

The post-2015 development agenda and SRHR

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Sexual and reproductive health is fundamental to the health, well-being and participation of girls and women in their communities



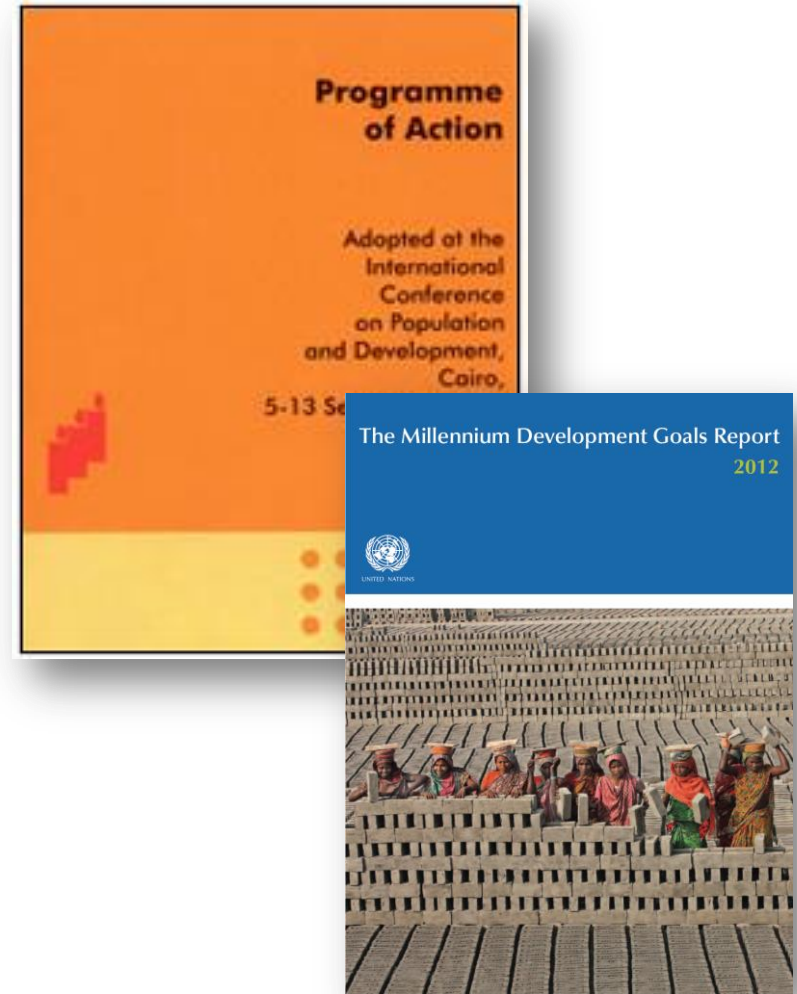
Sexual and Reproductive Health and Rights

- ❑ ICPD, Beijing, MDGs, CEDAW and other
- ❑ Recognition of gender equality and equity, and the empowerment of women and reproductive rights, as cornerstones of population and development
- ❑ Recognition of basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, to have the information and means to do so, free of coercion discrimination and violence



Redefining the Global Agenda

- ❑ Opportunity to redefine the global agenda for reproductive health & development
- ❑ Reflecting on ICPD programme of action
- ❑ Considering progress on MDGs and address challenges



Beyond 2014/15: Progress and Challenges

- ❑ Many countries have devised innovative strategies and programmes to advance the sexual and reproductive health agenda

- ❑ Progress made in several areas:
 - an overall 50% reduction in maternal and child mortality
 - increases in the use of contraception
 - reduction in the rates of new infection for HIV

- ❑ Inequities and gaps remain in ensuring universal access to reproductive health

SRHR: Unfinished Agenda

Sexual and reproductive health of adolescents

- ❑ An estimated 16 million births occur to young women aged 15–19 years, representing 11% of all births
- ❑ About 12% of adolescent girls in low- and middle-income countries are married by the age of 15 years, and 30% by the age of 18 years



