Informed Choice

in International Family Planning Service Delivery

Strategies for the 21st Century

Report of a Global Working Group Meeting held at the Rockefeller Foundation Bellagio Study and Conference Center, Bellagio, Italy, November 18–24, 1998

AVSC International

Acknowledgments

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Executive Summary

"Informed choice" describes a dynamic process of individual decision-making in health care. In an ideal world, it would describe the process by which empowered individuals arrive at informed decisions regarding whether to obtain or decline treatment or services, what treatment or services to select, whether to seek and follow up on a referral, or to further consider the matter. The informed choice process can occur alone or in consultation with health care providers, family, or friends. While some universal principles exist, the process should ideally be responsive to individual needs.

Much has been done during the past 20 years to build a strong policy consensus for informed choice in family planning. Yet, actual implementation of the informed choice process at the service-delivery level has not kept up with the rhetoric of commitment. Barriers to meaningful choice for clients continue to exist. Today, the policies, practices, and attitudes that threaten choice are complex and often difficult to change.

For this reason, AVSC International convened a Global Working Group meeting to discuss in depth the complexity of current challenges and to plan for and identify strategies for change. The group met in November 1998 at the Rockefeller Foundation Bellagio Study and Conference Center in Bellagio.

During the meeting, the Global Working Group discussed eight of the most significant barriers to informed choice in family planning services today. To address these widespread challenges, the members identified eight priority objectives considered to be essential to true informed choice in service-delivery settings. These objectives are listed below and are discussed at length in the full report of the meeting.

Priority Objectives

1 Ensure Reproductive and Sexual Rights

Operationalize a sexual and reproductive rights framework for family planning service delivery. Develop service-delivery approaches that seek to correct for background inequities and lack of rights in society, and reinforce a rights orientation to health care for providers.

2 Overcome Power and Knowledge Imbalances

Develop family planning service-delivery approaches that seek to correct for the imbalance of power and knowledge between clients and providers. Adjust for the fact that lack of education and decision-making power in society and in the family leave many individuals, particularly women, ill prepared to assert their rights or make their own choices in the health care context.

3 Make Informed Choice a Process That Is for and about Clients

Reinforce understanding of and commitment to client choice and empowerment through information in family planning services. Work to integrate client-centered counseling and information exchange and to ensure that the informed choice process is no longer limited to a focus on obtaining consent and avoiding liability.

4 Address the Multiple Needs of Individuals

Adapt the informed choice process to address the multiple health needs and concerns of individuals and to provide adequate information about a broad range of sexual, reproductive, and related life and health concerns.

5 Transform and Complement the "Medical Model"

Develop models of health care that move beyond the traditional medical model to embrace the interpersonal aspects of family planning service delivery. Introduce and reinforce client-centered decision-making, enhanced interpersonal and information-giving skills for health care providers, and an approach to service delivery that reflects the unique needs and circumstances of an essentially healthy client population seeking preventive care.

6 Adapt to Low-Resource Settings

Use scarce resources effectively and creatively to ensure informed choice in family planning—even in low-resource settings.

7 Ensure Method Choice

Work to make family planning method choices truly available to all individuals. Achieve policy support at every level for a reasonable range of method choices and access to those methods through many avenues.

8 Build Broadened Alliances

Build alliances with a wide and diverse range of groups in order to develop coalitions and strengthen community support for sexual and reproductive rights and health, and the right of informed choice in family planning as a key manifestation of these broader objectives.

To achieve these overarching goals, the Global Working Group also developed specific and cross-cutting strategic approaches in four main areas: research and evaluation, advocacy, service delivery, and training. It was determined that each of these four areas is critical to advance the informed choice agenda, because single-focused efforts have limited impact compared with coordinated and mutually reinforcing strategies on multiple fronts.

Some important themes emerged during the meeting. The members of the Global Working Group agreed that the concept of universal reproductive and sexual rights should be central to all discussions about how to implement informed choice. The group also recognized that implementation of informed choice in family planning depends in large part on addressing underlying social and political factors that limit the ability of and opportunity for individuals to make informed decisions in all areas of their lives. Change also depends on embracing the role of advocacy efforts from both within and outside the health system, thereby moving away from traditional divisions between health workers and advocates of women's rights and health. All members of the group recognized the interconnections between informed choice as a model of client-centered health service delivery and the agendas of health, human rights, development, and education advocates—providing the opportunity to build new alliances between groups working in these areas.

Introduction

Much progress has been made during the past 20 years to build global and national commitment to principles of individual choice in family planning. At the global policy level, a reproductive rights and health framework has largely replaced the demographic and population orientation that has driven many national family planning programs. This paradigm shift has reinforced and strengthened the importance of informed choice in service delivery. Although today there are fewer overt, policy-level violations of informed choice and consent in public and private sector national family planning programs, actual implementation of the informed choice process at the service-delivery level falls short of the ideal.

Policy successes in the 1980s had the predictable effect of driving the practices and attitudes that threaten the informed choice process beneath the surface. As a result, the policies, practices, conditions, and attitudes that threaten choice today are complex, subtle, hard to document, and difficult to change. Ensuring that family planning services are provided in a manner that fully respects individual rights to information, voluntarism, and basic health services is a more challenging proposition than was previously thought.

This report articulates the consensus of the Global Working Group and sets out a framework for addressing and overcoming current challenges to making informed choice a universal reality. It attempts to articulate key elements of the informed choice process and describes the most significant and recurrent barriers to implementing informed choice principles at the service-delivery level. The report identifies eight priority objectives and a range of approaches—including research, advocacy, service delivery, and training strategies—to be considered in striving to implement these objectives.

Informed Choice: What Is It?

The principle of "informed choice" lies at the center of the international reproductive and sexual rights agenda and is a key element of quality in family planning and reproductive health services. Based on principles of autonomy and individual human rights, the informed choice process should ensure that clients make their own decisions regarding family planning and health care and are empowered by information and the service-delivery environment to freely exercise this decision-making right. Informed choice and its more limited but well-known cousin, "informed consent," are fundamental to all health care. Professional medical and health associations worldwide have adopted ethical principles recognizing the importance of individual choice within and consent to health care. In addition, the role of the client's right of choice and consent has been strongly endorsed by most nations of the world through support of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo.

"These [reproductive] rights rest on the recognition of the basic rights 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...(7.3)"

"The success of population education and family-planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in light of their own needs and those of their families and communities. The principle of informed free choice is essential to the long-term success of family-planning programmes (7.12)" (ICPD Programme of Action)

Voluntary and informed client choices are necessary components of quality care and individuals who make informed decisions are more likely to be satisfied and to follow through with the chosen method or course of treatment. Individuals who make ill-informed decisions or who are left feeling like outsiders to the decision-making process are more likely to experience regret, adverse health effects, or to develop distrust of the health care system as a result. Because dissatisfied clients often relay

negative experiences to others, these consequences can also undermine community support for family planning or other health-service-delivery programs. Thus, in family planning, informed choice is critical to achieving the goals of a variety of agendas, including human rights, health, and those of population stabilization proponents.

Despite its importance, however, there is substantial confusion about what "informed choice" means and how it should be implemented in a service-delivery setting. It is understood differently, depending on the perspective and background of the individual, and it is often confused with the more limited concept of "informed consent."

Use of Language

Language reflects prevailing attitudes and can influence behavior. For example, the word *counseling* may mean different things to different people in different languages. It may be understood and practiced as an interactive communication process, as a process of providing information, or as a way of giving advice.

Today, individuals seeking family planning services are generally referred to as clients, which implies that the person is affirmatively seeking and choosing a method or service. This replaces the outdated term *acceptor* (which refers to individuals who are actively recruited to use contraception) or the term *patient* (which is more appropriately used within a provider-based medical model of care or for people who want and need treatment or curative services). Although the word *client* is intended to be an empowering term, it too has proven problematic in certain settings and languages because it originates from the commercial sector.

Even the use of the term *informed choice* can create confusion. The term is often misunderstood as informed consent, which may undermine the implementation of a true informed choice process. Some providers and institutions have begun to use the term *informed decision* in place of *informed choice,* in an effort to avoid such confusion with the more legalistic term, informed consent.

Ultimately, settled terminology must reflect living language and will therefore continue to evolve. It is important, however, to be responsive to reported experiences with the use and understanding of different terms and to attempt to ensure that the terminology of the day does the best job possible of communicating intent and avoiding misunderstandings.

Informed choice describes a dynamic process of individual decision-making and, ultimately, the freedom and conditions necessary to exercise a decision that meets the life and health needs of the individual and realizes the individual's reproductive intentions. Such decision-making can occur privately and without direct consultation or input from health care providers. However, the health care system and those who work within it can and do significantly influence many health-related decisions. Clients may rely in whole or in part on the information or recommendations made by health care providers. Often, clients do not come to closure on their own choices until they are within the service-delivery setting. In such settings, choices are dependent on safe, quality health care; trained, sensitive, and knowledgeable professionals; and a range of treatment options and supportive services to address identified health care, informational, and referral needs. These services can and should further support individual decision-making by supplying information the individual wants but doesn't have, by facilitating evaluation of all information and options, and by offering the means to implement the decision made. But the reality of service delivery often fails to live up to this promise, and in some circumstances, individual choice may be unsupported, undermined, or even violated outright in the service-delivery setting.

Individuals arrive at a service-delivery site with varying medical and personal circumstances and with vastly different levels of knowledge about their own health and about options that may exist. They also arrive at various stages of the decision-making process. Some are knowledgeable and have made up their minds about what they want from service providers. Others are at the very beginning of the process and may seek more guidance. For all individuals, however, the process of informed decision making in the service-delivery setting requires some key elements:

- Respect for individual choice and autonomy;
- Two-way communication;
- Access to comprehensive information;
- Real method or treatment options;
- Time for questions and reflection (if desired); and
- The right to reconsider at any time.

