical, social, and legal dimensions that cut across sectors. Consider all levels of the health system; look for strategic alliances across sectors.
- › Taking a rights-based approach involves a shift in mindset, in which work in reproductive health must be viewed through a different lens: It is human-centric, as opposed to focusing on methods or systems. Much can be done to safeguard human rights within existing action plans and resources by doing the same work differently, being mindful about respecting, protecting, and fulfilling human rights.

- › Language matters. The family planning community should own and use the term “rights,” though in some settings it may be more practical to refer to programmatic elements of rights, as these are less sensitive and more easily understood. We should talk about programs rather than just about services and about individuals, not just about clients.
- › Human rights can be measured in family planning programs, and what gets measured gets done. Respecting, protecting, and fulfilling human rights should be made explicit in performance expectations that are routinely monitored. But it is important that the data collected are useful for program managers.
- › It is vital to stay positive about human rights and to use this approach as a management tool to improve programs, not as a stick to identify and punish deficiencies.

Gender-Transformative Programming and Rights-Based Family Planning

The International Covenant on Social, Economic, and Cultural Rights, which defines the right to SRH, explicitly states that gender equality and women’s agency are necessary to fulfill this right, making a clear case for gender equality as a condition for SRHR. The overlap between rights-based family planning and gender-integrated family planning provides pathways for improving family planning programming while empowering women, men, and couples to act on their family planning intentions. FP2020 recognized the importance of addressing gender norms that pose barriers to women and girls exercising their rights to contraception and that underpin other structural determinants, such as keeping girls out of school, promoting early marriage, and expecting them to begin childbearing at a young age, among others.

To address this topic, FP2020 cosponsored a series of meetings and webinars with the Interagency Gender Working Group (IGWG). A 2016 meeting focused on the nexus of gender and rights-based family planning to identify key considerations around gender norms and women’s status/empowerment that could amplify the family planning community’s work on rights. In addition, in 2016 FP2020 and the IGWG hosted a technical consultation to explore emerging evidence from efforts at the service delivery level to measure reproductive rights and empowerment and to incorporate these metrics into programming and into existing monitoring systems.

Rights, The Unfinished Agenda

Representatives from donors and implementing agencies, programmers, advocates, and youth representatives convened at a global meeting in 2017 at IPPF to focus on developments and needs in rights-based family planning (FP2020, 2017b). Timed to build upon the outputs of the 2017 London Summit, the meeting was designed to review gains made since the 2012 Summit and to use the learnings to advance and update the rights-based family planning agenda, including the need to better address and meet the rights of young people. Amanda Banura, who participated in the meeting, reflects that “the conversation was free and open to young people and opened the doors to family planning discussions.” Key highlights from the discussion included the following:

- › Evidence from CARE’s work on social accountability showed that rights-based programming can be effective in increasing contraceptive use.
- › Raising awareness is a never-ending task.
- › Language is important; terms need to be tailored to the audience and context. The SRHR community should get used to talking about things in different ways; that rights-related terms do not always resonate with every audience does not mean that the work has to stop.
- › Engaging communities and community leaders helps women and young people to know their rights and to claim them.
- › Embrace complexity and respect contextualization; consider the context in which women and adolescents live and how it affects their decision making.
- › A challenging policy environment does not mean that support for rights-based work has disappeared.

Spotlight on Rights and Quality at the 2017 London Summit

The 2017 London Summit presented a good opportunity to showcase successes in-country as well as to highlight thought leaders in the field. Two plenary sessions illustrated how rights have transformed individual lives. Additionally, FP2020 hosted two spotlight events related to rights-based family planning. One, which highlighted progress on operationalizing rights-based family planning since the 2012 London Summit, demonstrated that this approach is essential for achieving the field’s goals. The session included presentations



2017 London Summit

on tools and guidance, programming experiences in Nigeria and the Philippines, the work conducted to get rights into the CIPs, and the importance of addressing policies and health systems to improve quality and to respect, protect, and fulfill rights. The other session focused on why improving quality of care is critical for reducing currently high levels of contraceptive discontinuation. Participants described practical measures for improvement and for ensuring a client-centered, rights-based approach for both existing users and new users. A Call to Action (Population Council, FP2020, and Packard Foundation, 2017) shared at the 2017 London Summit argued for client-centered quality care that respects, protects, and fulfills rights and that is supported by a strong policy environment, with health systems ready to implement policies for client-centered care, and measurement and accountability for improving quality.

Rights in Practice: What Makes a REAL Difference to Programs?

In 2018, FP2020 and UNFPA cohosted a gathering on the eve of the 2018 ICFP in Kigali (FP2020, 2019b). Sixty participants from 10 countries and a range of organizations shared their experiences in implementing rights-based family planning. The 2018 meeting

largely gave the stage to those working in-country, who saw the need to develop programs that are founded in rights. Participants shared a strong

consensus on numerous issues, as well as agreeing on key areas for action going forward:

- › The rights-based approach, with its focus on quality- and client-centered care, among the other rights principles, offers clients a much-improved experience, better care, and better access to programs and counseling.
- › Despite operational challenges, there is a strong need to design or refine programs with a client focus, if all people who desire family planning and other SRH services are to be reached.
- › Linking to International agreements, understanding local laws, and advocating across the SRH spectrum can and will advance individuals' human rights if women and girls—the clients—are the central focus of the program.
- › Where supportive and enabling environments exist, programs and providers must take full advantage; where they do not exist, they must make policy changes and changes at the community level wherever and whenever possible, to achieve a progressive realization of rights.
- › Key to success will be improving the rights literacy of clients, their families, their communities, and policy-makers, using lay terms rather than the language of human rights treaties.
- › It is vital to take full advantage of supportive environments to advance rights-based programming and rights literacy.
- › Designing programs around the needs and stated desires of the client will almost inevitably lead to a rights-based approach.

“ Programs need to design services with the client at the center and hold ourselves accountable to clients.

Effiom Effiom, MSI Nigeria

“ Social accountability is about rights realization on the front lines. It is giving local people voice and power, with the community making demands and holding duty-bearers to account. This includes providers, who can also be disempowered.

Christine Galavotti, BMGF

Social Accountability as Part of a Rights-Based Approach

FP2020 promotes accountability through its partnerships. Having civil society and youth organizations represented within the partnership at all levels has helped to facilitate this accountability. FP2020, through its manager for advocacy and civil society engagement and its senior rights advisor, collaborated with The Advocacy Collaborative (TAC) to cohost a meeting in 2018 on fostering joint accountability. Following presentations on a variety of frameworks and tools,

participants agreed that much remains to be done regarding accountability; questions included how to best support local advocates; how to share best practices; how to sustain local capacity and engagement following the conclusion of a program; how to bring together government and nongovernmental organizations; the return on investment for accountability mechanisms; and how these are fed back into policy and practice. A video of the meeting is available on YouTube (FP2020, 2018d). An earlier FP2020-hosted webinar on social accountability in 2017 that highlighted work in Uganda, Malawi, and Kenya attracted 500 participants, an indication of the interest in social accountability and family planning.

Male Engagement in Rights-Based Family Planning

Given FP2020's focus on women and girls, many questions have been asked about the role of men and boys. In partnership with Promundo, FP2020 cosponsored a meeting in 2018 at which participants assessed how countries have engaged men and boys. In their call to action, they made the point that “gender inequalities remain a significant barrier to addressing such health



issues.... Achieving full equality needs men—not in the form of men in charge of women’s reproductive decisions but rather men as full, equitable partners invested in their own health and supportive of women’s autonomy. Evidence confirms that engaging men in SRHR, when done well and thoughtfully, can work” (Hook et al., 2018: 5).

Following the meeting, FP2020 teamed with Promundo to assess how male engagement has been included in CIPs and action plans associated with country programming to achieve FP2020 commitments. The assessment includes 13 countries and is intended to provide “lessons for strengthening the inclusion of male engagement approaches to both improve women’s reproductive health and also to meet [men’s] needs ... for information and service[s]” (Hook et al., forthcoming).

Can Results-Based Financing Move the Needle on Quality, Equity, and Other Rights in Family Planning?

In 2019, FP2020 cohosted with the Population Council a consultation on rights and performance-based financing programming, which is a dominant mode of funding through the Global Financing Facility. Applying a rights-based approach to results-based financing programs requires robust metrics to cost-effectively measure quality, informed choice, voluntarism, and other rights. The meeting called for greater investment in developing and validating rights-based measures for results-based financing programs. The consultation reviewed a content analysis of country-produced results-based financing implementation manuals and the extent to which rights-based program designs reflect rights principles (Cole et al., 2018; Boydell et al., 2018; Cole et al., 2019; Eichler et al., 2018) and showcased efforts to validate measures of quality in family planning services that could be used in rights-based financing programs (Jain et al., 2019).

Quality, Rights-Based Family Planning and UHC

A meeting cohosted by FP2020 and the Population Council held in September 2019 brought together practitioners, researchers, and advocates seeking to advance rights-based, quality, and access-driven family planning within UHC financing efforts. Attendees explored what is known about family planning financing

and UHC, identified research gaps at the global level, and explored opportunities for translating evidence through advocacy and engagement opportunities at the country level.