- ❑ Of the 22 million unsafe abortions every year, 15% occur in young women aged 15–19 years
- ❑ Every day 39000 girls are married before the age of 18

SRHR: Unfinished Agenda

Contraceptive information and services

- Worldwide, 222 million women and girls have an unmet need for modern contraception
- Providing access to contraception to all women in low- and middle-income countries with unmet contraceptive needs could prevent **54 million unintended pregnancies, 26 million abortions and 7 million miscarriages; as well as 79 000 maternal deaths and 1.1 million infant deaths**



Prevention of unsafe abortion

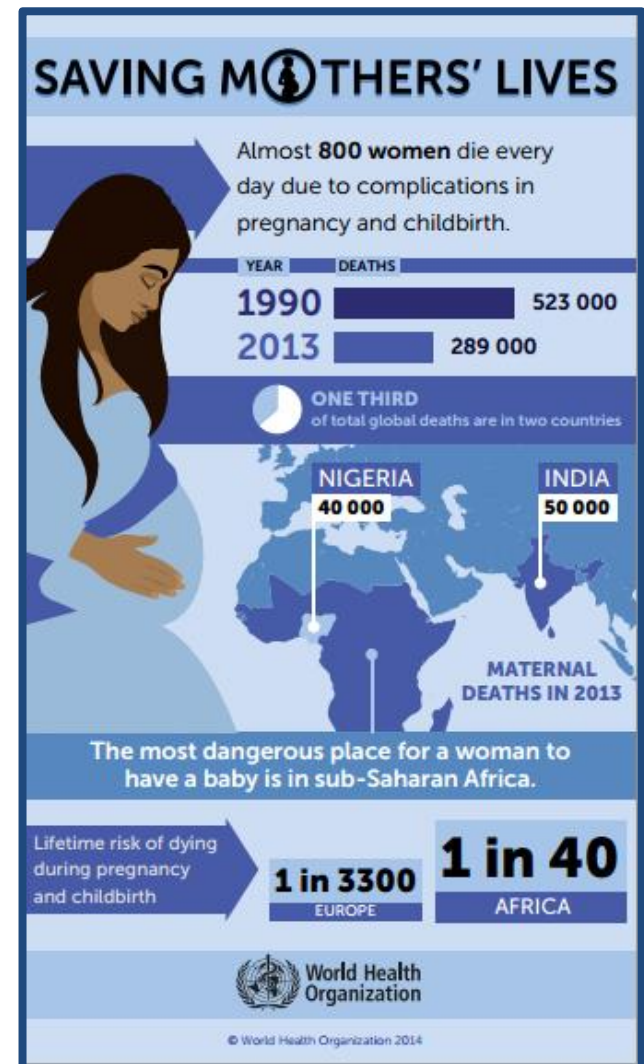
Approximately 44 million abortions take place every year, of this 50 percent (22 million) are unsafe abortions

47 000 pregnancy-related deaths (13%) attributable to complications of unsafe abortion

