The event marked the launch of the WHO Guidance and Recommendations on human rights and contraception. The guidelines are to provide assistance to Member States in achieving the goal of the highest attainable standard of health for all, including sexual and reproductive health. The compilation of information shall aid in ensuring human rights are respected by providing more girls, women and couples with the information and services they need to avoid unwanted pregnancies. The new guidance complements existing WHO recommendations for sexual and reproductive health programs.

According to the WHO an estimated 222 million girls and women who do not want to get pregnant, or who want to delay their next pregnancy, are not using any method of contraception. WHO is promoting that access to contraception information and facilitating services will allow better planning for families and improved health.

“A lack of contraception puts six out of 10 women in low-income countries at risk of unintended pregnancy,” said Dr. Bustreo. She continued that, “These unintended pregnancies pose a major threat to their own and their children’s health and lives.”

Dr. Temmerman expressed the importance of the guidelines and the need to promote to Member States their existence. She explained that women want and are entitled to safe access to contraception. She elaborated the fact that the choice to use contraception is a part of a woman’s life for which she should have control yet the problem is underestimated and overlooked as a human rights issue.
Dr. Temmerman explained that if there is to be a decrease in the number of unsafe abortions then these WHO guidelines must be adopted and promoted. She went on to say that it is well documented that supporting these guidelines has huge payoffs.

According to WHO the past 20 years have seen a large amount of work demanding and defining a rights-based approach to health services, including contraception. Yet there has been comparatively little practical advice how to do so. According to Temmerman, WHO’s new guidance aims to address the gap. For post 2015 development goals contraception as a human right is a must and most important. Temmerman mentioned that she is currently working with her team to develop a joint statement regarding the need for Member States to adopt these guidelines.

Ms. Alanna Armitage made reference to the International Conference on Population and Development held in Cairo in 1994 that highlighted the importance of a rights-based approach to family planning. She elaborated that every pregnancy should be wanted; that births should be safe and that family planning facilities should be available. Armitage was adamant that sexual reproduction health is a fundamental right and that the message must continually be promoted. Additionally, she added that safe and reliable contraception should be available to all in impoverished areas and free from discrimination.

Ms. Armitage also mentioned the ICPD Beyond 2014 Global Report which is the culmination of a landmark UN review of progress, gaps, challenges and emerging issues in relation to the ICPD Program of Action. The report gathers data from 176 Member States, includes inputs from civil society and comprehensive academic research. The report highlights the fact that development gains from the past 20 years cannot be sustained unless governments tackle the inequalities that affect the poor, those living in rural areas and urban slums, people living with HIV and marginalized people. She said the information in the report offers education and serves as an essential tool for lifelong health of youth.

Ms. Nyaradzayi Gumbonzvanda utilized some of her time to introduce a co-speaker, Enerstrida Mirrilm Michelo, a young survivor of child, early and forced marriage and YWCA of Zambia. Miss Michelo shed light on the need for contraception education by singing a song. The moments were touching and the song was a good way to impress upon panelists and attendees alike the need for secure contraception facilities and contraceptives. And also the importance of education and counseling for parents and families. Ms. Gumbonzvanda was clear in her message that young people are not simply statistics but that they are a group of people, rights holders and the world’s future.

She went on to mention that women with disabilities are also entitled to access to contraceptives are but they are often ignored. If there is no community base this means these disabled women have no access to reliable contraception and reproductive health. If the disabled woman cannot leave her house then home delivery/education programs need to be developed and promoted. A mention was made that disabled women and girls are entitled to safe contraception...that they are not guinea pigs for developing drugs and procedures.

For the blind education in braille should be available, Ms. Gumbonzvanda added.

With time running short she briefly mentioned sexual abuse to those with mental illness. Those with mental illness cannot, in many cases, even cry out for contraception and often times the abuse results in unwanted pregnancy, unhealthy children and increased HIV. She called for action that programs and facilities be put in place to assist the mentally disabled, the blind and our world’s youth.
• She called for printed guidelines for mass distribution to villages where there is no Internet.
• She called for other agencies, conventions, and Member States to take these WHO guidelines and expand on their principals to fit within their own cultural bases.
• She requested that Parliament committees embrace the WHO Guidance and Recommendations.

Mr. Anders B. Johnson spoke for the Parliament side of the issue. He explained that Parliament is not a government nor does it have the same agenda as governments. He added that Parliaments are extremely busy and that a huge challenge is to keep Parliament focused on task results within an achievable timeframe. His organization helps with this task management and has cataloged steps that Parliaments can take for reporting women’s contraceptive health.

He told the group of the 2012 IPU resolution: “Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children.” The resolution highlights the human rights, political and socioeconomic imperatives against which parliamentarians can view and act on women’s and children’s health as a priority. The resolution further enumerates the concerns of parliaments with respect to women’s and children’s health, and the commitments parliaments have made in response. (http://www.ipu.org/PDF/publications/mnch-account-e.pdf)

In summary and as related to FAWCO:

According WHO, the new guidance recommends that everyone who wants contraception should be able to obtain detailed and accurate information and, a variety of services, such as counselling and contraceptive products. The guidance also underlines the need for no discrimination, coercion or violence, with special attention given to assuring access to those who are disadvantaged and marginalized. The guidance goes on to suggest other key measures such as sex education programs for young people and the right for young people to obtain contraceptives without the permission from their parents.

“Ensuring availability and accessibility to the information and services the young need is crucial, not only to protect their rights, but also their health,” says Dr. Bustreo.

Available, safe and without discrimination contraception is in accordance with FAWCO’s support of the Convention of the Rights of the Child. This topic also falls under FAWCO’s current Target Program – Human Rights for Women - Protecting the Rights and Improving the Lives of Women and Girls Worldwide. The principles outlined in this report can aid FAWCO with making a global difference as we contribute to the achievement of the UN Millennium Development Goals. Further, we can disseminate the mentioned Guidance and Resolutions as education media.