Rights-Based Family Planning and Population, Health, and Environment Programming

The Secretariat engaged with the population, health, and environment community in relation to rights-based family planning. FP2020 hosted a meeting in 2019 to forge closer links between rights-based family planning and conservationists to protect the environment and address climate change. FP2020 joined more than 150 other environmental and reproductive health organizations to support the Thriving Together Campaign and statement (Thriving Together, 2019), agreeing that improving access to family planning services is critically important for the environment and biodiversity. FP2020 contributed to the background paper for the statement (Margaret Pyke Trust and Population Sustainability Network, 2019) and issued a statement supporting the campaign (FP2020, 2019c); urged FP2020 commitment-makers to sign on, which many did; and promoted the event on World Population Day (July 11, 2019), when the campaign was launched. Also, a 2015 meeting hosted by FP2020 addressing population dynamics and sustainability was designed to find common language for family planning advocates interested in these intersections (FP2020, 2015c). Facilitated by RE WG member Karen Newman, the meeting examined the need for the SRHR community “to take real leadership on population dynamics while remaining true to our commitment to rights, empowerment, and women’s and girls’ autonomy and agency in FP decisions” (FP2020, 2015c: 4).

Integration of Family Planning and HIV

The Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial, a three-year clinical study of nearly 8,000 women in four eastern and southern African countries, assessed if the use of Depo Provera delivered intramuscularly increased the risk of HIV acquisition. These trials placed a spotlight on informed consent, the unsatisfactory state of the method mix in some countries, and the growing need for integrated services. As a result, FP2020 began partnering with UNAIDS on a number of these issues. FP2020 worked

with the Global HIV Prevention Coalition (GPC), a working group under UNAIDS, to identify linkages and synergies in integrated programming for HIV and AIDS and family planning, with an eye to improving both women's right to good health and their access to contraception. Both initiatives emphasized the needs of adolescent girls and young women, prioritized a human rights-based approach to programming, and demonstrated the importance of working closely with civil society and networks; they grew out of the urgent need to galvanize action and commitment to their respective issues and to ensure priority at global and national levels (Bakamjian and Kumar, 2019: 6).

One key recommendation was to link family planning and HIV/AIDS programmers and activists not only to respond to the ECHO trial, but also to advance action going forward. While the study's finding that use of Depo Provera did not increase women's risk of acquiring HIV was reassuring, an unsettling finding was the higher-than-expected acquisition of HIV among the women in the study. The average age of study participant was 23, reinforcing the need to reach adolescents.

Further, FP2020, in partnership with AVAC, has called for improved rights-based programming in both FP and HIV programs, including:

- › Action to improve the knowledge, understanding, and agency of women and adolescents to exercise their rights and protect themselves from unintended pregnancy, HIV, and sexually transmitted infections (STIs)
- › Improved understanding by individuals, communities, and program implementers of human rights in health systems

- › Mobilization of communities to address coercive sex, sexual violence, and harmful practices, all of which violate women's rights and significantly contribute to poor outcomes
- › Meaningful engagement of women and adolescents in the design and monitoring of programs intended for them
- › Establishment of full, informed contraceptive choice as the norm, giving women and adolescents reliable access to the broadest possible choice of emergency, short-acting, long-acting, and permanent contraceptive methods
- › Comprehensive care and counseling that discusses the risks and benefits of all available methods, helps women and girls understand how to manage common side effects, helps them assess their risk of HIV and other STIs, and promotes the value of dual or triple protection

Rights Page on FP2020's Website

Partners working on rights-based family planning requested a central repository to connect the work, so FP2020 developed a page on its website to support its role as a platform for rights-based family planning and to share materials developed by FP2020 partners and the Secretariat. The webpage includes an overview of the approach; key resources, including frameworks, tools, meeting reports, and key journal articles; news; and ways to connect (FP2020, NDC). An example of material available on the rights page of the FP2020 website is a poster for clients, "Know Your Rights," from a project in Nigeria (Box F).

BOX F
Rights-Based Family
Planning Poster
Developed for
Clients in Nigeria



Measurement of Rights in Family Planning

FP2020 committed to measuring rights-based family planning as part of its measurement agenda, with the understanding that “the process of monitoring these indicators draws attention to progress, and lack thereof, among FP2020 focus countries and helps to ensure that the rights of women and girls are central to family planning programming” (FP2020, 2018a: 44). Each annual progress report contains a section on data and measurement of progress, along with special analyses of selected topics, including rights and adolescents. Measures of rights-based family planning used by FP2020 include their core indicators (from a range of sources) and rights dimensions in the National Composite Index of Family Planning (NCIFP). Additionally, studies undertaken by partners have explored various dimensions of rights.

Identifying Core Indicators to Measure Rights and Empowerment

Recognizing that existing indicators available for family planning programming were not sufficient to measure adherence to rights-based programming, the first annual progress report for FP2020 noted that “an important area of contribution of the FP2020 partnership is and will continue to be the identification of new indicators that better measure concepts of informed choice, autonomy, and the extent to which family planning programs are implemented in accordance with human rights principles” (FP2020, 2013: 68). The report acknowledged that some of these indicators are not routinely measured through existing systems and might require facility-level data collection or special studies, and thus might not lend themselves to comparison on an annual basis across all 69 countries.

FP2020 has continued to refine its measurement agenda, including identifying indicators to measure dimensions of rights. This work was aided by publication of FP2020’s Rights and Empowerment Principles (FP2020, 2015b). FP2020’s fifth annual progress report (2016–2017) included a special section on rights, with a graphic mapping the three pillars of reproductive rights, which are grounded in international conventions, declarations, and conference documents, against

FP2020’s rights and empowerment principles and its core indicators (Figure 2, page 26) (FP2020, 2017a). This graphic shows how the rights and empowerment principles link to the right of individuals and couples to decide whether, when, and how many children to have, that they can act on those choices through high-quality services, information, and education, and that they have access to those services free of discrimination, coercion, and violence. Figure 2 also shows how the 18 core indicators link to the rights and empowerment principles and where there are gaps. Definitions of the core indicators are found on the FP2020 website (FP2020, NDb). Measurement limitations are primarily due to what data are available from household surveys and are comparable across countries.

While this graphic shows that most rights and empowerment principles are linked to at least one core indicator, the PME WG has acknowledged that more work needs to be done to identify additional indicators, to provide a more in-depth assessment of rights-based family planning.

Annual progress reports have highlighted various core indicators related to rights-based family planning. This section shows data related to some of these indicators, with fuller treatment in each of the annual reports and on the data hub of the FP2020 website.

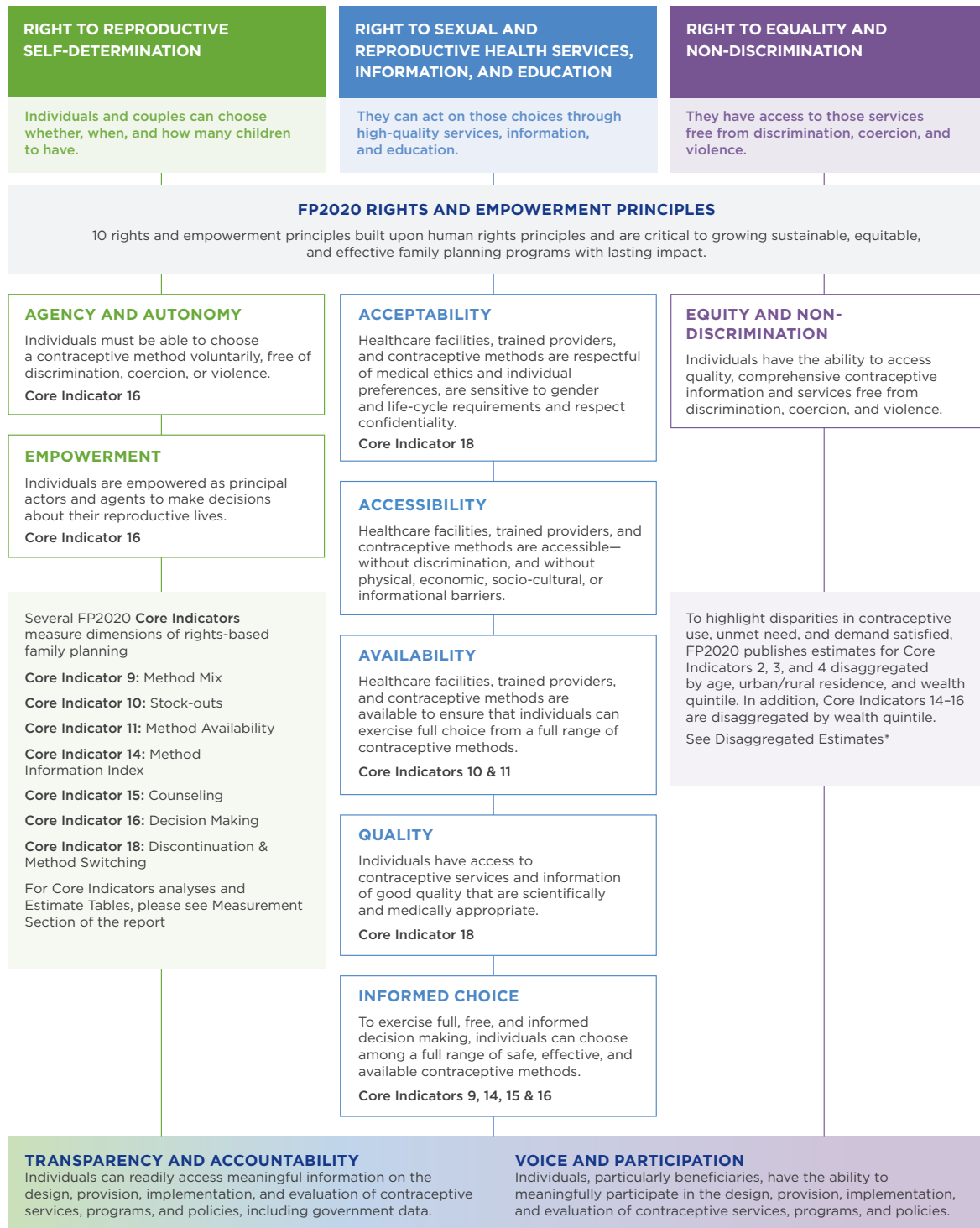
EQUITY. Equity is increasingly important in family planning and as part of global development goals. FP2020 measures equity through the disaggregation of indicator data by a number of demographic and socioeconomic factors, including income (wealth quintiles), urban-rural residence, and age. The second annual progress report (2013–2014) included a closer look at equity, an important dimension of rights-based family planning, noting that analysis of equity “can help us understand whether investments in health are shared equitably as contraceptive prevalence increases and the extent to which vulnerable groups within national populations are benefiting” (FP2020, 2014a: 112).