SRHR: Unfinished Agenda

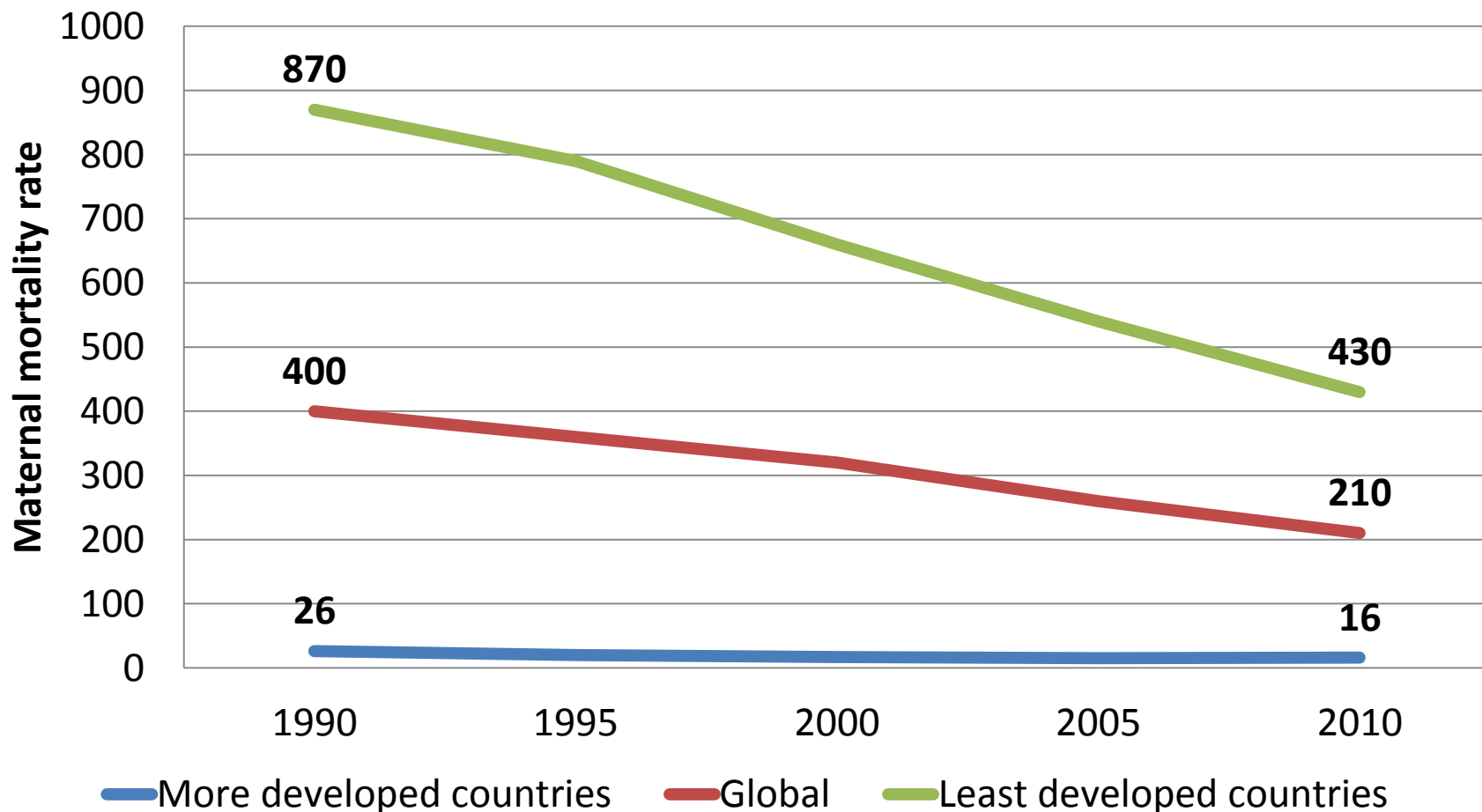
Maternal mortality and morbidity

- ❑ 45% global reduction in maternal deaths since 1990.
- ❑ An estimated 289,000 women died in 2013 due to complications in pregnancy and childbirth, down from 523,000 in 1990.
- ❑ 10 countries carry most of the burden, accounting for about 60% of global maternal deaths. Two countries, India (50,000 deaths) and Nigeria (40,000 deaths), account for more than 30% of global maternal deaths