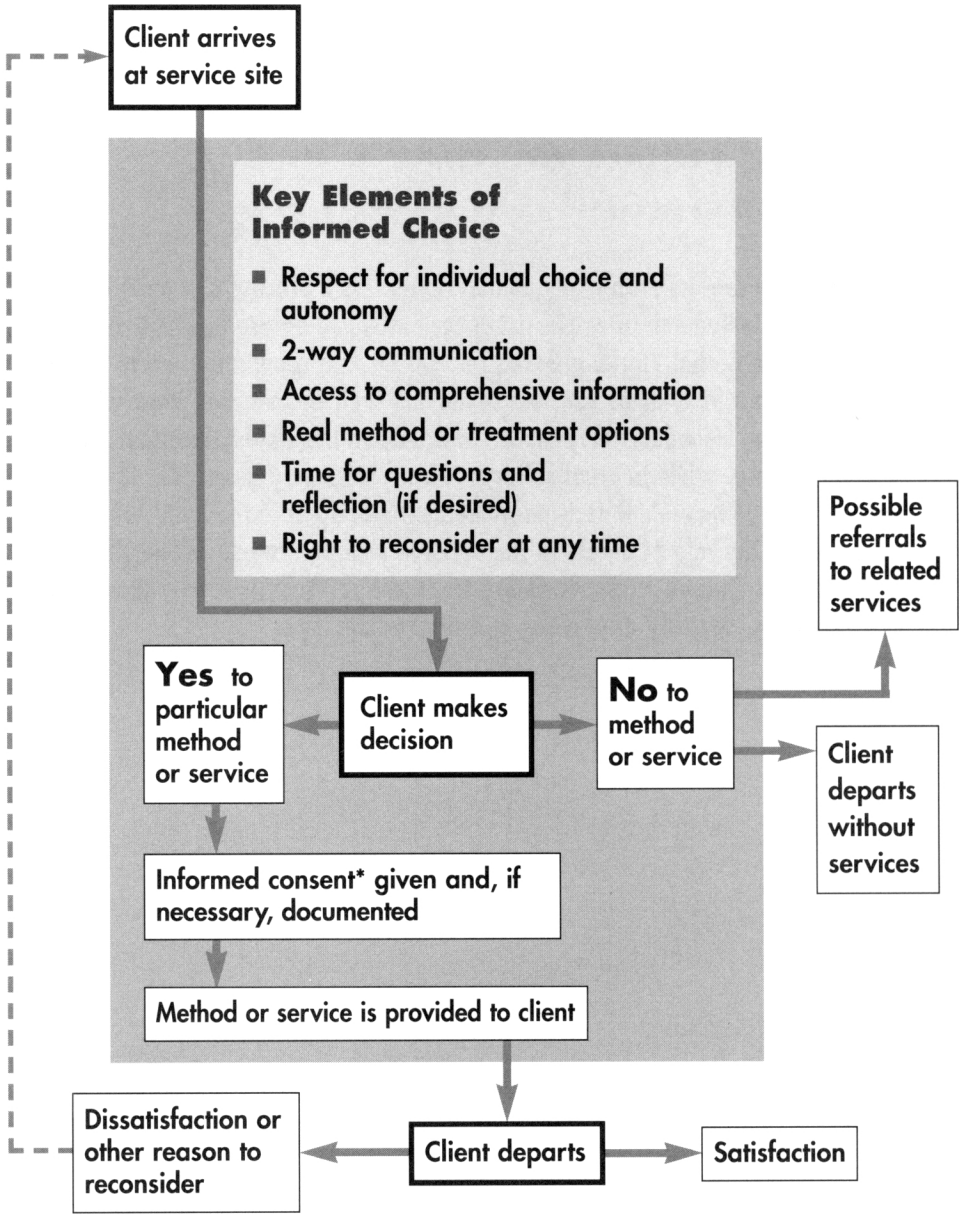
Ultimately, the informed choice process should result in a voluntary and informed individual decision—to obtain or decline treatment or services, to select from among methods and services, to seek and follow up on a referral, or to simply consider the matter further—a decision that should be seen and experienced by clients and providers alike as the exercise of a basic human right. If a treatment or service is elected, a more focused informed consent process can then occur to ensure knowledge of the risks, benefits, side effects, and nature of the method chosen; to ensure

that the decision is voluntary; and to document this, where required, by the signing of a consent form for the benefit of the provider as well as the client. But the informed consent process should not be permitted to shield scrutiny of informed choice as a broader and independent requirement.

The Individual, the Family, and the Community

Informed choice—as with many human rights—is a process and an entitlement of the individual. In emphasizing the individual nature of client choice, however, the Global Working Group recognized that around the world the substance of what individuals consider in making their choices may vary widely. In some cultures, individuals may choose to accede to the views of partner, family, and community, while in other cultures these voices may be quieter or less significant for the individual decision-maker. Ultimately, it is the individual who must decide the role of others in the decision-making process, although providers retain a basic responsibility to assess carefully whether an individual's decision, verbally expressed, is in fact voluntary.

Informed Choice Process in Service Delivery



* "Informed consent" refers to a communication by the client of his or her voluntary decision to obtain a method or service based on information re: risks, benefits, side effects, alternatives, and without coercion of any kind.

Figure 1 outlines the informed choice process in service-delivery settings and attempts to clarify the relationship between informed choice and informed consent within the flow of services in a clinical context. Ideally, the informed choice process should be fluid and responsive to individuals. It should also create the opportunity for referrals or medical response to other health conditions and needs that are identified. Each individual should have the opportunity to change her/his mind at every step of the process and thus must be able to return to an earlier stage in the process at any point to review other options. Individuals may also decide to opt out or decline any or all methods and services at any point, with the option of returning to the service site to reevaluate choices at a later time. Ultimately, an individual's unique needs, desires, and human rights should drive the informed choice process and any decision that results.

Between the Real and the Ideal: Barriers to Informed Choice

In an ideal world, the principles of informed choice would guide each and every family planning and reproductive health decision. The needs, desires, and life circumstances of individual clients would be central to the provision of health care. The words, actions, and policies of providers, institutions, governments, and donors would be shaped by the goals of informed choice, which would be integrated into the fabric and culture of family planning service delivery everywhere.

But in the *real* world, the will and the ability of the individual to implement her/his own choice is affected by factors such as formal government policy, availability of commodities, geographic access, institutional protocols and procedures, provider attitudes, culture, gender, and individual experiences and circumstances. It is also influenced by the social class, educational background, and empowerment of the individual making decisions. These factors act alone and more often in complex combination to make ideal notions of individual choice far from a reality. Thus, principles of choice are threatened by the very social, economic, and cultural fabric of our time. With this in mind, the Global Working Group identified eight central challenges to choice that, in the view of all the participants, are in large part common to most, if not all, countries.

1 Absence of Reproductive and Sexual Rights

When individuals do not have access to sexual, reproductive, and civil rights, they are not empowered to be decision-makers in many areas of their lives, including health care. In this sense, the challenge of implementing informed choice in service-delivery settings reflects larger issues about democracy, citizenship, and sexual and reproductive rights in the political, economic, and cultural context. In society, individuals of certain groups are marginalized, are powerless, and have fewer rights than others. This, too, is reflected in the reproductive health service-delivery context. Individuals who are less educated, poor, young, or in a marginalized group often have greater needs. Yet, they are more likely to lack access to quality services and are less empowered to make even those choices they do have. Thus, although many women have few rights in marriage, family, and society, traditional thinking about informed choice in services assumes that they arrive at a clinic ready to make decisions. Informed choice cannot be realized until all individuals reap the protective promises of democracy and human rights, affording them individual dignity, equality, and the personal empowerment to exercise rights and make decisions for themselves.

Strong religious beliefs about the appropriate role of women in families and society are passed down from one generation to the next. These attitudes are often based on the denial and repression of women's sexuality, the subordination of women to men, and the supremacy of reproduction directing women's lives. As a result, family planning is essentially forbidden for many women.

2 Imbalance of Power and Knowledge

Even when the individual's rights are universally recognized and accepted, a fundamental imbalance of knowledge and power between individuals and providers can prevent client-centered decision-making. When gender, race, and class intensify these disparities, individuals can be made defenseless against policy decisions and provider practices that operate to undermine individual choice. Individuals may follow the recommendation of a provider, because he is male or because he is a doctor, even if they are uncomfortable or in disagreement with the recommendation. They may fear speaking up, asking questions, or be embarrassed to discuss intimate matters. Gender, power, and knowledge imbalances between clients and providers reinforce the lack of power many women have in their daily lives. Because disempowered clients are unable to make informed choices, there is a need to minimize the effect of imbalance in all of these areas, equalize knowledge to the extent possible, and help providers learn to facilitate client decision-making without overriding client choice.

Machismo, gender discrimination, and lack of sense of entitlement are significant factors influencing family planning decision-making. These factors shape traditions that are reproduced and enforced within families. One woman, who had recently received Norplant, was brought back to the clinic by her angry husband. He felt entitled to have the final say about family planning.

3 Provider Concerns Drown Out Responsiveness to Client Needs

Within family planning service delivery, there is often a narrowly conceived notion of what it means to be informed. At many service-delivery sites and at the system level, there continues to be an inadequate appreciation of and commitment to client counseling and informed choice. Informed choice is often understood from the provider's perspective as a process of obtaining informed consent and, more narrowly, a signature on a consent form for a particular procedure (most often sterilization). A con-

cern with protecting the institution from liability often shifts the focus away from the crucial principles of informed choice—information exchange and respect for individual rights. Rather than participate in two-way communication to empower clients to exercise and assert their rights and make informed choices, providers often rush to get a form signed in seeking to comply with minimum legal or ethical standards. As a result, many providers convey one-way information on risks, benefits, and alternatives to the particular contraceptive methods being considered or offered.