The analysis showed how the urban poor are faring with contraceptive use in the face of rapid urbanization in some countries and how equity is affected by rapid

FIGURE 2

Human Rights and Related Principles that Apply to Family Planning Have Been Affirmed by International Consensus in Treaties, Conference Documents, and Declarations

The three pillars of reproductive rights are grounded in these international conventions:



Adapted from a graphic developed by Karen Hardee, Jan Kumar, Lynn Bakamjian, Kaja Jurczynska, Sandra Jordan, and Anneka Van Scoyoc under the Evidence Project for FP2020.

Source: FP2020, 2019a. Note this is an updated version from the 2016-2017 annual report.

progress in modern method contraceptive prevalence. Countries showing relative equality in the use of modern contraception across income and residence (e.g., use of modern contraception in the poorest wealth quintile accounts for 15–20% of all users, and the difference in use between urban and rural users is less than five percentage points) include Bangladesh, Haiti, Philippines, Rwanda, and Zimbabwe. Maps in the 2013–2014 progress report provide a more complete picture of equity (FP2020, 2014a).

FULL, FREE, AND INFORMED CHOICE. FP2020 monitors several indicators related to ensuring that women and girls have the ability to make a full, free, voluntary, and informed choice in selecting the method that will best meet their needs.

Full Choice: *Modern Contraceptive Method Mix* (Core Indicator 9). While there is no “right” method mix or “ideal” method to meet the varied needs for contraception of women and couples across the life cycle and according to individual preferences, WHO (2014a) recommends that family planning programs include at least five types of modern contraceptive methods: barrier, short-acting reversible, long-acting reversible, permanent, and emergency contraception. Analysis in the 2018–2019 annual progress report shows that an estimated one-third (26) of the 69 FP2020 focus countries have five or more modern methods “in use” (defined as methods representing greater than 5% of all modern method use), including at least one permanent method, one long-acting reversible method, and one short-acting method (FP2020, 2019a).

“Measuring full, free, voluntary, and informed contraceptive choice among individuals and couples across the 69 FP2020 focus countries is a complicated endeavor. A range of factors—from the availability of different methods to the provision of quality counseling to the involvement of partners or healthcare providers in decision making—may simultaneously encourage and inhibit the ability of women and girls to make decisions about their reproductive health and choose a method that best meets their needs.

FP2020, 2018a: 44

“Shifts in method mix and method prevalence over time can provide evidence of changing norms and preferences, improvements or declines in the healthcare system, shifts in policy, and changes in access to various contraceptive methods.

FP2020, 2016a: 105

The FP2020 focus countries have seen shifts in method mix since 2012, with implants growing in their share of modern method use and female sterilization declining across nearly all countries with available data. While increases in injectables generally continued to support their dominance in the method mix—or method skew, in some countries—the growth in implant usage is increasing the diversity of the method mix in many countries. The 2016–2017 annual progress report noted that the prevalence of both injectables and implants grew in 17 of the 25 countries with sufficient data for analysis. The fastest growth in implants was seen in Malawi, where implant prevalence grew by 7.9 percentage points among all women between 2010 and 2015, contributing to a large increase in the modern-method contraceptive prevalence rate. At the same time, the method most commonly used in each country has remained mostly the same over the years. This stability could reflect client choice or program factors. Further investigation of factors affecting the method mix is warranted.

The modern contraceptive method mix varies considerably across the 69 FP2020 focus countries. According to the 2017–2018 annual progress report, injectables are the most commonly used method in 25 countries, followed by pills in 17 countries, male condoms in nine countries, and intrauterine devices in eight countries. In six countries, female sterilization is the most commonly used method (Figure 3, next page).

Another way to look at method choice is to measure method skew, in which one or two methods dominate use (Bertrand et al., 2014). FP2020 measures method skew as one contraceptive method making up 60% or more of the method mix. Method skew can reflect individual preferences or norms supporting or discouraging use of certain methods. Skew can also be driven by promotion of certain methods by a program or by other programmatic issues, including method

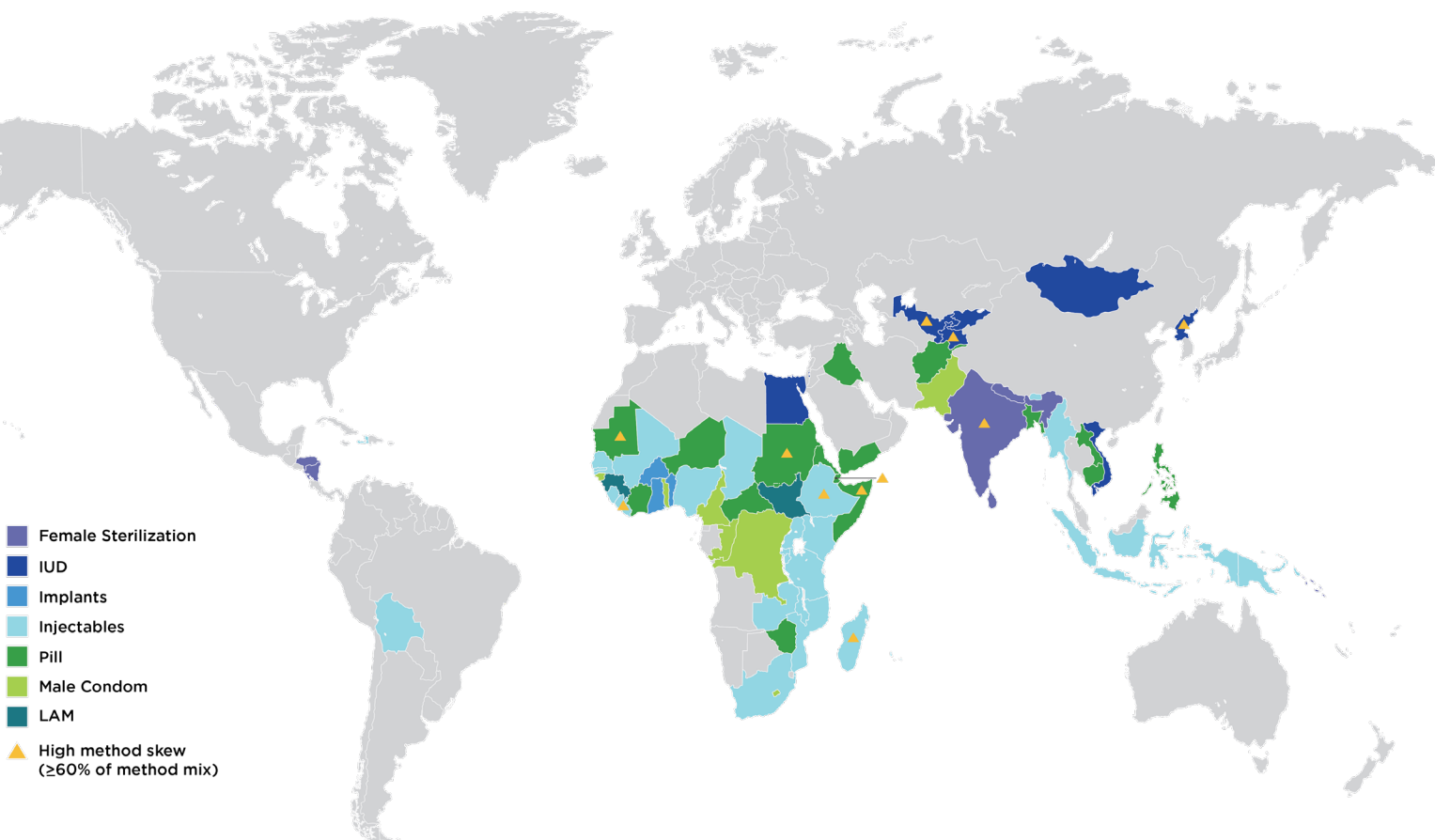
availability. The 2018–2019 annual progress report identified 11 countries with method skew: Four countries had skewed levels of pill use, three countries showed skewed reliance on injectables, two countries demonstrated skew related to IUD use, and one had skewed reliance on female sterilization.