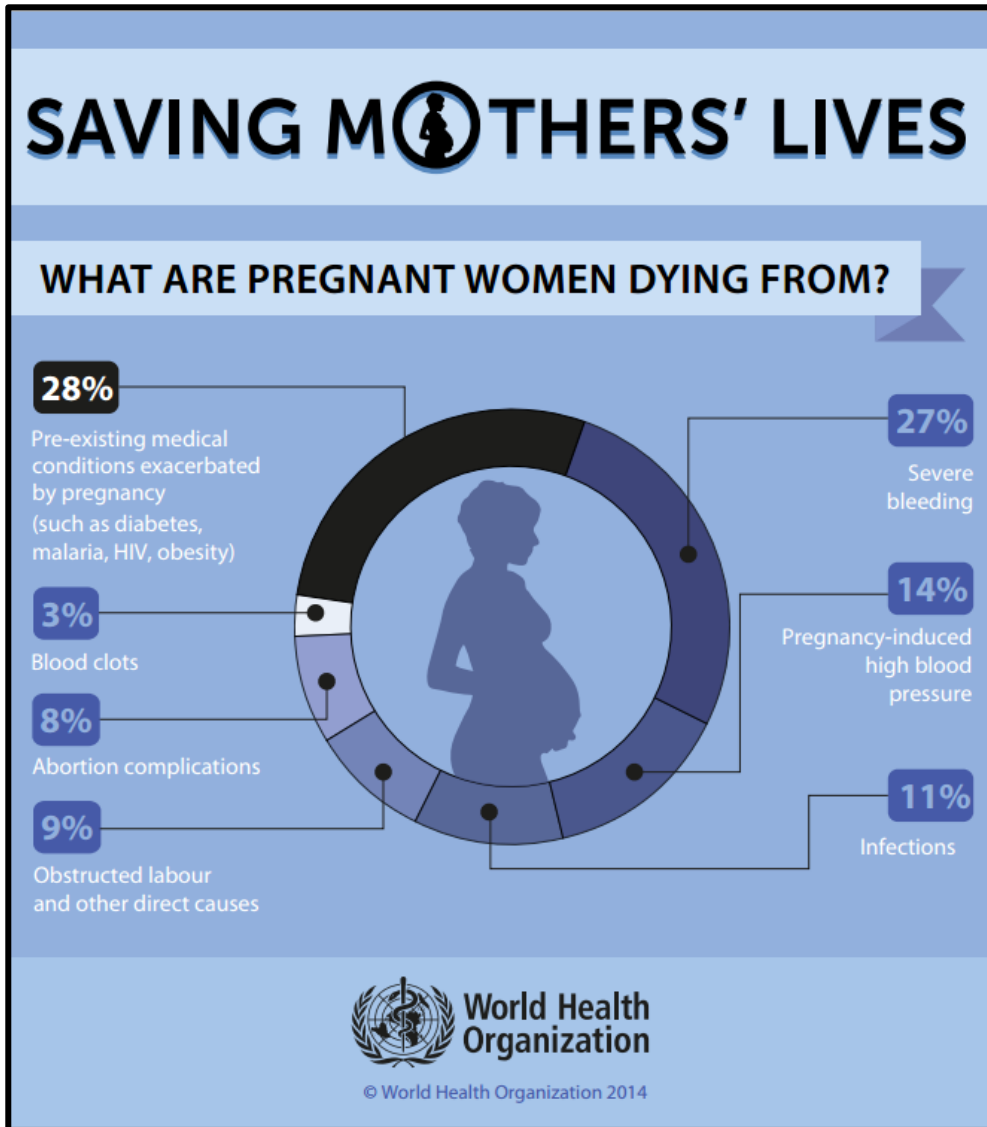


MDG 5: Improving maternal health

Maternal mortality has nearly halved since 1990



Causes of mortality



SRHR: Unfinished Agenda

Sexually transmitted infections

- ❑ According to estimates 500 million new (incident) cases of curable STIs (gonorrhoea, chlamydia, syphilis and trichomoniasis)
- ❑ Approximately 291 million women have an HPV infection at any given point in time, with similar figures for men.