4 Counseling and Services Often Fail to Meet the Multiple Needs of Individuals

When individual clients seek family planning, they also have other health needs and concerns. However, family planning services are often provided without concern for or knowledge about an individual's full range of reproductive health needs. Providers often narrow the informed choice process to a discussion of the pros and cons of particular methods of family planning. When counseling only includes information about the risks, benefits, or alternatives of a specific method, providers miss the opportunity to address the need for other important reproductive health information. As a result, critical information about sexually transmitted infections (STIs) and HIV/AIDS may be left out. The reproductive health needs of individuals are ignored and individuals may not know all they need to know in order to make contraceptive choices from among the methods available.

5 Inadequacies of the "Medical Model" in Family Planning Context

Many providers come from a medical tradition and culture where it is expected that they will give guidance about the most appropriate option for individuals seeking family planning. The traditional medical mindset can undermine informed choice by encouraging a paternalistic approach to clients and by viewing women as reproductive systems rather than whole persons. Providers may favor certain methods or act on assumptions they have about what is best for clients of a particular age, gender, ethnicity, socioeconomic status, or other characteristic. Their own biases can thus compromise the informed choice process. In addition, the inability of many providers to move beyond the technical aspects of medicine and to give adequate attention and time to the interpersonal side of health care continues to be a major barrier to informed choice. Providers often lack information and skills regarding the most basic principles and approaches to counseling and informed choice.

In one public hospital, a woman received a tubal ligation without her knowledge or consent, because the doctor believed that her health would be at risk if she experienced another pregnancy. Rather than discussing these risk factors with her and providing her with the information she would need to make an informed decision, he assumed that he was acting in her best interest.

6 Difficulty of Adapting to Low-Resource Settings

Lack of time, money, and trained professionals in many resource-poor settings can make the process of informed choice seem like a luxury. Yet many low-resource service-delivery settings nevertheless struggle to balance quality-improvement efforts with efforts to increase their ability to meet an overwhelming and increasing demand for services. The constraints of human resources and time can present an important challenge, even for providers who are especially sensitive and committed to informed choice, because the optimal informed choice process can involve spending considerably more time with each individual client.

7 Unavailability of Real Method Choice

Informed choice will never be realized without complete access to a representative range of contraceptive methods. This depends not only on access to supplies, but on the existence of policies that support method choice. In many countries and service-delivery sites, the range of contraceptive methods available to individuals is inadequate or there is only one method offered and no real choice to be made at all. Without real options, informed choice is not possible. The lack of options offered to a client at any particular service-delivery site may be the result of one or more of the following: (1) policies or economic factors leading to a shortage or total unavailability of particular contraceptive commodities or necessary equipment and supplies; (2) in-country distribution systems that fail to get commodities, equipment, and supplies to service-delivery sites; (3) governmental, institutional, or donor policies that attempt to reduce fertility by setting targets for the number of users, that favor certain contraceptive methods over others, or that create incentives for providers, field workers, or clients to increase users of the favored method(s); (4) provider biases or preferences for certain methods over others; and (5) lack of provider training in the provision of certain methods.

8 A Divided Community and Absence of Broad Alliances

Making informed choice real for all individuals depends on the combined efforts of many. Yet we have long been a community divided. Finger pointing and blame have characterized the relationship of providers and health-consumer advocates in some locations. Service providers generally do not see human rights as part of health care. Researchers do not always make a point of disseminating results to advocates. The work of a single constituency alone can only go so far. The full participation of individual women and men, community leaders, donors, governments, and other health care providers is essential to developing a culture of informed choice.

Closing the Gap: Priority Objectives

To overcome these widespread and persistent challenges to choice, the members of the Global Working Group felt that it was important to identify overarching objectives for each of the eight barriers identified in the previous section. The eight priority objectives below are specifically linked to these barriers.

1 Ensure Reproductive and Sexual Rights

Operationalize a sexual and reproductive rights framework for family planning service delivery. Develop service-delivery approaches that seek to correct for background inequities and lack of rights in society and reinforce a rights orientation to health care for providers.

It is important to recognize the potential role of service delivery in bringing a rights framework down to reality. Rights are an empty promise without the means to exercise them. Health care providers regularly interface with individuals who are making choices about reproductive health. Therefore, they are in a key position to respect individual rights and change the paradigm of service delivery to one that seeks to enable individual clients to exercise those rights. They can have an important role in supporting and empowering individuals broadly in many areas of their lives. Although health care providers are neither fully equipped nor in a position to be human rights workers per se, they have an opportunity to play a critical role in the broader struggle for reproductive and sexual rights.

Eliminating all spousal-consent policies for family planning was an important first step toward empowering women in one country. Because they are no longer required to seek permission for family planning from their husbands, women are beginning to recognize and exercise their reproductive rights.

2 Overcome Power and Knowledge Imbalances

Develop family planning service-delivery approaches that seek to correct for the imbalance of power and knowledge between clients and providers. Adjust for the fact that lack of education and decision-making power in society and in the family leave many individuals, particularly women, ill prepared to assert their rights or make their own choices in the health care context.

Because power imbalances jeopardize informed choice, service-delivery approaches must recognize such disparities and minimize their adverse impact. Health care providers should be particularly sensitive to the effects of gender and perceived power on individual decision-making. They can help to empower all clients through information and education, regularly evaluating services through learning more about client experiences, and involving clients in service-delivery design and implementation. Providers must also strive to counteract the silencing of client concerns, dissent, questions, and atypical choices, which may be the unintended effect of the "white coat" or professional degree.

Many clients never consider that they have the right to choose a family planning method. They believe that the provider always knows best, and they ask providers to decide for them. But some clients have begun to expect more information about their options and are therefore more likely to make informed decisions.

3 Make Informed Choice a Process That Is for and about Clients

Reinforce understanding of and commitment to client choice and empowerment through information in family planning services. Work to integrate client-centered counseling and information exchange and to ensure that the informed choice process is no longer limited to a focus on obtaining consent and avoiding liability.

Client-centered informed choice practices should be based on the principles of individual rights and information exchange. These can be attained only when providers and institutions are able to shift their focus away from a limited notion of informed consent as a one-way process of imparting information in order to meet legal or donor-imposed standards or to protect the provider and the institution. Reinforcing the difference between a process of choice and an act of consent will require a greater emphasis on the importance of adequate time for counseling, commitment to training to improve interpersonal communication skills of all staff, and greater provider and institutional support for investing in this aspect of service delivery.

4 Address the Multiple Needs of Individuals

Adapt the informed choice process to address the multiple health needs and concerns of individuals and to provide adequate information about a broad range of sexual, reproductive, and related life and health concerns.

Without full access to broader reproductive health information, individuals are unable to make informed family planning decisions. Yet many health care providers fail to understand the importance of listening to clients about other health concerns, including STIs and HIV/AIDS, sexuality, violence, and maternity care. To meet a wide range of individual needs, service-delivery approaches should include counseling and training strategies that go beyond providing information about the specific services offered at the particular site so as to better prepare providers with the ability to recognize interrelated health factors, impart information, and provide referrals.

5 Transform and Complement the "Medical Model"

Develop models of health care that move beyond the traditional medical model to embrace the interpersonal aspects of family planning service delivery. Introduce and reinforce client-centered decision-making, enhanced interpersonal and information-giving skills for health care providers, and an approach to service delivery that reflects the unique needs and circumstances of an essentially healthy client population seeking preventive care.

An excessive focus on technical safety and skill in medical care can undermine the equally important role of the health professional in counseling and facilitating choice. Many providers believe that they should give advice and even make decisions for clients. In addition, providers often have their own method preferences or make assumptions about their clients that may ill fit the needs and realities of particular individuals. At the same time, clients themselves may have inaccurate information or may want the provider's recommendation. The challenge is to balance and integrate provider expertise with the appropriate deference to the client. This requires training and skills that can only enhance the technical aspects of service delivery. Pre-service medical training should reflect this by embracing a wider range of areas (e.g., sexuality, rights, and ethics) and by adequately training professionals in counseling and other interpersonal skills. Such training can occur within in-service settings in order to reach practicing providers as well. Training should reinforce that clients are consumers and decision-makers making choices about their lives and that these choices are often and appropriately based on personal or lifestyle issues beyond the knowledge or expertise of the provider.

6 Adapt to Low-Resource Settings

Use scarce resources effectively and creatively to ensure informed choice in family planning—even in low-resource settings.

Many service-delivery settings throughout the world are faced with financial, infrastructure, human resource, and time constraints. Working within existing constraints and demands may require some creativity, but achieving informed choice does not necessarily depend on additional resources. Some simple solutions include maximizing resources by avoiding duplication, drawing on clients as an information resource for one another, and providing information in ways that will reach a wider range of people. In any service-delivery setting, it is important to develop practices that conserve resources and time and to identify and address the most practical and crucial components of the informed choice process. It is also important to recognize how much of the informed choice ideal reflects a mindset change on the part of providers, which, apart from training, does not cost money to achieve.

7 Ensure Method Choice

Work to make family planning method choices truly available to all individuals. Achieve policy support at every level for a reasonable range of method choices and access to those methods through many avenues.

Without actual access to a reasonable range of family planning methods, consent to a method that is offered may be artificial or not truly voluntary, and choices made may remain unrealized. Real method choice depends on policies that support choice as well as on the access to services. Evenhanded and reliable supply systems are necessary. Systemic method preferences and quotas should be abandoned, as should demographically driven incentives favoring long-term or permanent methods. While many of the factors limiting choice are beyond the control of individual providers, some are not. Providers can help achieve policy changes by documenting and conveying to their supervisors the level of client demand for methods not regularly offered on site. Providers should also be familiar with a range of methods of family planning, including some they do not provide. They should be both able and willing to offer these methods or to provide appropriate referrals. Providers can work to minimize "stock outs" that limit client choice.

Upon his return from a training course on informed choice, one of the trainees (a health care provider in a family planning clinic) met strong opposition when he tried to fully implement informed choice in the clinic where he works. Despite demonstrated need for methods such as LAM and barrier methods, the director maintained that these methods could not be offered as choices because of their low efficacy.