In addition to method mix, other indicators can provide a more complete picture of barriers to choice of a full range of modern contraceptive methods, including the proportion of facilities offering at least three or five modern methods (Core indicator 11) and method-specific stock-out levels (Indicator 10). According to the 2018–2019 annual progress report, among countries with available data, method availability was quite high, with a median of 89% of primary-level facilities offering three or more methods and 88% of secondary/tertiary facilities offering five or more methods on the day of assessment.

Free Choice: Family Planning Decision Making (Core Indicator 16). Women and girls should be empowered to make their own decisions about whether to use family planning and what method of contraception best suits them. Data over the years since 2012 have generally shown consistently high levels of participation across countries in contraceptive decision making among women using contraception. Data from the 2018–2019 annual progress report, for example, show that the proportion of women saying they either made the decision to use a method themselves or jointly with their partner ranged from 71% of women using a method in Comoros to 98% of those doing so in Egypt, Myanmar, and Rwanda. As a measure of empowerment, this indicator has limitations, however. It only measures decision making among users, and so leaves out women who may want to use contraception but who face barriers in doing so. A recent revision of

FIGURE 3

Most Common Method by Country, and Method Skew, 2018–2019



the Demographic and Health Survey (DHS) questionnaire includes measurement of contraceptive decision making among nonusers in surveys conducted since 2015. Data are available for 14 FP2020 focus countries. According to the 2018–2019 annual progress report, a somewhat higher proportion of women who were current contraceptive users reported involvement in the decision, compared with those who were not current users; however, reports of involvement by either group were over 75%.

Informed Choice: *The Method Information Index (MII)* (Core Indicator 14) uses DHS data to measure the extent to which women made an informed choice about contraceptive method use. The MII is based on three questions:

1. Were you informed about other methods?
2. Were you informed about side effects?
3. Were you told what to do if you experienced side effects?

The results show a need for improvement in counseling. For the 2018–2019 annual progress report, across the 39 FP2020 focus countries with available data since 2012, the MII ranged from a high in Senegal, where 73% of respondents answered positively to all three questions, to a low in Pakistan, where only 16% of respondents reported receiving information on other methods and on side effects when choosing their current method. Looking at the individual questions, across countries a greater percentage of women reported receiving information on other methods (an average of 64% across countries) than being informed about side effects (57%) or how to handle them (52%). MII scores for individual methods across regions show that the MII associated with implants and IUDs (55% and 58%, respectively) tended to be highest, with MIIs for female sterilization the lowest (32%).

CONTRACEPTIVE DISCONTINUATION AND SWITCHING. Contraceptive choice includes the right to discontinue using a method and to switch to another method if desired. *Discontinuation and method switching* (Core Indicator 18) reflects this right. Data on discontinuation come from episodes of contraceptive use measured in the DHS and across FP2020 focus countries with available data; rates of discontinuation of short-acting methods tend to be higher than for long-acting methods. According to the 2017–2018



annual progress report, among 32 FP2020 focus countries with available data since 2012, more than one in five episodes of use of short-acting methods ended in discontinuation within a year, despite a continued need for contraception. Rates of discontinuation while in need of long-acting reversible contraceptives were generally lower, with an average of 12% of IUD episodes of use and 8% of implant episodes of use stopped within the 12 months of use. There are many potential reasons for discontinuation while in need, including challenges accessing resupply of short-acting methods, dissatisfaction with the methods and their side effects, or trouble accessing removal.

It is important to know if women in need simply discontinued or if some of them switched to another method. Women in need who discontinued were within their rights to do so, but they may also not have been well-served by programs. Method switching from short-acting methods is higher than from long-acting methods. According to an analysis in the 2017–2018 annual progress report, an average of 11% of condom use episodes, almost 10% of pill use episodes, and 8% of injectable use episodes ended with a switch to another method within the first 12 months, while an average of approximately 5% of IUD episodes and 3% of implant episodes ended with a switch in method within that time period.

National Composite Index on Family Planning

As part of the collaboration between the RE WG and the PME WG, work started in 2013 to identify ways in which to measure more aspects of rights-based family planning. One study that offered an opportunity to do so was the National Composite Index on Family Planning (NCIFP), which was designed to improve understanding of the policy and program environment for family planning. The first NCIFP, fielded in 90 countries in 2014 (Weinberger and Ross, 2015), builds on earlier program effort index measurements undertaken since the 1970s, based on expert opinion about country family planning programming (Ross and Smith, 2011). The NCIFP includes 35 questions to measure the existence and implementation of policies, systems, and standards around strategy and data use, in addition to the rights dimensions of quality, equity, and accountability. Findings from the 2014 NCIFP were reported in the 2014–2015 annual progress report, and results from the 2017 NCIFP are available on the Track20 website, with more analysis of the 2017 data underway (Avenir Health, ND).

The NCIFP was able to measure a number of important aspects of rights-based family planning that would be

difficult to capture in national population-based surveys such as the DHS. The 22 questions used to measure these three rights dimensions are described in Track20 et al. (ND).

Between 2014 and 2017, the total NCIFP score improved from an average of 53 in 2014 to 65 (out of a possible 100) in 2017, an increase of 23%. Looking at the quality scores across regions for 2014 and 2017 shows that scores improved in all regions, with the largest increase in South Asia, with a 36% percent increase, and the smallest increase in Eastern and Southern Africa (a 15% increase) (Figure 4).

Regarding equity, while scores improved in all regions between 2014 and 2017, the scores rose less than for quality (Figure 5). The largest increase occurred in the Middle East and North Africa (an increase of 18%) and the smallest occurred Southeast Asia and Oceania and in Eastern Europe and Central Asia (both rose by 2%).

Among the three rights dimensions measured in the NCIFP, the global score for accountability improved the most dramatically, from 39 in 2014 to 60 in 2017, a 54% increase (Figure 6). All regions showed improvements in scores for accountability, with the largest increase in the Middle East and North Africa (87%) and in South Asia (82%).

FIGURE 4

NCIFP: Quality Scores by Region
2014 and 2017 (Unweighted)

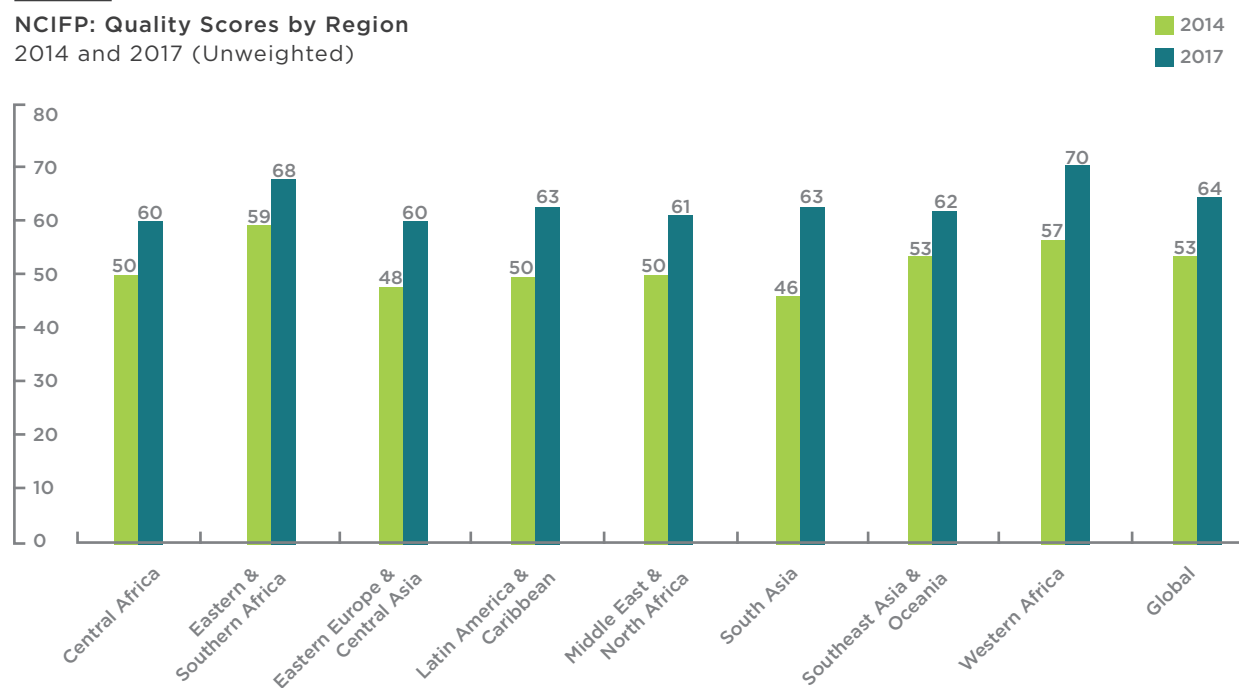


FIGURE 5

NCIFP: Accountability Scores by Region
2014 and 2017 (Unweighted)