Violence against women and girls

- ❑ One in three women aged 15–49 years have experienced physical and/or sexual violence by an intimate partner, or non-partner sexual violence
- ❑ 32% of all women aged 15–49 years who have been in a relationship have experienced physical and/or sexual violence by an intimate partner in their lifetime



Defining a new agenda

- ❑ Three cross cutting, priority issues are highlighted in processes reflecting on ICPD+20 and post-2015:
 - Urgent need to reduce inequality
 - Empower girls and women to promote development
 - Young people, and fulfillment of their unique needs, are essential
- ❑ Respecting, fulfilling and protecting human rights are essential

Address inequalities

- Inequalities and inequities in accessibility and quality of health systems across and within countries continue to persist
- Sub-Saharan Africa and Southern Asia continue to have some of the least accessible and most fragile health systems
- Weak and poor health-system coverage or low-quality services abound for vulnerable populations, such as the poor, adolescents, older persons, rural and urban slums, and uninsured or undocumented persons
- Many of these inequalities overlap, and people face a multitude of barriers to sexual and reproductive health services

Ensure quality of care

- ❑ Significant role of quality of care in improving health outcomes
- ❑ Need to consider multiple dimensions of quality of care, including:
 - Improving the settings where care is delivered
 - Ensuring best practices are implemented
 - Improving measurement of outcomes to informed efforts to improve quality of care
- ❑ Upgrading of first and second level facilities with appropriate infrastructure and equipment, and providing adequate numbers of skilled and motivated human resources are necessary to increase coverage and facilitate access

Quality care is respectful care

- ❑ Recognizing the importance of respect, equity and dignity in provision of reproductive health services
- ❑ Growing body of evidence that many women experience disrespectful and abusive treatment during antenatal, intrapartum or postpartum care globally
- ❑ Women particularly vulnerable to mistreatment and abuse during childbirth in facilities
- ❑ WHO Statement: The prevention and elimination of disrespect and abuse during facility-based childbirth

Enhance Accountability

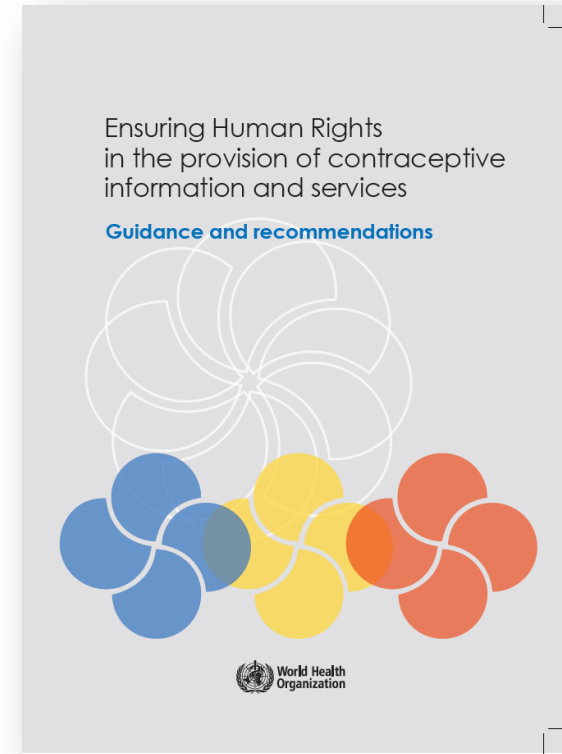
- ❑ Effective monitoring and accountability is at the core of promotion and protection of sexual and reproductive health
- ❑ The Commission on Information and Accountability for Women's and Children's Health emphasized multiple dimensions of accountability
- ❑ Urgent need to collect statistics and data, not just on health interventions, but also on other sexual and reproductive health issues
- ❑ Disaggregating data by sex, ethnicity, age groups, wealth quintiles, and place of residence helps to ensure that discrimination and exclusion are not masked by national averages
- ❑ Role of Parliamentarians in Accountability (IPU 2012 resolution on accountability for women's and children's health)

