UN/POP/EGM/2018/9
31 October 2018

UNITED NATIONS EXPERT GROUP MEETING FOR THE REVIEW AND APPRAISAL OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT AND ITS CONTRIBUTION TO THE FOLLOW-UP AND REVIEW OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT
Population Division
Department of Economic and Social Affairs
United Nations Secretariat
New York, 1-2 November 2018

Sexual and reproductive health and rights: looking forward from the ICPD Programme of Action to 2030

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I. Introduction

The Programme of Action of the 1994 International Conference on Population and Development recognized the central value of reproductive rights and sexual and reproductive health for development and emphasized the inextricable link between rights and health. It shifted a narrow focus on population and fertility reduction to a broader focus on the sexual and reproductive health issues affecting the lives of adolescents, women and men, and placed an emphasis on the right and freedom of individuals to make reproductive decisions free from coercion, discrimination and violence. These elements linking health, rights and development have since been carried forward into the Sustainable Development Goals (SDGs).

This note presents selected highlights of progress on commitments made 25 years ago in that landmark consensus among States, and points to next steps in the broader context of the SDGs and their emphasis on reducing inequities and promoting the inclusion of all people. Although progress has been made, evidence shows gaps in sexual and reproductive health and rights (SRHR) remain, which have an enormous impact on individuals, communities and societies around the world. Closing these gaps requires a holistic approach that encompasses the right of all individuals to make decisions about their bodies and lives—free of stigma, discrimination and coercion—and to have access to an essential package of sexual and reproductive health interventions.[1]

II. Progress and challenges

There has been important progress on numerous sexual and reproductive health and rights-related indicators since the 1994 ICPD Programme of Action. Perhaps among the most familiar targets and indicators, as well as an uncommon yet extreme outcome, is maternal death. Maternal mortality decreased worldwide by nearly 44 percent between 1990 and 2015, from a maternal mortality ratio of 385 deaths per 100 000 births to 216, with nearly all maternal deaths taking place in developing regions.[2] The SDG target is to reduce by 2030 the global maternal mortality ratio to less than 70 per 100 000 live births.

The magnitude of this gap is even larger when considering that many more women suffer from pregnancy-related complications that can cause lasting health, social and economic effects. For example, in 28 countries where access to safe abortion care is limited, at least 9 percent of abortion-related hospital admissions had a near-miss event, where a woman experienced complications such as severe haemorrhage or sepsis that would have most likely resulted in her death had she not received care at a hospital.[3]

The world has also witnessed progress on sexual and reproductive health interventions consistent with those recommended by the World Health Organization (WHO), including antenatal care, delivery by skilled health personnel, and postnatal care. For example, the proportion of births worldwide that occurred with the assistance of skilled health personnel rose from 62 percent in 2000 to 79 percent in 2017.[4] Yet inequities persist in who receives these interventions. An interesting example is a critical intervention that is both under- and over-used. In 2014 nearly one in five births worldwide was delivered by caesarean section, ranging from a low of 7 percent of births in Africa (indicating a low proportion of deliveries occurring in facilities and shortages in surgical facilities, equipment and trained personnel) to a high of 41 percent of births in Latin America and the Caribbean (indicating use for non-medical reasons and resulting in higher costs and possible increased health risks).[5]

The level of unintended pregnancy worldwide declined from 74 per 1 000 women aged 15–44 years in 1990–1994 to 62 in 2010–2014, and currently about two in five pregnancies are unintended (i.e., sooner than wanted or not wanted at all).[6] One of the most effective interventions to help prevent unintended pregnancy is, of course, contraception. As of 2018, 77 percent of women of reproductive age who were married or in-union had their family planning need met with a modern contraceptive method, with substantial increases over time in regions like sub-Saharan Africa (from 24 percent of need met in 1994 to

51 percent in 2018).[7] Yet more than 200 million women worldwide still have an unmet need for modern contraceptive methods.

Further gaps in progress on sexual and reproductive health and rights remain in critical and yet neglected areas, including unsafe abortion, infertility, sexually transmitted infections (STIs), reproductive cancers and gender-based violence. For example, each year, 25 million unsafe abortions take place, with 17 million considered less safe (i.e., performed without using a WHO-recommended method appropriate for the pregnancy duration or by someone who was not appropriately trained) and 8 million classified as least safe (i.e., involving both inappropriate methods and inappropriately-trained providers).[8] At least 48 million couples worldwide are affected by infertility,[9] where consequences include psychological distress and social stigma, and financial barriers are steep in poor settings to manage infertility. More than 350 million people need treatment for one of the four curable STIs (chlamydia, gonorrhea, syphilis, and trichomoniasis).[10] And an estimated 30 percent of women in an intimate relationship have experienced physical or sexual violence by their partner.[11]

These gaps are not reflections of health alone but rather show the inherent links between sexual and reproductive health and sexual and reproductive rights. To achieve a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, people must also be able to exercise their rights to bodily integrity; to define their own sexuality; to decide whether and when to be sexually active, marry or have a child; and to have access to information, support and services free from discrimination or coercion.[1]

III. Closing gaps in sexual and reproductive health and rights

A holistic approach is necessary to make further progress in achieving the full realization of sexual and reproductive health and rights, one that recognizes the strong link between health and rights through an integrated vision of sexual and reproductive health and rights and that guarantees an essential package of effective sexual and reproductive health interventions. The mechanisms of a holistic approach include strengthened health systems, increased resources, making wide-scale use of technological innovation, and supporting legal, policy and normative change to create a more enabling environment for sexual and reproductive health and rights.