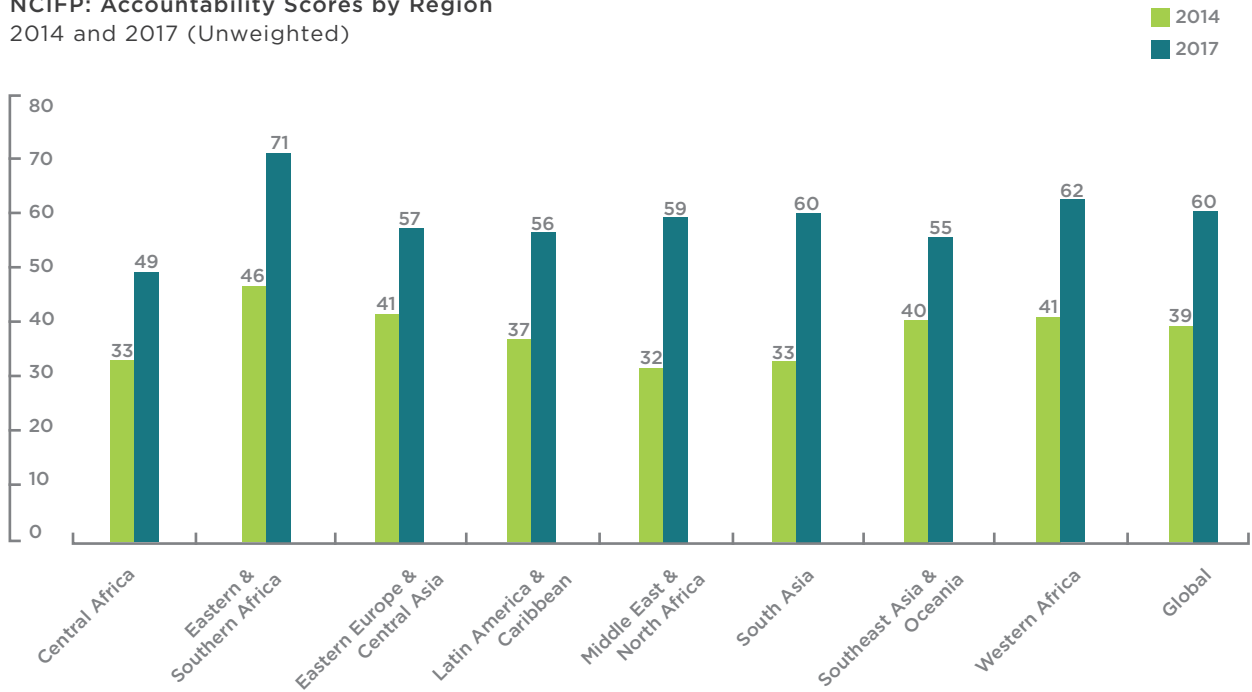
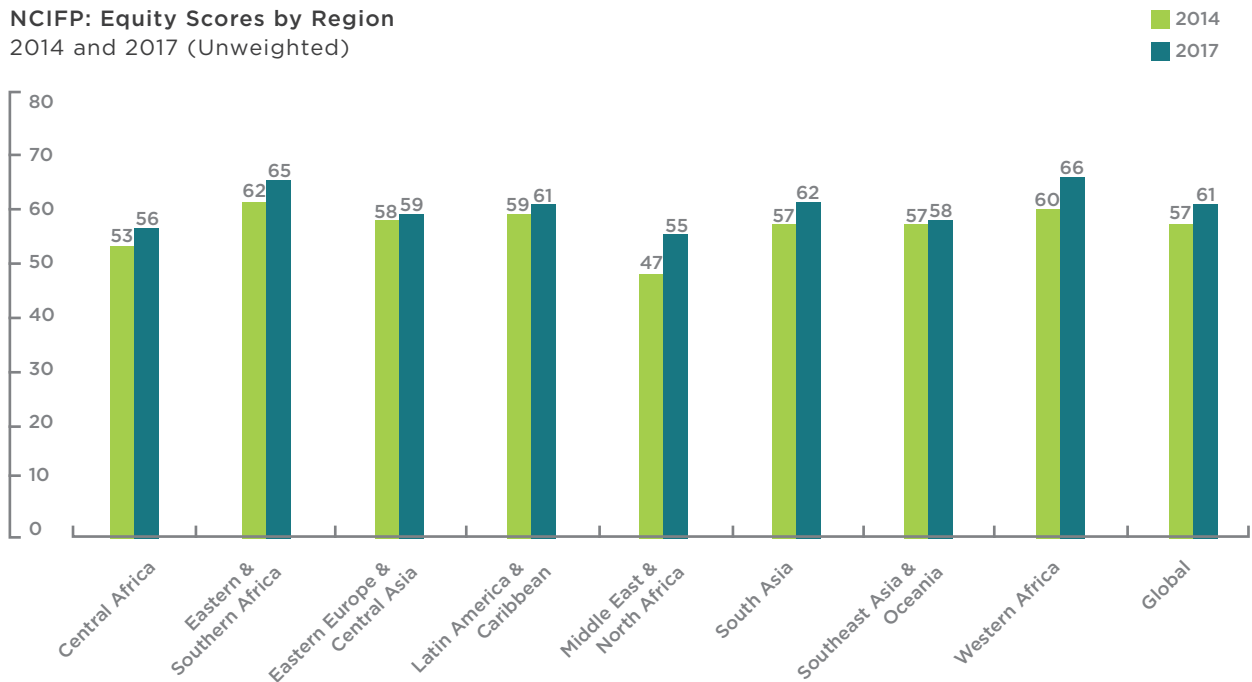


FIGURE 6

NCIFP: Equity Scores by Region
2014 and 2017 (Unweighted)





Other Studies Measuring Rights-Based Family Planning

Since 2012, a number of FP2020 partner organizations have undertaken studies on aspects of rights-based family planning that contributed to FP2020's measurement agenda on rights. PMA2020 (now PMA) includes rights indicators related to access, equity, quality, and choice in their surveys (PMA, ND). These data fed into FP2020's core indicators. Two studies have assessed all dimensions of rights at the service delivery level. One of these studies was undertaken in Uganda by the Evidence Project and the other in Nigeria by the Palladium Group. The two projects collaborated to jointly design a tool specifically to measure all aspects of voluntary rights-based family planning (VRBFP) service delivery (Wright et al., 2017). The VRBFP Service Delivery Measurement Tool adheres to WHO's rights principles and to FP2020's Rights and Empowerment Principles (WHO, 2014a; FP2020, 2015) and aligns with the service delivery level of the VRBFP Conceptual Framework (Hardee et al., 2014). These two studies measured adherence to rights-based family planning at the service delivery level prior to and following interventions to improve rights-based service delivery. Findings from both countries indicated that rights literacy was low among managers, providers, and clients and that rights-based family planning interventions could improve outcomes, as noted above in the section on implementation of rights at the country level (Wright et al., 2017; Hardee et al., 2019). As part of its BMGF-funded ExpandFP Project, EngenderHealth assessed full, free, and informed choice in the Democratic Republic of the Congo (DRC), Uganda, and Tanzania, with some findings published (Jarvis et al., 2018).

A number of studies have been implemented on social accountability, with findings showing positive outcomes

related to the interventions in Malawi (Gullo et al., 2017) and Uganda (Boydell et al., 2018). WHO is currently implementing a study on social accountability related to the Community Monitoring and Social Accountability Intervention (CPSAI) to assess how using social accountability influences contraceptive uptake and use. The study is underway in Ghana and Tanzania.

Additionally, studies of aspects of patient-centered care, quality of care, and equity have yielded useful findings for family planning. Jain et al. (2019a) published a validation of two quality of care measures based on data from India. Studies of the Method Information Index showed that the information provided helped to increase method continuation (Chakrobotti et al., 2019) and that adding a question about method-switching could improve the measure (Jain et al., 2019b). Additionally, Holt et al. (2017; 2019) defined quality in contraceptive counseling.

What Is Next for the Measurement of Rights?

The significant work on measuring rights that was spurred by the 2012 London Summit and promoted by FP2020 and the Secretariat along with other partners has greatly enhanced our understanding of rights programming. The FP2020 core indicators tracked progress on dimensions of rights, with variation among countries, but nonetheless improvements. The NCIFP provided more in-depth assessment of improvements in three dimensions of rights at the country level. Individual studies are yielding yet more evidence on rights-based family planning and its potential to improve outcomes.

With this growing body of evidence on rights-based family planning, it is time to take stock of what we are able to measure and what remains to be measured as we look toward 2030.

Moving Forward with Rights-Based Family Planning: The Path to 2030

The Next Decade—A View from the Secretariat

For seven years, FP2020 has engaged with the community in dialogues to demystify and operationalize rights-based family planning; highlighted rights as foundational for work in a range of development concerns, including the broader SRHR, gender, and health agendas; developed tools to provide technical support to countries seeking to include rights in programming; and gathered evidence of the efficacy of the approach to persuade donors that this is a value-added element in family planning programs.

Understanding the complexities of an issue that calls for behavior and normative change at multiple levels will never be a quick win. But important advances have been realized that can drive future activities, and champions around the globe are ready to take up the challenge.

Views from the FP2020 Partnership

Reflecting on the role of the Secretariat in promoting rights-based family planning, respondents agreed that FP2020 has been an important platform for promoting rights-based family planning. Both the first and current executive directors of FP2020 were noted for being strongly supportive of promoting rights in family planning, and the working group and the current rights advisor received kudos for their work. MSI's Sarah Shaw says that "FP2020 has contributed to the discourse on rights by focusing on translation of the human rights conventions into practical tools and guidance for implementation." Suzanne Ehlers notes that "since 2012 there has been much more talk about rights-based family planning.... The Secretariat has contributed as a resource center—for papers, toolkits, etc. The Secretariat didn't fund the work, but [it] served as an organizing platform." Bless-me Ajani reflects that FP2020 "has been in the forefront of rights-based family planning programming, including

putting the woman/girl/client at the center of interventions, both on the global and in-country levels." Amanda Banura adds that the Secretariat "increased and widely disseminated rights-based family planning information to all stakeholders globally, through the various and regular webinars, materials such as fact sheets, and research." Yilma Alazar agrees that from the country perspective, "we have good resources, and people are talking about rights-based family planning. We have moved beyond quality of care to a broader rights perspective. As someone who has worked in the field for many years, I definitely see the change, although there is still much to be done to integrate concepts and principles of a rights-based approach in advocacy, trainings, service delivery, and monitoring and evaluation activities. FP2020 has had a strong impact by promoting a rights perspective as a fundamental element of family planning. This is the work of FP2020. The Secretariat has been a resource center for materials on rights-based family planning and for coordinating partners."