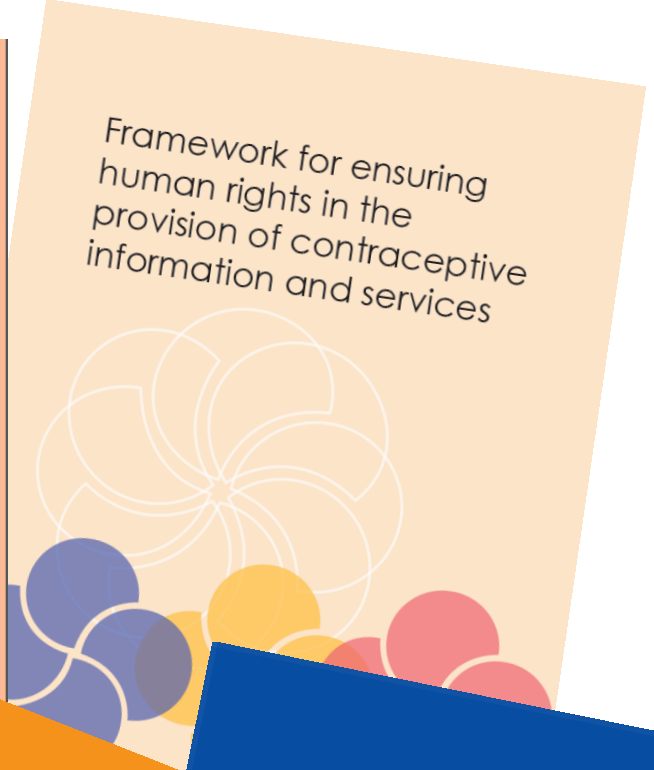
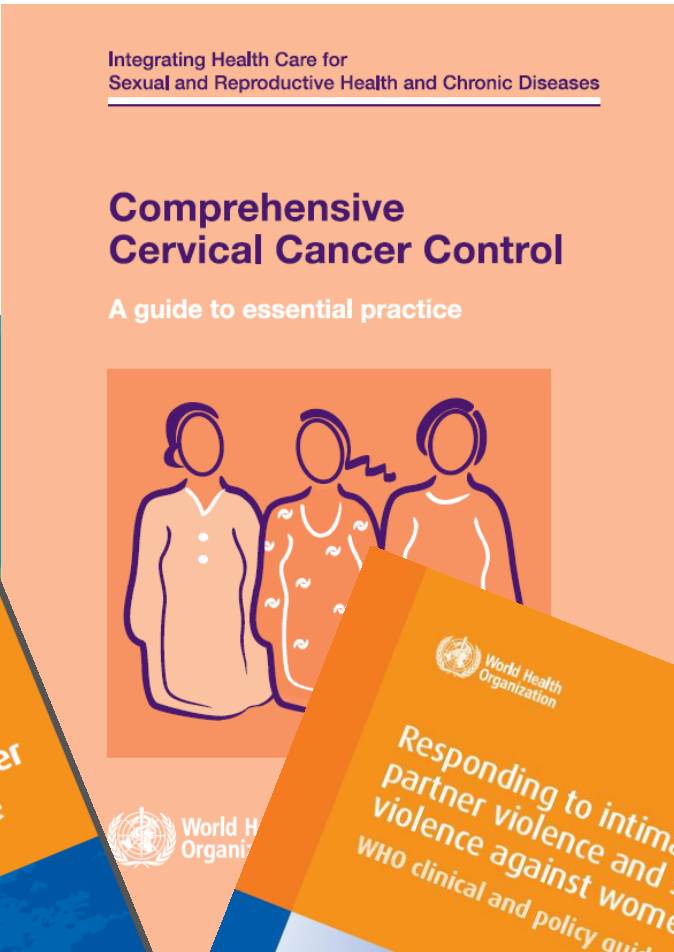


Advancing the agenda: roles for WHO

With a focus on controversial and neglected health topics in POA

- ❑ Normative work on effective strategies to improve health
- ❑ Research on interventions to address social determinants of health
- ❑ Translate evidence to action
- ❑ Provide technical expertise





What can be Belgium's role in advancing SRHR?

