

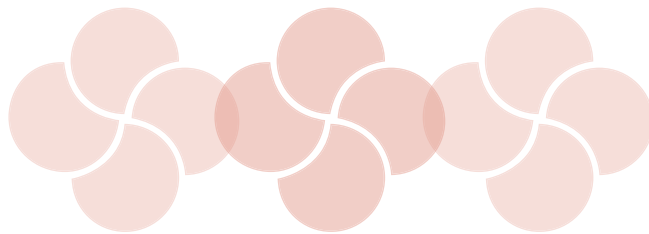
# Framework for ensuring human rights in the provision of contraceptive information and services



World Health  
Organization



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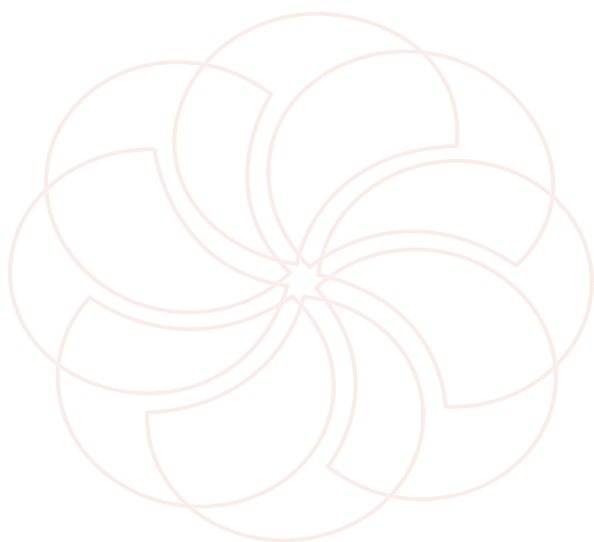
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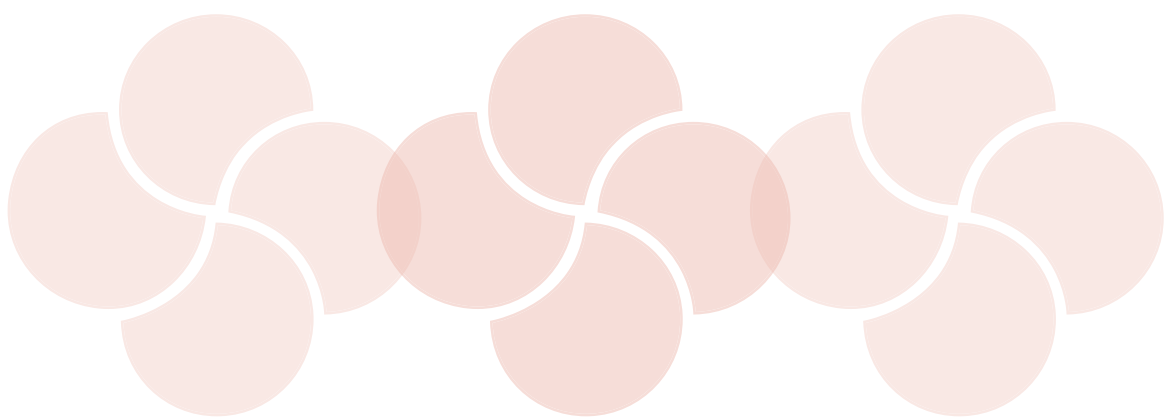
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The following Appendix is included as part of this framework is available online at [www.who.int/reproductivehealth/publications/family\\_planning/hr-contraception-framework/en/](http://www.who.int/reproductivehealth/publications/family_planning/hr-contraception-framework/en/)  
*Appendix 1. International human rights relevant to sexual and reproductive health information and services*



## Framework for ensuring human rights in the provision of contraceptive information and services

The World Health Organization's primary mandate is to provide assistance to its Member States in achieving the goal of the highest attainable standard of health for all, including sexual and reproductive health. Among other interventions, universal access to sexual and reproductive health information and services, is essential for achieving this goal. It has been recognized that this cannot be done without respecting, protecting and fulfilling the human rights of all individuals.

### Sexual and reproductive health and human rights

The International Conference on Population and Development, Programme of Action (ICPD), defines reproductive health as: "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (1, Paragraph 7.2). The Programme of Action also includes sexual health, "the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases." It further defines reproductive rights as:

***[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (1, Paragraph 7.3).***

Among the Millennium Development Goals (MDGs) agreed by states in 2001, target 5b calls for universal access to reproductive health by 2015 (2). Evidence

shows that the respect, protection and fulfilment of human rights contributes to positive health outcomes (3, 4-9). Explicitly grounding sexual and reproductive health policies and programmes in a human rights framework improves people's access to information and services. It also guarantees the active participation of people in the processes that affect them, and calls for the elimination of any existing policy or programmatic barriers and for the establishment of clear accountability mechanisms. Evidence shows, however, that in many countries, laws, policies and practices are not always consistent with human rights obligations and this can present barriers to achieving global development goals and the highest attainable standard of sexual and reproductive health (10).

States have an obligation to review and revise any related laws, policies and practices to ensure that they support all human rights obligations and development goals related to sexual and reproductive health. Systematic integration of human rights into law, policy and programme development to facilitate timely provision of good quality services requires addressing the underlying determinants of health, such as gender inequality, and the establishment of participatory, transparent and responsive processes (4, 11). A barrier to the full implementation of human rights laws has been a framework for translating laws and policies into concrete actions in the health sector. This document addresses that gap.

## Objective of framework

Ensuring the full implementation of human rights laws and policies through sexual and reproductive health programmes is fundamental to health and rights. This document provides guidance on the different dimensions of human rights that need to be systematically and comprehensively considered in the rights based provision of sexual and reproductive health services, with a particular focus on contraceptive services and information. The framework applies internationally recognized human rights laws to aspects of health care delivery and provides concrete examples of how rights dimensions must be respected, protected and fulfilled. The principles and standards are indivisible, and must be considered as a complete set in assessing services. In this instance, we apply the framework to the contraceptive services as an illustrative example.

## Methodology for development of the framework

Human rights are guaranteed in international and regional treaties, as well as in national constitutions and laws. They include the right to non-discrimination, the right to life, survival and development, the right to the highest attainable standard of health, and the rights to education and to information (12). These rights have been applied by international, regional and national authoritative human rights bodies to a wide range

of sexual and reproductive health issues, including the accessibility of contraceptive information and services (Appendix 1). All rights are interdependent and indivisible (13, Article 5). The right to the highest attainable standard of health, for example, which includes access to health services and health-related information, cannot be fulfilled without promotion and protection of the rights to education and information, because people must know about health commodities and services to be able to use them (14).

Consideration was given to human rights standards and principles as they are directly or indirectly applicable to contraceptive information and services. Direct applicability was determined to refer to a standard specifically related to the provision of contraceptive information and services, and indirect applicability to standards related to barriers, such as third-party authorization for sexual and reproductive health services, or the lack of sexuality education – aspects that have an impact on individuals' access to, and use of, contraceptive information and services.

The sources for the human rights standards applied include international and regional human rights treaties, the general comments and recommendations issued by the United Nations human rights treaty-monitoring bodies, international and regional court decisions, and international and regional consensus documents. All of these additional sources were considered in conjunction with already-established health-system-based standards and health-related evidence.

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