Where We Need to Go

While progress since 2012 has been impressive, there is clearly much more to do. When asked what, respondents had many suggestions for work to promote rights-based family planning through 2030. Among the suggestions were to keep the focus on rights and implementation at the country level, promote rights literacy, and continue work on metrics and evidence generation and dissemination. They also acknowledged that institutionalizing rights-based family planning will take enhanced commitment from donors and from countries for programming over the long term. Respondents agreed that the Secretariat should continue as a platform for coordination and sharing and for capacity development and that it should make its rights work more visible.

These recommendations are listed in Box G (page 34) and explained in the following pages.

BOX G**Recommendations on Moving Forward with Rights-Based Family Planning**

1. Keep rights at the center of the vision for family planning
2. Be flexible with rights language
3. Focus at the country level
4. Promote political support for rights-based family planning at the global and country levels
5. Promote rights literacy
6. Pay more attention to accountability, including social accountability
7. Focus on equity
8. Increase attention on adolescents and give them leadership in advancing this important agenda
9. Incorporate rights into Global Financing Facility programming
10. Link a focus on the supply side with attention to the demand side
11. Link reproductive rights with other rights and promote integration
12. Continue working on rights metrics and guidance
13. Conduct research on rights-based family planning and disseminate findings widely
14. Support development and dissemination of practical tools and training materials
15. Link rights and budgets
16. Continue FP2020's catalytic role in working with partners
17. Increase the visibility of rights work
18. Understand that institutionalizing rights will take time

KEEP RIGHTS AT THE CENTER OF THE VISION FOR FAMILY PLANNING

Respondents were clear that rights should be at the center of family planning. Bless-me Ajani stresses the importance of talking about rights-based family planning at the community level, saying “I believe [that] the vision statements should include the integration of rights-based family planning discourse into all kinds of family planning discourse at the grassroots level.” Maggwa Baker envisions a world where “we are providing quality family planning programs that meet the goals of helping people fulfill their reproductive health intentions where every individual counts—it isn’t just about numbers.”

BE FLEXIBLE WITH RIGHTS LANGUAGE

Some respondents cautioned about being flexible about rights language and to “use language that is context-appropriate and yet delivers on the expected

outcomes with regard to the fulfillment of rights,” as noted by Gifty Addico, Chief of the Commodity Security Branch at UNFPA. For some donors, including DFID and The David and Lucile Packard Foundation, quality resonates better than rights (FP2020, 2019a), and important work has been done to link quality and rights (Kumar, 2015; PAI, 2018; Jain and Hardee, 2018). Maggwa Baker says that “USAID-supported family



With anything we remotely do in family planning, we must always come back to women’s rights and bodily autonomy. That counts for our vision, and it has to be the headline statement. We cannot let the focus on rights go away; it has to be at the forefront. It always has to be at the core.

Jane Hobson, DFID

planning programs have definitely focused on the key elements and principles that promote voluntarism, informed choice, age, and cultural appropriateness, affordability, quality and availability, including through expanding service delivery options.”

For civil society, the language is less problematic. Chi Laigo Vallido explains that “when [civil society organizations] talk in the Philippines, we can use rights language—it energizes all of us. But for policymakers, oftentimes we had to talk about bottom lines: meeting unmet needs is a more acceptable framing, for example, or economic and sustainable development gains.” Dr. Thein Thein Htay, Deputy Minister of Health in Myanmar, who was instrumental in getting his country involved in FP2020 (and who has since retired), was quoted in the 2013–2014 FP2020 Progress Report as saying that “access to contraception is the fundamental right of every woman...” (FP2020, 2014a). However, from her experience working in Myanmar, Sono Aibe notes that “decision-makers are more comfortable talking about the components of rights-based family planning than [they are] addressing human rights more directly,” so understanding country context is crucial in advancing fruitful policy dialogues. Aibe also cautions about being cognizant that the nuances of rights-based family planning terminology could get lost when it is translated into local languages.

FOCUS AT THE COUNTRY LEVEL

Respondents agreed that important conceptual work and development of guidance and tools on rights-based family planning has taken place since 2012 and that work on rights moving forward should continue to focus on country implementation of rights-based programming.

Gifty Addico notes that “some countries are not sure about what exactly must be implemented. We need to move from the intellectual to the practical—move to the



We have sensitized people to the need for rights-based family planning, but didn't tell them how to do it. We need technical support to make it happen.

Olanike Adedeji, UNFPA

country level by rolling out tools that we have developed and adapt them to service delivery contexts. There is so much room for us to work in these areas—we really need to take a systems approach to implementing rights-based family planning.” Sara Shaw comments that “we need to make rights a norm. We need to mobilize the community to invest in advocacy, because rights won't be fully integrated until [they are] in the public health system.” Likewise, Dorothy Byansi Balaba, Uganda Country Representative with PSI, recommends “streamlining a rights-based approach in all family planning programming, from donors, governments, implementing partners, and the community.”

Sono Aibe notes the need to “continue having conversations with countries and remember that there is staff turnover—we can't just have the conversation about rights-based family planning once in a country.”

While commenting on the prevalent approach of FP2020, Abdul Ghaffar Khan, Lead in the Technical Support Unit of the Federal Task Force on Population in Pakistan, recommends that FP2020 should have identified countries with the greatest need and held country-specific workshops to assist them in finalizing their CIPs and reviewing their progress on implementation. He says that “visits from FP2020 and its assistance could have made a difference in these countries.”

Junice Melgar comments that “there are structural barriers specific to countries that need to be addressed as rights barriers.” Olanike Adedeji describes “medical barriers—e.g., decrees that only doctors can provide implants, or that emergency contraception cannot be provided because it is an abortifacient, or countries that say, ‘why do we have to provide five methods—three is enough choice.’” Maggwa Baker says that work at the national level is important, but so is work at the subnational level: “There is a need to unpack the conversation at the global level and socialize it all the way down to the individual—people need to know their rights, have expectations, and be aware of processes to realize them.”



A rights-based approach to family planning should be taken as a standing agenda to communicate at all levels until the concept and implementation modality are internalized by all partners.

Abebe Shirbu, MSI and CSO Focal Point

PROMOTE POLITICAL SUPPORT FOR RIGHTS-BASED FAMILY PLANNING AT THE GLOBAL AND COUNTRY LEVELS

The landscape for family planning programming has shifted considerably since 2012, and with these shifts, once again women's and adolescents' health are frequently the first to get cut. Partly as a result of shifts in both donor and recipient countries, "donor funding for rights-based programming has been too little, uncoordinated, and confusing to follow," according to Rajat Khosla, who continues, "as result, the community has seen some work that has been ongoing has not received funding for completion, and other work has been buried under shifting political sands. It seems sometimes like the view of donors—and the UN—on rights was that it was an add-on rather than the view that rights should be the core of programming. Going from boutique to scale in programming needs funds—those were never forthcoming to do anything on rights to scale anywhere. After the London Summit in 2012, rights became more systematized. There was work with

focal points through training and capacity building, and rights started making it into CIPs. But rather than imbibing the approach, it seems like ministries of health took rights on as an add-on rather than as something that needed to infuse programming. There are global tools, but they don't make it into programs. Why not?" Continued advocacy for political and financial support for rights-based family planning at the global and country levels will be important.

PROMOTE RIGHTS LITERACY

Some interviewees noted the need to increase rights literacy. Maggwa Baker comments that "the family planning community has not done a good job of educating providers of what clients' rights are. If we do that, they will get it. It isn't fair to measure adherence to rights-based programming, without first training providers." Ben De Leon adds that clients "still don't have understanding of what their rights are." Sono Aibe notes that "there is so much more to do to ensure citizens' rights; demanding rights; educating people that they have rights."



Rights includes choice and voice, expanded method mix, self-administration to give clients more control, voluntary with no coercion, and intentionality in thinking about what the rights principles mean—providers need this.

Suzanne Ehlers, PAI

PAY MORE ATTENTION TO ACCOUNTABILITY, INCLUDING SOCIAL ACCOUNTABILITY

A number of respondents said that more work is needed to promote accountability, including social accountability, for communities to hold duty-bearers to account. Yilma Alazar explains the need for donors to hold implementers, both public and private, accountable for rights-based family planning: “If donors demand for rights-based family planning to be a requirement for funding, it will become the norm. How do we institutionalize rights-based family planning in grant making, monitoring, and evaluation? It is not just in training and documents. From donors to community-based service providers—how do we make rights-based family planning part and parcel of the program?” Sono Aibe comments that there is a need for accountability among citizens, but she added that “we are just scratching the surface. Donors aren’t giving enough attention to or providing funding for social accountability work related to family planning.”