8 Build Broadened Alliances

Build alliances with a wide and diverse range of groups in order to develop coalitions and strengthen community support for sexual and reproductive rights and health, and the right of informed choice in family planning as a key manifestation of these broader objectives.

Groups that are unaccustomed to working together should build alliances and coalitions to share resources and ideas, prevent duplication, and avoid rivalries or adversarial relationships. Political power and policy change come from strength and strength comes from large or diverse constituencies working together—loudly or behind the scenes as appropriate. Strong alliances among diverse groups, such as family planning providers, human rights workers, women's rights advocates, consumer rights groups, supporters of women's education, the media, commercial interests, donors, and policy makers can enhance singular efforts to ensure individual rights and informed choice. Such alliances strengthen constituencies and amplify voices and can themselves be part of an effective strategy for influencing decision-makers.

Strategic Approaches for Implementing Informed Choice

Family planning services are provided within the social, cultural, and political context of the community. Factors governing the implementation of informed choice in family planning reflect larger societal issues, including national economies, geography, class structure and dynamics, education, the role of the family in decision-making, and the status of women. Therefore, achieving true informed choice in service-delivery settings requires a multisector, multimode approach and will require the long-term commitment of many individuals and organizations.

The illustrative strategies outlined below are drawn from discussions that were at times visionary and at other times practical. They include broadened approaches and content areas for research and evaluation, advocacy, service delivery, and training. Although each of these areas is critical to advance the informed choice agenda, priorities will need to be chosen based on resources and constraints. Different countries and institutions may have different concerns. Some may focus efforts on developing a research agenda, whereas others may be ready for and equipped to develop innovative training or advocacy approaches. Therefore, to reach shared goals, stronger alliances are required. Ultimately, the strategic approaches that follow will contribute in interrelated and cross-cutting ways to achieve various aspects of the informed choice agenda. Thus, to avoid repetition, they are not specifically linked to the barriers or articulated and discussed above.

Research and Evaluation

Broaden Research and Evaluation Approaches

Treat clients as an information source: Because informed choice is ultimately a description of client experience, it is impossible to gauge the success of efforts to implement informed choice without involving clients. Therefore, research protocols should tap into client knowledge and experience by using clients as a significant source of information. Such approaches can enable clients to articulate their experiences and needs through interviews and focus groups.

Develop indicators for qualitative research: In order to have widespread support for informed choice, it is important to demonstrate that informed choice practices are worth the investment. To do this, quantitative measures of method use should be supplemented by indicators that can better demonstrate the positive effects of informed choice on clients as well as on health care systems.

- Use outcome measures that attempt to capture client satisfaction and human interaction;
- Develop indicators for measuring the extent of informed choice practices (such as educational activities and counseling strategies); and
- Measure the impact of informed choice on continuation rates, client satisfaction, follow-up visits, and other health indicators.

Utilize participatory research approaches: Community-based and client-centered research approaches can enable client and community groups to provide significant input into research design and evaluation. Such approaches ensure that costly research efforts will focus on the issues of primary concern to clients. They also help to build alliances and sensitize community groups to the issues. In addition, findings are more likely to be accepted and embraced by the community, which can in itself be a powerful force for institutional change.

Broaden Content Areas for Research and Evaluation

Method choice: To explore and understand how countries are attempting to improve method choice, research efforts should include country-by-country analyses and assessments of the following questions:

- What methods are truly available and accessible to users?
- What is the current structure for decision-making about commodities and supplies?
- Do service providers interpret national performance goals as targets?
- Are national or institutional guidelines consistent with internationally recognized eligibility criteria?
- Is there legal protection for decision-making by individuals about family planning and/or medical care?

Medical training: Research is needed to convince medical institutions that informed choice training is important and useful. Identify medical schools that already incorporate informed choice in their curricula to demonstrate lessons learned from these successful programs. Develop research to explore the relationship between training, provider-client interactions, and health outcomes. Determine whether investments in developing interpersonal skills have positive long-term effects on client usage of services, satisfaction, and follow-through.

Needs for resource-poor settings: Because informed choice may be viewed as a luxury in resource-poor settings, it is important to document and demonstrate how such practices can actually save money and resources in the long run.

- Use outcome measures, such as fewer follow-up visits, an increase in contraceptive continuation rates, a reduction in unwanted pregnancy, and an increase in overall client satisfaction.
- Identify case studies of successful informed choice strategies in resource-poor settings, including models of community participation, to augment limited staff and strengthen outreach.

Broaden Advocacy Approaches

Build alliances: Community outreach for informed choice should be integrated with other education and development efforts in the community. In addition, strong alliances among groups with different but overlapping missions can serve as a powerful tool for reaching decision-makers and other influentials.

- Establish dialogue and build bridges among grassroots and advocacy groups, task forces, provider groups, student groups, NGOs, multisector agencies, the media and media associations, insurance companies, health consumer groups, community groups, client groups that work with women, donor institutions, and government ministries (including education, health, and women's affairs).
- Develop linkages among different causes, including reproductive health, women's health, women's rights and empowerment, human and civil rights, consumer rights, education, HIV/AIDS, and population.
- Find creative ways to build bridges and to make positive connections among causes. Demonstrate that working on human rights will also serve the goals of health care.

Develop, shape, and deliver outreach messages: The comfort level and ability of individuals to communicate their needs to providers is critical to the successful implementation of informed choice at the service-delivery level. Therefore, one central message of outreach efforts to potential clients should be that it is not only acceptable but also critical to talk to your provider about a wide range of issues and to demand to be treated with respect and dignity. Individual clients have a role to play in transforming the traditional medical model. Unless they view themselves as consumers of and primary decision-makers for their health care, they might accept easy answers from medical authorities and may be unwilling to participate in two-way communication with providers. To advocate for individual rights, build community awareness, and educate individuals about their role in family planning decision-making:

- Develop culturally appropriate public-education campaigns;
- Tap into free air time or use public-service announcements;
- Develop messages for both providers and clients;
- Use a range of informational materials—such as brochures, flyers, posters, buttons, kids' artwork, stickers, T-shirts—to promote individual rights;
- Develop materials that convey messages without words.

Choose and cultivate messengers: Messages can have greater impact when the messengers are respected individuals and natural leaders in the community. Messengers can be providers, clients, women's advocates, researchers, teachers, and neighbors. They should be in touch with community issues, needs, and realities.

- Since providers are often isolated from the communities they serve, they should become more connected by making this an integral part of their work (i.e., such as through volunteering their time with other community organizations).
- Messengers can reach youth by speaking at schools or other youth-oriented activities.

Broaden Content Areas for Advocacy

Human and reproductive rights: To build support for a reproductive-rights framework, it is important to first define sexual and reproductive rights by drawing from the expertise and language of both the health and rights communities. Such a framework should also provide legal protection for individuals and build community and individual awareness about how to be informed consumers of family planning.

Gender equity and empowerment: Ensuring gender equity and women's empowerment is central to implementing informed choice. Without the ability to be full participants and decision-makers in other areas of their lives, women are unable to make informed decisions about their reproductive health. Therefore, advocating for the education and legal protection of women should be priorities of the informed choice agenda.

Family planning is health care: Family planning has often been delivered as a commodity, separate from the health care system in many countries. Yet, family planning is health care and should be integrally linked with other health needs and service-delivery systems. This will help provide a more holistic perspective of clients' needs.

Service Delivery

Broaden Service-Delivery Approaches

Increase client and community participation: Understanding and building upon the needs and concerns of individuals is a necessary step to guarantee reproductive rights, empower current and potential family planning clients, and address the multiple needs of individuals. To enable individual clients, staff members, and others from the community to communicate their ideas, concerns, and needs:

- Use space creatively to maximize the privacy available for the clients who need it;
- Provide an approachable and accessible point person (i.e., someone whom individuals view as a trustworthy ally) to serve as a client advocate;
- Conduct regular client interviews to gain perspectives on services they desire or received;
- Provide simple mechanisms (such as peer representatives or anonymous surveys) for men and women to voice concerns, suggestions, or complaints; and
- Establish community-advisory groups.

Improve the quality of client-provider interaction: Service-delivery approaches should be designed to ensure that clients are respected and feel comfortable in the clinic setting. In addition, making client education integral to service delivery can reinforce and enhance fundamental shifts in the medical model. To improve the quality of client-provider interactions:

- Integrate sensitivity and accountability for human rights into the service-delivery setting;
- Appoint or employ a "rights ombudsperson" to serve as a point person to ensure that all interpersonal interactions respect individual rights and the principles of informed choice;

- Learn and apply strategies (e.g., employee of the month) that reward staff members for embracing and implementing a philosophy of client empowerment and respectful caregiving;
- Systematically reexamine the balance between clients and providers during the process of decision-making;
- Make the informed consent form interactive and change the form to guide the informed choice process and not simply the document or outcome; and
- Implement supervision and evaluation approaches that include observation of client interaction.

Maximize resources: Service-delivery strategies should attempt to maximize already-available resources, avoid duplication at every level, and use other resources for information-giving. For example:

- Draw on clients as an additional resource for clinic services—such as client education, child care, and administrative tasks (i.e., passing out forms or bringing clients to the next room);
- Provide information through media, brochures, posters, or group education so that staff time can be devoted to sensitive or (individually focused) client-specific information;
- Do not repeat information that clients can receive elsewhere or will be given later (e.g., instructions on usage before clients have chosen a method);
- Individualize information by determining what clients already know; and
- Draw on other people (including clinic staff and others) as information givers.

Broaden Content Areas for Service Delivery

Build on existing services: Build upon the existing service-delivery infrastructure and human resources to provide those minimal additional services that are necessary to ensure the quality of care already being provided. For example, all family planning providers should be able to identify, understand, and discuss related health care issues, such as STIs, HIV/AIDS, maternity care, gynecology, and sexuality.

Access to information: Provide more complete information about family planning (such as side effects and which methods protect against STIs and HIV/AIDS), and broaden content areas beyond family planning, including information about rights. Strategies should also be implemented to ensure that clients have complete access to information related to other reproductive health needs and providers should embrace an approach to service delivery that treats individuals as whole people.