Governments must ensure access to an essential package of sexual and reproductive health interventions that goes beyond a limited focus on maternal health to include accurate information and counselling on sexual and reproductive health, including on sexual function and satisfaction and the provision of comprehensive sexuality education; a choice of effective contraceptive methods; safe and effective abortion services and care; prevention, detection and management of sexual and gender-based violence; and the prevention, detection and treatment of infertility, STIs (including HIV) and reproductive cancers.[1] The evidence base and guidance on these interventions are well-developed, and the WHO regularly provides updated standards of care, such as current work underway on infertility or newly-released recommendations and resources on adolescent sexual and reproductive health and rights.[12]

Strengthening the health system is a key mechanism to expand access to effective interventions and put international standards for care into practice. Common approaches include task-shifting among health workers, integrating services and ensuring consistent health supplies and commodities. Countries are at very different starting points with respect to health infrastructure, so they will need to expand access to a comprehensive package of sexual and reproductive health services progressively over time. In doing so, tracking progress must involve not only following the average coverage of an intervention but also attention to the quality of care received and ensuring that inequities are reduced. For example, while all governments agree to provide postabortion care (PAC), recent evidence shows the limited capacity of the health system to provide it: In seven of ten countries, less than 10 percent of primary-level facilities that provide delivery

care could also provide basic PAC, and in eight countries less than 40 percent of referral facilities could provide comprehensive PAC.[13] Another example shows that while 87 percent of women in low-income countries accessed antenatal care, only 54 percent of those receiving care reported receiving three core elements of antenatal care (blood pressure monitoring and urine and blood testing), and within countries the wealthiest women were more than nine times as likely to receive good quality care compared with the poorest women.[14]

Increased public funding is another critical mechanism to improve sexual and reproductive health and may, in turn, result in cost savings as it would reduce the costs of treating avoidable poor health outcomes. Estimates for 2017 show that the cost of preventing an unintended pregnancy through use of modern contraception is far lower than the cost of providing care for an unintended pregnancy: in developing regions as a whole, for each additional dollar spent on contraceptive services above the current level, the cost of pregnancy-related care would drop by $2.20.[15] Investing in meeting the need for both contraceptive services and maternal and newborn health services in developing regions would result in a net savings of $6.9 billion per year compared with investing in maternal and newborn health services alone. Overall, meeting contraceptive, abortion and maternal and newborn health service needs in developing regions would cost approximately $9 per person per year, with more than half covering the cost of current levels of care.

The effective and widespread use of new technologies and data, especially those that can reduce costs to health and statistical systems and improve the reach of information and interventions, particularly for marginalized and vulnerable populations, is crucial for advancing SRHR. The use of digital technology shows great promise in surmounting cost and access barriers to accurate sexual and reproductive health information, especially for adolescents or women and men living in remote areas, and provides an option for medical counseling and treatment via the internet. Medication breakthroughs, such as the self-administered, sub-cutaneous contraceptive injectable or heat-stable formulation of drugs to prevent postpartum haemorrhage, have made it possible to meet people's SRHR needs with much more ease. Data advances are also crucial, such as the digitization of medical records, the integration of geospatial information with well-known data sources such as censuses and surveys to provide subnational information on health care access and need, and innovations in civil registration systems to improve the recording of births, marriages, divorces and deaths and thus help ensure that all people are able to exercise their rights and access essential health and social services.

Political will is also critical for advancing sexual and reproductive health and rights, and involves reforming laws and policies where they restrict, for example, individuals' abilities to choose their partners, achieve their family size preferences, or obtain critical health interventions. A systematic, summary manner of describing the legal and policy environment in in a country was developed recently by UNFPA and others (SDG indicator 5.6.2) on laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

IV. The role of sexual and reproductive health and rights in implementing the Programme of Action and the 2030 agenda

Investing in sexual and reproductive health and rights will yield enormous returns not only specific to health and well-being outcomes but also for broader efforts to end poverty, achieve gender equality and empower women and girls, combat climate change, reduce inequality within and among countries, and promote inclusive societies. For example, ending child, early and forced marriage directly speaks to sexual rights to choose whether, when and whom to marry. Improving the educational attainment of girls and adolescents is also associated with later ages of key sexual and reproductive events (first sex, first marriage or union, first birth).[16] For adolescents who want to prevent pregnancy, accurate information and quality counseling

and contraceptive services make it more likely that adolescents are able to avoid unintended pregnancy. Relatively small delays in the start of childbearing, which often follows after marriage, and the prevention of unintended pregnancy help slow overall population growth and concomitant impacts on the environment.

The SDG focus on reducing inequities and promoting inclusive societies means that in meeting SRHR needs, all countries must prioritize the needs of vulnerable and marginalized populations, such as adolescents, poor and rural people, urban slum populations, indigenous peoples, people living with disabilities, people of diverse sexual orientations and gender identities and people living in humanitarian crises or civil strife. Moreover, these vulnerabilities are often layered, where people face discrimination or barriers to accessing public services because they are, for example, poor and young and a refugee.

To assist in the further implementation of the Programme of Action in this new era of the SDGs, evidence on the larger, interlinked roles that sexual and reproductive health and rights have across the SDGs and ways to address inequities must, by its very nature, go beyond tracking a list of indicators. Priority areas for new evidence are on a) the reinforcing links between population, sustainable development, and sexual and reproductive health and rights; b) neglected elements of sexual and reproductive health, such as infertility and abortion, and populations that are often missing from SRHR evidence, such as very young adolescents, men, and older people; and c) effective, rights-based policy responses to sexual and reproductive health and rights challenges.

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