FOCUS ON EQUITY

Some respondents stressed the need to focus on equity and on meeting the needs of marginalized groups and those overlooked in programming, such as adolescents and first-time parents. Sivananthi Thanenthiran observes that “there is a tendency to dismiss the poorer, more marginalized women. This is what is missing from rights-based family planning. We need to be more refined in looking at the kinds of marginalization they experience and then figure out how we meet their specific needs and challenges.” She suggests working with the gender community to ensure equity in rights-based family planning. She also asks, “Why is it that men are not equal targets for family planning?”

INCREASE ATTENTION ON ADOLESCENTS

Respondents mentioned that rights-based family planning should continue to focus on youth. As Amanda Banura explains, “What needs to be done more at the global level and the country level is to increase financing and support for the youth-led rights-based family planning programs, as the youth are the key drivers of change and the future. Put the young person at the forefront of the development process, consult the young people more because they are the ones to

drive the vision for FP 2030.” Sivananthi Thanenthiran agrees, saying “Youth can advance rights—they are the audience where all these ‘taboo’ topics come up. This is where all the rights issues are really launched... Advocacy and conversations have to happen at the national level and creating contacts and developing relationships can create change.”

INCORPORATE RIGHTS INTO GLOBAL FINANCING FACILITY PROGRAMMING

Some respondents mentioned results-based financing and rights-based family planning. “We have an urgent need for guidance on how to ensure rights in results-based financing/performance-based financing work,” Jane Hobson contends. “How do we measure progress, outcome, and impact through the eyes of clients—women and girls? What do we do to avoid perverse incentives? For instance, if a woman goes to a clinic and gets quality care and counseling, and goes away without a method, and that is her informed choice, that is a good thing. But that is very hard to measure.”

LINK FOCUS ON THE SUPPLY SIDE WITH ATTENTION TO THE DEMAND SIDE

Some respondents said there should be more focus on the demand side in addition to the supply side. Amanda Banura notes that “while planning for Family Planning 2030, we might want to think through broadening the knowledge/awareness on the new commodities on the market and the possibilities of their availability to the users. It is one thing to give information about rights-based family planning and all of the available commodities/method mix, but it is a totally different thing to go to the health facilities to access the same commodities and they are not in supply. The supply chain should match up with the demand generation/creation.”

LINK REPRODUCTIVE RIGHTS WITH OTHER RIGHTS AND PROMOTE INTEGRATION

Some respondents recommended working on reproductive rights in conjunction with other rights across sectors—facilitating multisectoral responses to multiple rights. Esther Moraes says that people in India have noticed a real shift since ICPD 25 years ago, calling Cairo a real triumph that we need to build on. She notes the need to link reproductive rights to broader



economic and social rights, saying, “When we think about reproductive rights, they can’t be achieved without ensuring other rights—e.g., to education and jobs.” Jane Hobson comments that “we need to do more to bring child marriage into the conversation.”

For other respondents, the vision needs to promote integration. Suzanne Ehlers notes the need to “keep working on addressing the issues raised by the ECHO trial, keeping our focus on SRHR from the perspective of ‘the whole woman,’ meaning her family planning needs, her HIV needs, the multiplicity of her needs at any given time. The women in the trial were given gold star counseling and they still had high rates of HIV transmission. What are we doing wrong? What counseling and services do women need to protect their health? That is something we need to be focusing on moving forward.” Yilma Alazar argues that “we are still shy when we talk about family planning. We should be braver and advocate for taking a rights-based approach in all aspects of programming, including design, implementation, and monitoring and evaluation—keeping the client at the center, especially women and girls. The ECHO trial reinforced the need to focus on the rights of clients and the need for integration.”

CONTINUE WORKING ON RIGHTS METRICS AND GUIDANCE

Respondents noted the need to advance work on indicators for rights-based family planning. Maggwa Baker says that “If the family planning community is going to hold governments accountable, there is a need for a clearly-defined rights-based family planning framework and indicators that can be tracked at the global and national levels. Program success is still being judged by mCPR, but that doesn’t highlight what the family planning community is trying to address with rights-based family planning programming. We should be looking for other measures, like demand satisfied.” He adds that the community can learn from other disciplines, such as social justice and social epidemiology, which offer useful concepts for framing and measurement. Dorothy Byansi Balaba agrees, saying “let the global and national monitoring tools include indicators that measure rights-based programming.”

Others suggested keeping a focus on metrics and data, with attention to the subnational level, with Balaba arguing for “strengthening the measurement and routine tracking of rights-based family planning,” and

Abebe Shibru, Country Director for MSI and FP2020 CSO Focal Point, advocating for “considering the evaluation system for measuring how countries are implementing a rights-based approach of family planning.”

CONDUCT RESEARCH ON RIGHTS-BASED FAMILY PLANNING AND DISSEMINATE FINDINGS WIDELY

Respondents noted the importance of research on rights-based family planning and disseminating findings to a range of stakeholders. Amanda Banura recommends research on rights-based family planning to help “get the cultural and religious leaders on board and for them to understand the importance of rights-based family planning.” Bless-me Ajani agrees, saying that “the results should be disseminated not just to government officials and technocrats, but also down to communities, family planning services providers, and users in simple language, because these are the stakeholders who really need to understand rights-based family planning to change their ideation and societal perspective.” Junice Melgar expresses the need for “more research on rights-based family planning and country situations, including where there may be steep cultural, political, economic, or environmental barriers.” She contends that “there would be stronger appreciation if policymakers learn about evidence that the rights-based approach works.”

SUPPORT DEVELOPMENT AND DISSEMINATION OF PRACTICAL TOOLS AND TRAINING MATERIALS

While many global tools on rights-based family planning are available, we noted in previous sections that some participants thought countries could benefit from an array of simpler tools to guide implementation. “It would be good to have a tool, but something short, to help countries with rights-based family planning,” argues Yilma Alazar. He mentioned that IPPF’s poster on the rights of clients could be updated, observing that “the IPPF poster was necessary for accreditation of affiliate clinics. The same thing could be done with an updated poster on rights-based family planning.” In fact, as noted above, posters incorporating rights-based family planning have been developed for programs in Nigeria (by Palladium) and Uganda (by IPPF). Wider dissemination of existing tools would be helpful. However, Rajat Khosla, coauthor of several tools on rights-based family planning, cautions about

simple tools, saying that “there is a view that rights should be reduced to a checklist, but that is unrealistic. Is the MEC [Medical Eligibility Criteria] reduced to a checklist? No. So why expect that for rights?” Abebe Shibru observes that there is a need to “develop an advocacy toolkit for the rights-based approach to family planning that can be used by countries and like-minded organizations.”

Junice Melgar argues the need for “integrating rights consistently into the training materials and actual training of providers, program managers, and advocates.”

LINK RIGHTS AND BUDGETS

Some respondents said that budgets for family planning do not currently reflect rights as a priority. Sono Aibe recommends “shifting attention away from just budgeting for commodities, to budgeting for things that will improve rights. For example, how can we incentivize rights-based approaches, such as providers reaching out to youth?” Ben De Leon comments on the need to “translate rights into budgets,” and his colleague, Chi Largo Vallido, underscores the need for civil society organizations to be more fluent with



budget advocacy work, because otherwise their effectiveness in advocating for reproductive health budgets is limited.

CONTINUE FP2020'S CATALYTIC ROLE IN WORKING WITH PARTNERS

One respondent noted the need to use organizations to their greatest advantage to promote rights-based family planning. Respondents also agreed that the Secretariat must continue to serve as a platform to share knowledge and tools on rights-based family

planning. Yilma Alazar says that “FP2020's role is to be catalytic, sharing and being an independent interface between donors, implementing partners, countries, etc. The Secretariat's role is coordination, standardization, and the sharing of updated evidence.” Suzanne Ehlers contends that “the Secretariat is doing well as an organizing platform on rights and should keep doing that.”

Respondents were complimentary about the events and webinars that the Secretariat has sponsored and cosponsored. Amanda Banura recommends that “the Secretariat organize more capacity-building webinars and benchmarking programs cross-country on topics such as financing/accountability and programming for rights-based family planning with youth-led organizations, to give the youth a much stronger momentum to lead as the key drivers of the family planning agenda within their countries.”

INCREASE THE VISIBILITY OF RIGHTS WORK

Rajat Khosla notes the need to “work with human rights mechanisms—take this to the Human Rights Council to give it more visibility and to link it with larger human rights processes.” Jane Hobson stresses that “rights must remain front and center. We also have to remind people that family planning is not just a matter of getting products out there, essential and complex as that is. It's also about the clinic setting and how people are treated in the clinic... It's about the policies, laws, and social norms that uphold rights, that give women the access, the quality of care, the respect, the ability to make informed decisions. This is a very clear message that the Secretariat has conveyed in the last few years and should continue conveying.”

UNDERSTAND THAT INSTITUTIONALIZING RIGHTS WILL TAKE TIME

Others caution on the importance of understanding that institutionalizing rights in programming will take time. Yilma Alazar reflected on the time it took to mainstream gender and advises that “that same time and energy will be needed to integrate rights-based family planning.” Rajat Khosla notes the need to invest for the long term—realistically, 10 to 20 years—rather than think of rights as a silver bullet, as well as the need for thoughtful design “rather than trying to reduce rights-based family planning programming to a checklist.”