Linkages and referrals: Enable clients to seek services for related needs by establishing closer linkages to other service providers and sites. Informed decision-making is enhanced by a client's ability to seek other health services. In addition, a commitment to a comprehensive approach builds client satisfaction and trust.

Broaden Training Approaches

Integrate informed choice into existing training systems: Counseling training that includes informed choice should be an integral part of in-service training programs, medical and nursing school curricula, and the curricula of other health-training institutions. Counseling should be viewed as an essential service-delivery tool, enabling providers to effectively assess and meet client needs. To make informed choice and counseling training readily available to both new and experienced providers:

- Analyze existing medical training and identify whether and how such training addresses informed choice;
- Exploit opportunities that already exist by incorporating informed choice lessons into ethics or other related classes that are already being taught in medical schools and other health-training institutions;
- Strengthen training on interpersonal skills including counseling as part of all technical skills training; and
- Ensure that informed choice counseling and development of interpersonal skills are covered at professional meetings and in other technical review settings.

Implement strategies for low-resource settings: Although training is sometimes viewed as a luxury, the following strategies can help providers and other staff to learn about and implement practices that ultimately save time and money.

- Train a variety of people (including providers, nonmedical staff, members of the community, peers) to provide counseling services—focusing on those individuals who have the most contact with clients.
- Teach providers how to identify client needs and determine what clients already know in order to save time by tailoring specific information to clients.

Utilize on-site, empowering, team-focused training strategies: To better meet the needs of all staff at service-delivery sites, training efforts should address the realities of individual clinics and incorporate team training. By enabling staff to assess their own site-training needs, the realities of the service site can be addressed, and training will be integrated into the broader institutional and organizational systems and goals.

Broaden Content Areas for Training

Basic principles of informed choice and human rights: To ensure that all health care providers and clinic staff understand, embrace, and implement the basic principles of informed choice, training efforts should enable providers and other health care staff to:

- Become familiar with the basic human rights that relate to reproductive health and family planning services;
- Approach individuals as "consumers" rather than "acceptors" of family planning;
- Recognize and overcome practices that are influenced by "provider bias";
- Be able to develop and use a rights-sensitivity checklist (e.g., questions designed to determine whether providers and programs are sensitive to client rights);
- Know the difference between informed choice and informed consent; and
- Become part of the solution to overcoming the barriers to rights.

Counseling and interpersonal-communication skills: By emphasizing and teaching counseling and interpersonal skills, provider training can reduce the imbalance of knowledge and power between providers and clients and make service delivery responsive to client needs. To incorporate counseling techniques into all interactions with clients, providers should learn skills that will enable them to:

- Listen to clients and effectively assess their needs and knowledge;
- Reexamine and possibly change the language used with clients;
- Make counseling person-oriented rather than method-oriented;
- Focus on the client's role in informed decision-making rather than the provider's role in the process; and
- Overcome the misconception of counseling as a "one-way process" of imparting information.

Other reproductive health needs: Because informed choice is dependent on access to a wide range of reproductive-health information, providers must be comfortable with the health needs of individuals that relate to and go beyond family planning. As a result, training tools should be designed to help providers learn about and respond to the multiple health needs of individuals, including:

- STIs and HIV/AIDS;
- Basic gynecology;
- Fertility, pregnancy, and perimenopausal issues;
- Emotional, psychological, and other nonphysical aspects of well-being;
- Social context (such as relationships and sexuality);
- Support services related to violence; and
- Effects of gender on family planning (i.e., to help women learn negotiation skills for use of condoms or other family planning methods with their partners).

Summary of Major Themes

The Global Working Group found that the concept of reproductive and sexual rights, as defined in the ICPD Programme of Action, was central to any discussion about the implementation of informed choice. It was agreed that such rights include the right to decide when and how many children to have, the right to be treated with respect and dignity (regardless of the educational, gender, or social differences between the provider and the client), the client's right to a range of methods for family planning and to complete and comprehensible information about those methods, and the client's right to information and services related to HIV/AIDS, STIs, and other health care conditions.

One of the most important themes to emerge from the meeting was the complexity of informed choice as an element of family planning services. In the past, efforts to improve the conditions for informed choice have focused almost exclusively on the service-delivery setting. It became clear during our discussions that this focus misses many of the underlying social and political factors that limit the ability of and opportunity for family planning clients to make informed choices. It also inadequately accounts for the role of advocacy efforts from both within and outside the health system.

We also found that improving the conditions for informed choice in the service-delivery setting depends on focusing some efforts outside of the clinic and other efforts inside the clinic in order to minimize the impact of the outside world. All members of the group recognized the interconnections between informed choice as a model of client-centered health service delivery and the agendas of health, human rights, development, and education advocates. We believe this creates a significant opportunity to build new alliances among groups working in these diverse areas.

Finally, the Global Working Group determined that research, advocacy, service-delivery, and training strategies need to be better coordinated. Because these strategies reinforce and inform one another, no single strategy can be successful on its own. Without research on the existing problems and potential benefits of adopting informed choice principles, it is difficult to convince community leaders, policy makers, donors, and service providers that any changes are necessary. Without clear support for informed choice within the community and within health care systems, it is difficult to change service-delivery practices and design them to protect or enhance an individual's right to informed choice. Without consulting clients about their need and experiences, it is difficult to insure client-centered services. And without training, providers will lack the knowledge, attitudes, and skills necessary to approach empowered clients or work within improved service-delivery settings.

Looking Ahead

As we look ahead to the new millennium, the members of the Global Working Group have set themselves to work individually and collaboratively to build a broader constituency and a stronger movement for achieving the priorities outlined in this report. We hope to initiate and convene further local and regional dialogue on the range of issues discussed. Ultimately, we hope that the ideas generated will result in a greater depth of knowledge and in potential solutions to be piloted in real and diverse service-delivery settings.

Because realization of the informed choice agenda will depend on additional funding and support in a variety of arenas, it will also be necessary to work together to raise awareness and increase commitment among funders, educators, policy makers, and other decision-makers. To begin this process, we have tried to articulate the connections between the broader concern with rights, health, and empowerment contained in the 1994 ICPD Programme of Action and the more specific concern with informed choice and voluntarism in family planning services. We see the latter as a mirror of the former and, importantly, as a critical window for practical interventions with the broader agenda in mind.

Despite certain limitations of a focus on the service-delivery context, the members of the Global Working Group believe that specific changes in service-delivery settings can play a part in helping to accomplish the goals of reproductive and sexual rights in society as a whole. We see a direct relationship between the quality and breadth of services and the treatment individuals receive when they seek and obtain services, and the ability of individuals to exercise their fundamental human rights. Making an informed family planning decision in a service environment that treats one with dignity is, after all, an empowering experience that will likely follow many individual clients out the clinic door and into their lives. Finally, health workers can be powerful allies in the struggle to make policies and services reflect support for human rights and individuals.

Appendix A

Executive Summary Translations

Sommaire Exécutif

Le Choix Informé

En Prestation de Services de Planification Familiale Internationale

Stratégies pour le 21e Siècle

Rapport d'une réunion d'un groupe de travail international qui a eu lieu au centre de conférences et d'études Bellagio de la Fondation Rockefeller Bellagio, Italie, du 18 au 24 novembre 1998

AVSC International

L'expression « le choix informé » décrit un processus dynamique de prise de décision individuelle en matière de soins de santé. Dans un monde parfait, ce terme décrirait le processus permettant à une personne bien informée de décider librement de recourir ou non à un traitement ou à un service de santé, de choisir le traitement ou les services, de suivre ou non une recommandation ou d'attendre pour étudier la question. On peut faire un choix informé seul ou en consultant des prestataires de soins de santé, la famille ou les amis. Bien qu'il existe quelques principes universels, le processus devrait théoriquement répondre aux besoins de l'individu.

Beaucoup d'efforts ont été faits durant les 20 dernières années pour créer un consensus solide sur le choix informé dans la planification familiale. Cependant, la rhétorique de l'engagement n'a pas été suivie par une mise en œuvre du processus du choix informé au niveau prestation de services. Dans sa recherche d'un choix raisonnable, le client se heurte encore toujours à des obstacles. Aujourd'hui les règles, pratiques et attitudes entravant le choix sont complexes et souvent difficiles à changer.

Pour cette raison, AVSC International a organisé une réunion d'un Groupe de travail international pour discuter en profondeur la complexité des difficultés actuelles et pour planifier et identifier les stratégies de changement. Le groupe s'est réuni à Bellagio en novembre 1998 au Centre d'Études et de conférences Bellagio de la fondation Rockefeller, à Bellagio.

Pendant la réunion, le Groupe de travail international a discuté des huit plus grands obstacles à un choix informé dans les services actuels de planification familiale. Pour faire face à ces difficultés d'envergure, les membres ont identifié huit objectifs prioritaires considérés comme essentiels à un choix vraiment informé dans le cadre de la prestation de services. Ces objectifs sont ennumérés ci-dessous et sont discutés en profondeur dans le rapport complet de la réunion.

Objectifs prioritaires

1 Assurer les droits en matière de procréation et de santé reproductive

Opérationaliser un cadre de support des droits en matière de santé reproductive et de procréation pour la prestation de services de planification familiale. Développer des méthodes de prestation de service qui cherchent à corriger les injustices de fond et le manque de droits dans la société et renforcer l'orientation vers les droits aux soins de santé pour les prestataires.

2 Vaincre le déséquilibre entre pouvoir et connaissance

Développer des méthodes de prestation de services de planification familiale qui cherchent à rectifier le déséquilibre entre le pouvoir et la connaissance des clients et des prestataires. Prendre conscience que, dû à un manque d'éducation et de droit de prise de décision dans la société et dans la famille, beaucoup d'individus—et surtout des femmes—sont mal préparés à invoquer leurs droits ou à faire leurs propres choix en ce qui concerne les soins de santé.