- To raise the voice within the UN, and other global initiatives, to position SRHR in the post-2015 frameworks
- To provide financial support to multilateral mechanisms and NGOs working on this agenda
- To prioritize sexual and reproductive health and rights issues within the work of the Development Cooperation

Sexual and reproductive health and rights: a global development, health, and human rights priority



In May, 2014, at the 67th Session of the World Health Assembly, member states reviewed the progress made in the implementation of resolution WHA57.12, the WHO Reproductive Health Strategy.¹ The progress report noted that although a range of regulations and strategies to strengthen sexual and reproductive health and related rights have been implemented, certain areas required further attention, which include unmet need for contraception, comprehensive sexual and reproductive health services for adolescents and young people, as well as prevention and management of the consequences of unsafe abortion, gender equality, violence against women and girls, and cancers related to reproduction.¹ Importantly, in the progress report WHO reaffirmed its commitment to making sexual and reproductive health a priority in the post-2015 development agenda.¹ This reaffirmation underscores the importance of sexual and reproductive health and rights and WHO's commitment on these issues.

Sexual and reproductive health and rights are fundamental to individuals, couples, and families and to the social and economic development of communities and nations.² However, 20 years after the International Conference on Population and Development and the UN Fourth World Conference on Women, universal access to sexual and reproductive health remains an unfinished agenda.³ Much remains to be done to achieve Millennium Development Goal (MDG) 5 (reducing maternal deaths MDG 5a and achieving universal access to reproductive health MDG 5b).⁴ Furthermore, as highlighted in the Secretary-General's report, inequalities between and within countries, and persistent disparities between women and men, and between social and ethnic groups, continue to inhibit progress.⁵

At the Rio+20 Summit governments reaffirmed the need to achieve sustainable development.⁶ To achieve these objectives governments must create greater health equity, ensure gender equality, and promote and protect human rights. Promotion and protection of sexual and reproductive health and rights lies at the very core of this approach.

Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realisation of their health and human rights.

Better control of women's fertility allows girls to remain in education longer, accumulate more skills, and eventually earn higher wages.⁷ According to the World Bank, female participation in the labour force decreases with each additional child: by about 10-15 percentage points among women aged 25-39 years, and about 5-10 percentage points among women aged 40-49 years.⁸ Universal access to sexual and reproductive health is therefore not only an essential human rights priority to ensure women's empowerment and gender equality, it is also a key international development priority.

Over the past 2 years, through the ICPD Beyond 2014 Global Review⁹ and the post-2015 development agenda



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discussions, governments, UN agencies, development partners, parliamentarians, academics, and non-governmental organisations have argued through debates, online forums, expert group meetings, and other fora that sexual and reproductive health and rights are critical dimensions of the international development agenda and are a critical component of health and wellbeing of individuals.¹⁷ Based on evidence and knowledge and guidance from member states, WHO has underscored the need to achieve and exceed all health-related MDGs, which includes ending preventable maternal deaths and improving sexual and reproductive health, and highlights these priorities as part of finishing the unfinished work in health MDGs.¹⁸ As underlined during a recent discussion with the Open Working Group (a member state body formed by UN Working Group (a to develop proposals for Sustainable Development Goals), a universally relevant, transformative, high-impact, and cost-effective post-2015 framework must "respect, protect and fulfill the sexual and reproductive health and rights of all individuals throughout the life-cycle, including through universal access to quality, integrated sexual and reproductive health information, education and services".⁹ It is imperative that the commitment from various stakeholders to sexual and reproductive health and rights must now be translated into clear and actionable targets in the new international development agenda. We must not allow history to repeat itself and wait for another 7 years for the international community to

reach consensus on MDG 5b. Sexual and reproductive health and rights is a global health, development, and human rights priority. We must act now and ensure that sexual and reproductive health and rights are given due recognition in the Sustainable Development Goals.

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