ON TO 2030

This assessment has shown that the concerns expressed in 2012 that the ambitious global goal would overshadow clients' rights were unfounded. Instead, the voiced concerns laid the path for programming that centered on the perspective of the client and how to meet her rights. FP2020, through the Reference Group, Core Conveners, Secretariat, and global and country partners, took the charge of rights-based family planning seriously. In the years since, significant work has been done to define rights-based family planning and develop guidance at the global level. The concept of rights-based family planning has been socialized globally. More organizations and country action plans include rights-based family planning in their goals and programs. Many countries have realized its importance at the national policy and program level, though operationalizing it still presents challenges, an issue that FP2020 will tackle going forward. At the project level in-country, many impassioned, dedicated individuals recognize the benefits of the approach. These visionaries can be found in all FP2020 countries, developing programs that respect, protect, and fulfill the rights of women and girls, strive to reach marginalized and remote populations, and provide examples from which others can learn.

While inroads have been made at the country level, clearly more needs to be done. Challenging and changing social and cultural norms of communities, providers, and programs to fully acknowledge rights takes time. Respondents to this assessment have provided recommendations about how to move forward to 2030. By keeping rights at the heart of family planning, with strong political support and funding for rights-based programming and measurement, 2030 will see us further down the road on the journey to fulfill the rights of all individuals to choose whether, when, and how many children to have and to be able to act on those choices through access to high-quality SRH services, information, and education, equitably and without discrimination.

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Annex 1 Methods

This assessment includes information from three sources:

- 1.** A review of published and gray literature on rights-based family planning since the 1994 ICPD to mid-2019, which includes the 2012 London Summit on Family Planning and implementation of the FP2020 Partnership. Some relevant literature on family planning prior to 1994 is included, particularly related to quality of care in family planning. The literature through 2012 had previously been reviewed by one of the authors (Hardee et al., 2013); that review was used in this assessment, along with a review of more recent literature accessed by the authors from Google Scholar and the websites of relevant organizations, including WHO and others involved in work on rights-based family planning (e.g., IPPF, Palladium Group, the Population Council, and PAI, among many others).
- 2.** FP2020 documents on rights-based family planning, most notably the FP2020 Rights and Empowerment Principles, the annual progress reports, and more that is available on FP2020's website (multiple meeting reports, webinars, toolkits, and other materials).
- 3.** To underscore the importance of partnerships in FP2020, this accounting was enhanced by first-person accounts of the work done by FP2020 to galvanize support for rights-based family planning, the evolution and adoption of rights, and how programs have changed. The people interviewed also made recommendations for moving forward to 2030. In-depth interviews were conducted with 23 key informants (listed below) who were asked to reflect on the status of rights-based family planning both before and after the 2012 London Summit on Family Planning. Most interviews were conducted by the authors in person or via Skype, with some respondents answering questions via email. Respondents consented to be interviewed and for their names to be included in the report.

Name	Title and organization at time of Interview	Country
Gifty Addico	Chief, Commodity Security Branch, UNFPA	USA
Olanike Adedeji	Technical Specialist, RHCS, UNFPA	Papua New Guinea
Sono Aibe	Independent consultant	USA
Bless-me Ajani	Youth Program Officer, Nigeria Urban Health Initiative (NURHI), and Youth Focal Point, FP2020	Nigeria
Yilma Alazar	International Advisor for Family Planning, UNFPA	Pakistan
Maggwa Baker	USAID	USA
Dorothy Byansi Balaba	Country Representative, PSI	Uganda
Amanda Joan Julian Mary Banura	Executive Director, Uganda Youth Alliance (UYAFPAH), and Youth Focal Point, FP2020	Uganda
Venkatraman Chandra-Mouli	Scientist, Adolescent Sexual and Reproductive Health, Department of Reproductive Health and Research, WHO	Switzerland
Ben De Leon	President, Forum for FP and Development, and former Executive Director and member of the Board of Commissioners, Commission on Population and Development	Philippines
Suzanne Ehlers	President and CEO, PAI, and former co-lead of the Rights and Empowerment Working Group	USA
Christine Galavotti	Senior Program Officer, BMGF, and former member of the Rights and Empowerment Working Group	USA
Alexander Dimiti	Director General, Directorate of Reproductive Health, Ministry of Health	Republic of South Sudan
Jane Hobson	DFID	England
Abdul Ghaffar Khan	Lead, Technical Support Unit, Federal Task Force on Population, Pakistan	Pakistan
Rajat Khosla	Human Rights Advisor, Department of Reproductive Health Research, WHO	Switzerland
Junice Melgar	Executive Director and Cofounder, Likhaan Center for Reproductive Health, and FP2020 Civil Society Focal Point	Philippines
Esther Moraes	Manager Communications, YP Foundation	India
Poonam Muttreja	Executive Director, Population Foundation of India, and former FP2020 Reference Group member	India
Sarah Shaw	Head of Advocacy, MSI	UK
Abebe Shibru	Zimbabwe Country Director, MSI, & FP2020 Civil Society Organization Focal Point	Zimbabwe
Sivananthi Thanenthiran	Executive Director, ARROW	Malaysia
Chi Largo Vallido	Director for Programs and Advocacy, Forum for FP & Development	Philippines

Annex 2

Principles Underlying the Work of the Rights and Empowerment Working Group

- › Championing free choice of contraceptives from a range of options; a decision can be informed, but it is only an informed choice if it was made from among a range of different contraceptive options offered.
- › Women must have a voice in developing programs.
- › Empowered women can drive quality improvement; it is important to discover what factors are locally relevant that would put women in the driving seat—e.g., in some settings, that might be availability of transport to services.
- › It is important that the work of the group links to human rights processes and tools—e.g., the General Comment on Health, which looks at health care services from the perspective of the extent to which they are available, accessible, acceptable, and of the highest possible quality; human rights principles, including those related to participation, accountability, nondiscrimination empowerment, etc., principally because these can lead directly to identification of key indicators.
- › It is important to establish the legitimacy of the group—e.g., to include known experts in key fields, such as human rights.
- › Family planning services have rightly been highlighted, but it is important that the comprehensive SRH vision of Cairo be maintained.
- › National advocates can be valuable in translating the relevance of the global discussion into locally resonant messages, using community structures, linkages, etc.
- › It is important to remember that rights-based services will look different in different countries and settings.

Note: This list of principles was developed at a meeting in September 2012, prior to the establishment of the working group.

Annex 3 Human Rights and Health

Human rights include civil, political, economic, social, and cultural rights and are rooted in international treaties that have the status of international law. They “are universal legal guarantees protecting individuals and groups against actions and omissions that interfere with fundamental freedoms, entitlements, and human dignity” (OHCHR, 2006: 1). Under human rights law, governments, as duty-bearers, are responsible for facilitating the achievement of better health among their populations (rights-bearers) through “respecting, protecting, and fulfilling rights” (Gruskin et al., 2007: 450).

Countries that sign and ratify human rights treaties, which have the status of international law, enter into legally binding obligations to bring their national legislation into line with them. Conference outcome documents, such as from ICPD, add content and meaning to these human rights but are not binding on governments in the same way. Treaty-monitoring bodies ensure that states are accountable for discharging their obligations to respect, protect, and fulfill the rights in treaties (OHCHR, NDa). Relevant treaties with respect to SRHR, including those related to family planning, are highlighted in Annex 4. Most recently, in 2016, the Committee on Economic, Social and Cultural Rights articulated General Comment No. 22 on the Right to the Highest Attainable Standard of Sexual and Reproductive Health. General Comment No 22 and the array of human rights instruments can be used not only to hold governments accountable, but also to guide family planning policies and programs—whether in the public, not-for-profit, or private sectors—to ensure that programs respect, protect, and fulfill people’s rights (Cottingham et al., 2010; Cottingham et al., 2012).

Annex 4

Treaties, Declarations, and Conventions with Particular Relevance for Reproductive Health and Rights, Including Family Planning

TREATIES

Have the status of international law

- › International Covenant on Economic, Social and Cultural Rights (1966)
- › International Covenant on Civil and Political Rights (1966)
- › Convention on the Elimination of All Forms of Racial Discrimination (1969)
- › Convention on the Elimination of All forms of Discrimination against Women (1979)
- › Convention on the Rights of the Child (1989)
- › General Comment No. 14 on the Right to the Highest Attainable Standard of Health (2000)
- › General Comment No. 22 on the Right to the Highest Attainable Standard of Sexual and Reproductive Health (2016)

CONFERENCE DOCUMENTS

Add content and meaning to human rights

- › Tehran Conference on Human Rights (1968)
- › World Population Plan of Action (1974, 1984)
- › International Conference on Population and Development Programme of Action (1994)
- › Fourth World Conference on Women Beijing Declaration and Platform for Action (1995)
- › United Nations World Conference on Human Rights (1993)

DECLARATIONS

No legal status, but have “undeniable moral force and provide practical guidance to states in their conduct”
[UNHCRH, n.d.]

- › Universal Declaration of Human Rights (1948)
- › Millennium Declaration (2000) and related Millennium Development Goals (2001), which included Target 5b (universal access to reproductive health) in 2005

For a more complete list of relevant treaties, conventions, and agreements related to reproductive health and rights, see UNFPA, 2012: 4–5. Note that the 2016 General Comment No. 22 on the Right to the Highest Attainable Standard of Sexual and Reproductive Health (UNCESCR, 2016) was published after the list prepared by UNFPA in 2012. Also see OHCHR, NDa and NDb, for an explanation of the legal force of these instruments.