3 Faire du choix informé un processus qui concerne les clients.

En diffusant des informations dans les services de planification familiale, renforcer la compréhension du client et son acceptation d'un choix et d'une prise en charge de soi. Tâcher d'intégrer les conseils concernant le client et l'échange d'informations et de s'assurer que le processus du choix informé ne se limite plus à obtenir un consentement et à éviter la responsabilité.

4 S'occuper des besoins multiples des individus

Adapter le processus du choix informé de façon qu'il adresse les nombreux besoins et inquiétudes des individus en ce qui concerne la santé et qu'il fournisse des informations suffisantes sur une grande gamme de questions sur la vie et la santé sexuelles, la procréation et d'autres questions afférentes.

5 Transformer et compléter le « modèle médical »

Développer des modèles de soins de santé qui outrepassent le modèle médical classique pour inclure les aspects interpersonnels de la prestation de services de planification familiale. Présenter et renforcer une prise de décision axée sur le client, faciliter le contact interpersonnel et l'apport d'informations des prestataires de santé, donc l'apport la prestation de services qui reflète les besoins et les conditions uniques d'une population de clients essentiellement sains qui recherche des soins préventifs.

6 S'adapter aux milieux à ressources limitées

Utiliser les ressources limitées de manière efficace et créatrice pour assurer l'existence d'un choix informé en planification familiale—même dans les milieux où les ressources sont limitées.

7 Assurer l'existence d'un choix de méthode

S'efforcer de rendre disponible à chacun un choix de méthodes de planification familiale. Obtenir le soutien des règles à chaque niveau pour développer une gamme raisonnable de choix de méthodes et le moyen d'avoir accès à ces méthodes par différentes voies.

8 Développer un vaste réseau d'alliances

Créer des alliances avec une gamme diversifiée de groupes afin de développer des coalitions et renforcer le soutien de la communauté des droits en matière de santé reproductive, de procréation, de santé, et le droit au choix informé en planification familiale en tant que manifestation-clé de ces objectifs plus étendus.

Pour atteindre ces buts essentiels, le Groupe de travail international a également développé des approches stratégiques spécifiques et à facettes multiples dans quatre secteurs principaux : recherche et évaluation, défense, prestation de services et formation. Le Groupe a déterminé que chacun de ces secteurs est essentiel pour promouvoir l'agenda du choix informé, car des efforts concentrés sur un seul but n'ont qu'un impact limité comparé à des stratégies coordonnées et mutuellement renforçables sur des fronts multiples.

Durant la réunion, quelques thèmes importants ont fait surface. Les membres du Groupe de travail international ont accepté que le concept universel de droits en matière de santé reproductive et de procréation devrait être au centre de toute discussion concernant la mise en œuvre d'un choix informé. Ils se sont également mis d'accord sur le fait que la mise en œuvre du choix informé en planification familiale dépend en majeure partie de la reconnaissance des facteurs sociaux et politiques sous-jacents qui limitent la capacité et l'opportunité qu'un individu a de prendre des décisions informées concernant tous les aspects de sa vie. On peut également obtenir un changement en soutenant les efforts de défense aussi bien à l'intérieur qu'à l'extérieur du système de défense, s'écartant ainsi des divisions classiques entre les travailleurs médicaux et les défenseurs des droits et de la santé des femmes. Tous les membres du groupe ont reconnu les liens entre un choix informé, en tant que modèle de prestation de services de santé axée sur le client, et les programmes des défenseurs de santé, de droits humains, de développement et d'éducation—donnant ainsi l'occasion de développer de nouvelles alliances entre les groupes qui travaillent dans ces secteurs.

« Ces droits [en santé reproductive] reposent sur le droit fondamental de tous les couples et de tous les individus de décider librement et raisonnablement du nombre de leurs enfants, de l'espacement et de l'échelonnement des naissances, et le droit d'obtenir l'information et les moyens de le faire. (7.3). »

« La réussite des programmes d'éducation de la population et de planification familiale dans des milieux variés prouve que, partout au monde, un individu informé peut agir et agira de manière responsable en ce qui concerne ses propres besoins et ceux de sa famille et de sa communauté. Le principe du choix libre et informé est essentiel pour assurer le succès à long terme des programmes de planification familiale (7.12). » (ICPD Action Program).

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Resumo Executivo

Liberdade De Escolha Baseada Em Informações

Em Serviços De Planejamento Familiar A Nível Internacional

Estratégias Para O Século XXI

Relatório da Reuniao de um Grupo de Trabalho Internacional realizada no Centro de Estudos e Conferências da Rockefeller Foundation em Bellagio Bellagio, Itália, de 18 a 24 de novembro de 1998

AVSC International

A expressão "Liberdade de escolha baseada em informaçoes", ou decisao informada, descreve um processo dinâmico de tomada de decisoes individuais na área de saúde. Num mundo ideal, descreveria o processo pelo qual pessoas empoderadas tomam decisões informadas em relação a aceitar ou recusar tratamentos ou serviços, escolher opções de tratamento ou atendimento, decidir sobre buscar ou seguir uma recomendação, ou pensar sobre o assunto posteriormente. O processo de liberdade de escolha baseada em informações pode ser conduzido por conta própria, ou com a assistência de profissionais de saúde, família ou amigos. Embora existam alguns princípios universais, o ideal é que o processo atenda às necessidades individuais.

Nos últimos 20 anos muita coisa foi feita para a formação de um consenso na área das políticas de liberdade de escolha baseada em informações em planejamento familiar. Entretanto, a implementação do processo de liberdade de escolha baseada em informações, a nível de prestação de atendimento não tem acompanhado os compromissos retóricos assumidos. As/os clientes continuam a enfrentar barreiras para fazer suas escolhas de forma significativa. Atualmente, as políticas, práticas e atitudes que ameaçam a livre escolha são complexas e freqüentemente difíceis de mudar.

Por essa razão a AVSC International convocou uma reunião do Grupo de Trabalho Internacional para discutir mais profundamente a complexidade dos desafios atuais, e planejar e identificar estratégias para efetuar mudanças. O grupo se reuniu em novembro de 1998 no Centro de Estudos e Conferências da Rockefeller Foundation, em Bellagio.

Durante a reunião, o Grupo de Trabalho discutiu oito das mais significativas barreiras atuais para a liberdade de escolha baseada em informaçoes em serviços de planejamento familiar. Para enfrentar estes desafios comuns, as/os integrantes identificaram oito objetivos priorit rios, considerados essenciais para atingir a liberdade de escolha baseada em informações a nível de atendimento. Esses objetivos são enumerados a seguir e discutidos em profundidade no relatório completo da reunião.

Objetivos Prioritários

1 Garantir Direitos Reprodutivos e Sexuais

Operacionalizar um marco de referência para os direitos sexuais e reprodutivos no atendimento em planejamento familiar. Desenvolver abordagens de atendimento que busquem corrigir as desigualdades subjacentes e a falta de direitos na sociedade, reforçando que o trabalho dos prestadores de serviços seja orientado para esses direitos.

2 Superar Desequilíbrios de Poder e Conhecimento

Desenvolver abordagens de planejamento familiar que busquem corrigir o desequilíbrio de poder e conhecimento entre as/os clientes e prestadores de serviços. Adaptar-se à falta de educação e poder de tomada de decisão na sociedade e na família, que deixam muitos indivíduos, especialmente mulheres, mal preparados para reivindicar seus direitos e tomar suas próprias decisões na área de saúde.

3 Fazer com que a liberdade de escolha baseada em informações seja um Processo por e para as/os clientes

Reforçar a compreensao e compromisso para a liberdade de escolha e empoderamento dos clientes, através da informação nos serviços de planejamento familiar. Trabalhar para integrar a orientação centrada nas/nos clientes e a troca de informações para garantir que o processo de tomada de decisões livre e baseado em informações deixe de ser focalizado na obtenção de consentimento e de evasao de responsabilidade.

4 Atender as Diversas Necessidades das Pessoas

Adaptar o processo de liberdade de escolha baseada em informações para atender as diversas necessidades e preocupações das pessoas na área de saúde, proporcionando uma vasta gama de informações adequadas a cerca da sexualidade, reprodução e outras preocupaçoes sobre a vida e a saúde.

5 Transformação e Complementação do "Modelo Médico"

Desenvolver modelos de atenção à saúde que vão além do modelo médico tradicional, incorporando aspectos interpessoais de prestação de serviços de planejamento familiar. Introduzir e reforçar os processos de tomada de decisão focalizados nas/nos clientes, aprimorando a capacitação dos profissionais de saúde em relacionamento interpessoal e para a entrega de informações, e uma abordagem de atendimento que reflita as necessidades e circunstâncias específicas de uma população essencialmente saudável em busca de atendimento preventivo.

6 Adaptação a Ambientes com Poucos Recursos

Usar recursos escassos efetiva e criativamente para garantir a liberdade de escolha baseada em informações– mesmo em ambientes com poucos recursos.

7 Garantir a Escolha do Método

Trabalhar no sentido de verdadeiramente disponibilizar opções de métodos de planejamento familiar a todos os indivíduos. Obter apoio político em todos os níveis, para uma gama razoável de métodos de escolha e acesso a estes, através de diversos meios.

8 Formação de Alianças

Formar alianças com uma gama ampla e diversificada de grupos, para desenvolver coalizões e fortalecer o apoio comunitário para os direitos sexuais e reprodutivos, para a saúde e para o direito da liberdade de escolha baseada em informações em planejamento familiar, como uma manifestação essencial destes objetivos mais amplos.

Para atingir estas metas abrangentes, o Grupo de Trabalho também desenvolveu abordagens estratégicas específicas e transversais em quatro áreas principais: pesquisa e avaliação, defesa pelos direitos da mulher ("advocacy"), atendimento e treinamento. Ficou determinado que cada uma destas quatro áreas é crucial para avançar na agenda da liberdade de escolha baseada em informações, já que esforços isolados em cada uma destas áreas têm um impacto limitado comparado com estratégias coordenadas em múltiplas reas que se reforçam mutuamente.

Alguns temas importantes surgiram durante a reuniao. As/os integrantes do Grupo de Trabalho concordaram que o conceito de direitos sexuais e reprodutivos universais deve ser o foco de todos os debates sobre a implementação da liberdade de escolha baseada em informações. O grupo também reconheceu que a implementação de liberdade de escolha baseada em informações em planejamento familiar depende, em grande parte, da abordagem de fatores sociais e políticos subjacentes, que limitam a capacidade e oportunidade dos indivíduos de tomarem decisoes informadas em todas as áreas das suas vidas. As mudanças também dependem de fazer defesa pelos direitos e saúde da mulher dentro e fora do sistema de saúde, acabando assim com as tradicionais discrepâncias entre os trabalhadores da saúde e defensores pelos direitos e saúde da mulher. Todas/os as/os integrantes do grupo reconheceram que existem ligações entre a liberdade de escolha baseada em informaçoes como um modelo de atendimento à saúde centrado na/no cliente e as agendas dos defensores de direitos humanos, de saúde, de desenvolvimento e educaçao, proporcionando a oportunidade de formar novas alianças entre os grupos que trabalham nessas áreas.

"Esses direitos (reprodutivos) se baseiam no reconhecimento dos direitos básicos de todos os casais e indivíduos decidirem livre e responsavelmente sobre a quantidade, intervalo e escolha do momento da gravidez e ter informações e meios para fazê-lo...(7.3)"

"O sucesso dos programas educativos de assuntos populacionais e planejamento familiar, em diversos ambientes diferentes, demonstra que indivíduos bem informados, em qualquer lugar, podem e de fato agirao responsavelmente, em vista das suas próprias necessidades e das suas famílias e comunidades. O princípio de liberdade de escolha baseada em informações é essencial para o sucesso dos programas de planejamento familiar a longo prazo (7.12)" (Programa de Açao do ICPD).

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* Os títulos e afiliações indicados acima são os mesmos da época de residência no Centro Bellagio.

Реферат

Информированный выбор

в международной системе услуг по планированию семьи:

Стратегия на 21-й век

Отчет о совещании Международной рабочей группы в научном конференц-центре фонда Рокфеллера в г. Белладжио (Италия) 18–24 ноября 1998 г.

AVSC International

Термин «информированный выбор» означает динамический процесс принятия индивидуумом решения по вопросам своего здоровья. В идеале, это относится к описанию процесса, в результате которого человек принимает информированное решение относительно того, следует ли воспользоваться лечением или услугами, или отказаться от них, какое лечение следует выбрать, обратиться ли за направлением к специалисту и пойти к нему на прием, или еще раз более детально продумать ситуацию. Процесс информированного выбора может осуществляться в индивидуальном порядке самим клиентом или включать консультации с медицинскими работниками, членами семьи или друзьями. До тех пор, пока соблюдаются некоторые универсальные принципы, этот процесс должен идеальным образом отвечать индивидуальным потребностям клиентов.

За последние 20 лет была проведена большая работа по достижению политического консенсуса по вопросу информированного выбора в планировании семьи. Несмотря на это, реальное воплощение процесса информированного выбора при предоставлении услуг отличается от формулировок принятых обязательств. Продолжают сохраняться барьеры для реализации клиентами осознанного выбора. Политика, практика и отношения в обществе, затрудняющие этот выбор в настоящее время, чрезвычайно сложны и часто с трудом поддаются изменениям.

Ввиду этих обстоятельств и по инициативе AVSC International было созвано совещание Международной рабочей группы, задачей которого был анализ всей сложной совокупности актуальных проблем, а также планирование и определение стратегии по осуществлению перемен. Совещание группы состоялось в ноябре 1998 г. в научном конференц-центре фонда Рокфеллера в г. Белладжио.

В ходе совещания Международная рабочая группа обсудила восемь наиболее серьезных препятствий на пути к реализации информированного выбора, которые в настоящее время являются характерными для сферы услуг по планированию семьи. Для преодоления этих широко распространенных проблем участники совещания наметили восемь первоочередных задач, от решения которых зависит обеспечение реального информированного выбора для клиентов медицинских учреждений. Эти задачи перечислены ниже и подробно описаны в полном тексте отчета о работе совещания.

Первоочередные задачи

1 **Обеспечить права в области репродуктивного и сексуального здоровья**
Привести в действие механизм обеспечения прав клиентов в области репродуктивного и сексуального здоровья в рамках учреждений, предоставляющих услуги по планированию семьи. Разработать подходы к предоставлению услуг, корректирующие последствия социального неравенства и недостатка гражданских прав и укрепляющие ориентацию работников системы здравоохранения на защиту прав клиентов.

2 **Преодолеть несоответствия в отношении прав и информированности**
Разработать подходы к обслуживанию по планированию семьи, нацеленные на коррекцию дисбаланса между клиентами и медицинскими работниками в отношении прав и информированности. Учитывать, что в связи с отсутствием образования и права принимать решения в обществе и в семье, многие люди, и в особенности - женщины, находятся в таком положении, когда они не готовы отстаивать свои права или делать самостоятельный выбор в вопросах, касающихся охраны их здоровья.

3 **Сделать информированный выбор процессом, который ориентирован на потребности клиентов и осуществляется в их интересах**
Развивать понимание и уважительное отношение медицинских работников к выбору, сделанному клиентом. Повышать образование клиентов посредством информационной деятельности служб планирования семьи. Направлять усилия на интеграцию процессов ориентированного на клиентов консультирования и обмена информацией, а также обеспечить

условия для того, чтобы процесс информированного выбора перестал рассматриваться только как получение согласия и способ избежать юридической ответственности.

4 Направлять работу на удовлетворение многообразных индивидуальных потребностей клиентов

Адаптировать процесс информированного выбора к многообразным индивидуальным потребностям и интересам клиентов и предоставлять адекватную информацию по широкому спектру вопросов сексуального и репродуктивного здоровья, а также по другим вопросам, относящимся к жизни и здоровью клиента.

5 Трансформировать и дополнять «медицинскую модель»

Разрабатывать модели предоставления услуг, выходящие за рамки традиционной медицинской модели и охватывающие все аспекты межличностных отношений при предоставлении услуг по планированию семьи. Внедрять и укреплять навыки медицинских работников, способствующие принятию клиентами решения в соответствии с интересами клиентов. Внедрять более совершенные навыки межличностного общения и предоставления информации, а также разрабатывать подход к предоставлению услуг, учитывающий индивидуальные потребности и жизненные обстоятельства практически здорового населения, которое обращается за профилактическими услугами.

6 Приспосабливаться к возможностям медицинских учреждений с ограниченными ресурсами

Эффективно и творчески использовать ограниченные ресурсы учреждений (включая медицинские учреждения с низким уровнем ресурсов) для обеспечения информированного выбора при предоставлении услуг по планировании семьи.

7 Обеспечивать наличие выбора метода

Обеспечить для всех клиентов реальную возможность выбора методов планирования семьи. Добиваться поддержки на всех уровнях в целях предоставления разумно необходимого диапазона методов, а также различных путей доступа к этим методам.

8 Расширять круг организаций-союзников

Развивать отношения сотрудничества с широким кругом различных групп с целью создания коалиций и укрепления общественной поддержки в области репродуктивных и сексуальных прав и здоровья человека, включая право на информированный выбор в планировании семьи как реальное проявление перечисленных фундаментальных задач.

Для успешного решения этих взаимосвязанных задач Международная рабочая группа разработала специфические и комплексные стратегические подходы в четырех основных областях: исследования и оценка, информация и просвещение, предоставление услуг и обучение персонала медицинских учреждений. Участники совещания пришли к выводу о том, что работа в каждой из этих четырех областей является критически важной для успешной реализации процесса информированного выбора, поскольку усилия, сосредоточенные в каком-либо одном направлении, имеют ограниченный эффект по сравнению со стратегией координированных и взаимоподдер-живающих действий по многим направлениям.

В ходе совещания было выявлено несколько важных тем. Члены Международной рабочей группы согласились с тем, что концепция универсальных прав клиентов в области репродуктивного и сексуального здоровья должна находиться в центре всех дискуссий о способах обеспечения информированного выбора. Группа также признала, что интеграция информированного выбора в систему услуг по планированию семьи во многом зависит от решения более глубоких социальных и политических проблем, которые ограничивают потенциал и реальные возможности отдельных лиц принимать информированные решения в любых областях своей жизни. Кроме этого, осуществление перемен также зависит от более целостного понимания роли информационно-просветительной

работы, как в рамках системы здравоохранения, так и за ее пределами, которая способствует устранению традиционных разногласий между медицинскими работниками и членами организаций по защите прав и здоровья женщин. Все члены рабочей группы отметили тесную взаимосвязь между информированным выбором как эталоном медицинского обслуживания, направленного на удовлетворение потребностей клиентов, и приоритетными задачами в сферах здравоохранения, прав человека, развития и образования. Признание этой взаимосвязи способствует формированию принципиально новых отношений между организациями, работающими в указанных областях.

"Указанные права зиждутся на признании основного права всех супружеских пар и отдельных лиц свободно принимать ответственные решения относительно количества своих детей, интервалов между их рождением и времени их рождения и располагать для этого необходимой информацией и средствами..." (Программа действий Международной конференции ООН по народонаселению и развитию, §7.3)

"Достигаемый в самых различных условиях успех программ в области обрадования и просвещения населения планирования семьи показывает, что информированные люди, где бы они не находились, могут и будут действовать с чувством ответственности и с учетом собственных потребностей, а также потребностей своей семьи и общины. Принцип информированного свободного выбора имеет огромное значение для обеспечения

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Resumen Ejecutivo

Elección Informada

En la Prestación de Servicios de Planificatión Familiar Internacional

Estrategias para el Siglo XXI

Informe de la Reunión Mundial del Grupo de Trabajo que se celebró en el Centro de Estudios y Conferencias Bellagio de la Fundación Rockefeller Bellagio, Italia, del 18 al 24 de noviembre de 1998

AVSC International

La elección informada se refiere a un proceso dinámico en la toma de decisiones de los individuos sobre la atención de su salud. En un mundo ideal, elección informada describiría el proceso por medio del cual el individuo toma decisiones informadas en cuanto a la obtención o rechazo de tratamiento o servicios, cuáles tratamientos o servicios seleccionar, si debe o no debe buscar o hacer caso de una recomendación o si debe pensar aún más en el asunto. El proceso de elección informada puede ocurrir en forma personal o en consulta con proveedores de atención médica, con la familia o con amigos. Si bien existen algunos principios universales, el proceso debe, idealmente, satisfacer las necesidades de la/el individuo.

Durante los pasados 20 años se ha logrado mucho en el proceso de construir un sólido consenso en la política sobre la elección informada en materia de la planificación familiar. Sin embargo, la puesta en práctica del proceso de elección informada al nivel de la prestación de servicios, no ha llegado a equipararse con lo que se promete en la retórica. Todavía existen barreras que se interponen cuando las/los clientes deben poner en práctica el proceso de elección informada. En la actualidad, las políticas, prácticas y actitudes que amenazan la elección son complejas y suelen ser difíciles de cambiar.

Por esta razón, AVSC International acordó en llevar a cabo una reunión con un Grupo de Trabajo Internacional para tratar a fondo la complejidad de los retos actuales, identificar y planificar las estrategias para el cambio. El grupo se reunió en noviembre de 1998 en el Centro de Estudios y Conferencias de la Fundación Rockefeller en Bellagio, Italia.

Durante la reunión, el Grupo de Trabajo Internacional examinó ocho de los obstáculos más importantes que en la actualidad se interponen a la elección informada en la prestación de servicios de planificación familiar. Con el fin de abordar estos retos tan amplios, las y los integrantes del grupo de trabajo identificaron ocho objetivos prioritarios, considerados fumdamentales para que sea efectiva la elección informada en el ámbito de la provisión de servicios. Estos objetivos se enumeran a continuación y se tratan en detalle en el informe completo de la reunión.

Objetivos Prioritarios

1 Asegurar los derechos sexuales y reproductivos

Operacionalizar un marco de derechos sexuales y de reproducción para la provisión de servicios de planificación familiar. Establecer abordajes para la provisión de servicios cuyo fin sea subsanar las inequidades del entorno y la falta de derechos en la sociedad y reforzar que los proveedores se orienten hacia la atención de salud basada en estos derechos.

2 Superar los desequilibrios de poder y conocimientos

Establecer y desarrollar abordajes de provisión de servicios de planificación familiar cuya finalidad sea corregir el desequilibrio de poder y conocimientos entre las/los clientes y las/los proveedores. Hacer los ajustes necesarios en los sistemas, entendiendo que la falta de educación y poder en la toma de decisiones al nivel sociedad y familia deja a muchas/os individuos, particularmente a las mujeres, poco preparadas para hacer valer sus derechos o para tomar sus propias decisiones en el contexto de la atención médica.

3 Hacer que la elección informada sea un proceso para y acerca de las/los clientes

Reforzar el significado y el compromiso con la elección de la/el cliente y su empoderamiento a través de la información en los servicios de planificación familiar. Trabajar para integrar la consejería y el intercambio de información centrados en la/el cliente y asegurar que el proceso de elección informada ya no se restrinja a obtener el consentimiento y evitar las obligaciones.

4 Considerar las múltiples necesidades de las/los individuos

Adaptar el proceso de elección informada de manera que abarque la diversidad de problemas y necesidades médicas de las/los individuos y proporcionar información adecuada sobre una amplia gama de asuntos relacionados con la vida y la salud sexual, reproductiva y general de las personas.

5 Transformar y complementar el "Modelo médico"

Desarrollar modelos de atención de la salud más allá del modelo médico tradicional para que abarquen los aspectos interpersonales de la provisión de servicios de planificación familiar. Introducir y reafirmar el proceso de decisión informada centrado en la/el cliente, el cual tenga la finalidad de mejorar la capacidad de las/los proveedores de servicios respecto a la transmisión de información, así como un enfoque en la provisión de servicios que refleje las necesidades y circunstancias particulares de una población de clientes esencialmente saludable que busca atención preventiva de la salud.

6 Adaptarse a los lugares donde los recursos son escasos

Aprovechar los escasos recursos de manera efectiva y creativa para asegurar la elección informada en la planificación familiar, aunque se trate de un entorno pobre en recursos.

7 Asegurar las Opciones de Métodos

Trabajar para hacer que las opciones de métodos de planificación familiar estén realmente al alcance de todas y todos los individuos. Lograr el apoyo de las políticas de planificación familiar en todos los niveles para que se cuente con un espectro razonable de opciones de métodos y obtener acceso a ellos a través de muchas vías.

8 Crear Alianzas más Amplias

Crear alianzas con una amplia y diversa gama de grupos con el fin de formar coaliciones y fortalecer el apoyo de la comunidad en cuanto a la salud, a los derechos sexuales y reproductivos, y al derecho a la elección informada en planificación familiar como una manifestación clave de estos objetivos amplios.

Con el fin de lograr estas metas generales, el Grupo de Trabajo Internacional también creó abordajes estratégicos específicos y transversales en cuatro áreas centrales: investigación y evaluación, defensa y gestoría, provisión de servicios y capacitación. Se determinó que cada una de estas cuatro áreas es crucial para el avance de la agenda de elección informada, pues las actividades enfocadas en un solo aspecto tienen un impacto limitado al compararlas con aquellas estrategias coordinadas y de reforzamiento recíproco que se llevan a cabo en varios frentes.

Durante las reuniones surgieron varios temas importantes. Los miembros del Grupo de Trabajo Internacional acordaron que el concepto de derechos sexuales y reproductivos universales deben ser el punto central en todas las discusiones acerca de cómo implementar la elección informada en lo concreto. El grupo reconoció asimismo que la puesta en práctica de la elección informada en la planificación familiar depende, en gran medida, de examinar los factores políticos y sociales subyacentes que limitan la habilidad y oportunidad de las/los individuos para tomar decisiones informadas en todos los aspectos de su vida. El cambio también depende de que se adopte el papel de las actividades de defensa y gestoría, tanto dentro como fuera de los sistemas de salud, dejando de lado, por consiguiente, las divisiones tradicionales entre los/las trabajadores/as de salud y los/las activistas defensores/as de la salud y los derechos de las mujeres. Todas y todos los integrantes del Grupo de Trabajo Internacional reconocen las interconexiones entre elección informada como un modelo de provisión de servicios de salud centrada en el/la cliente y las agendas que tienen las y los activistas defensores de la salud, de los derechos humanos, del desarrollo y de la educación, entre otros, lo cual significa una oportunidad para formar nuevas alianzas entre los diversos grupos que desempeñan actividades en estas áreas.

"Estos derechos [reproductivos] se basan en el reconocimiento de los derechos básicos de todas las parejas e individuos a decidir libre y responsablemente el número de hijos, el espaciamiento de los nacimientos y el intervalo entre éstos y a disponer de la información y los medios para ello... (7.3)"

"El éxito de los programas de educación sobre cuestiones de población y planificación familiar en diversas situaciones demuestra que, dondequiera que estén, las personas bien informadas pueden y actuarán responsablemente de acuerdo con sus propias necesidades y las de su familia y comunidad. El principio de la libre e informada elección es esencial para el éxito a largo plazo de los programas de planificación familiar. (7.12)" (Programa de Acción de la IV Conferencia Internacional sobre Población y Desarrollo, El Cairo, 1994).

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* Los puestos y afiliaciones de las/los integrantes del Grupo de Trabajo son los que tenían cuando se celebró la reunión en el Centro Bellagio.

Appendix B

Global Working Group Meeting Agenda

Beyond Policy Consensus: Informed Choice in Family Planning Service Delivery

Global Working Group Meeting Agenda
Rockefeller Foundation Bellagio Study & Conference Center
Bellagio, Italy
November 18-24, 1998

Part I: Fact Finding

DAY 1

Describing the informed choice agenda	*Identifying key elements of informed choice*
Investigating informed choice	*Discussion of barriers that participants encountered while researching informed choice in their own countries*
Presenting country profiles	*Individual presentations of 2 countries: Indonesia & Colombia*

DAY 2

Presenting country profiles (cont'd)	*Individual presentations of 5 countries: India, Kenya, Brazil, Mexico, United States*
Pulling out common themes from country presentations	*Putting similarities, differences, and unique features of informed choice and family planning service delivery in the countries presented into an international context*

Part II: Identifying Major Challenges

DAY 3

Defining what we mean by informed choice in the service delivery context	*Developing an informed choice model and diagram reflecting the different stages of the process through which a client makes an informed decision with provider support and with designated "key elements" present*
Challenges in implementing the informed choice model	*Participants break into small groups to identify particular challenges in using the informed choice model such as remote and resource-poor settings* *Group reconvenes to share challenges*
Identifying and prioritizing current problems	*Participants break into small groups to use common themes from country presentations to identify major challenges in informed choice* *Group reconvenes to discuss, consolidate, and prioritize major challenges*

Part III: Developing Strategies and Recommendations

DAY 4

Identifying strategies to address each of the 8 major challenges identified	*Participants break into small groups to recommend strategies in the areas of training, research and evaluation, service delivery, and advocacy.* *Group reconvenes to share and offer feedback on suggested strategies and consolidate lists*

DAY 5

Setting priority objectives	*Participants break into small groups to articulate key objectives for each of the 8 major challenges confronting the informed choice agenda* *Group reconvenes to list priority objectives for implementing informed choice in services and moving the policy agenda forward*
Developing key messages for key audiences	*Participants practice different approaches to speaking about informed choice issues to different audiences (i.e., donors, policymakers, etc.)*
Sharing individual plans for the future	*Participants share intentions to integrate the Bellagio agenda in their own countries*