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Population Division
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Sexual and reproductive health and rights: looking forward from the ICPD
Programme of Action9 (. x5 9 0 2 5 1) 3 . 1 7 4 5 (f) - 5 3 3 - 8T7 8 5 9 7 1

[1] %&e vie s e'pressed in t&is paper do not necessaril(reflect t&ose of t&e United Nations Secretariat) %&e paper is reproduced as submitted b(t&e aut&or it&out formal editin*)

I! Introduction

%&e Pro*ramme of Action of t&e 1++, -nternational . onference on Population and Development reco*ni/ed t&e central value of reproductive ri*&ts and se'ual and reproductive &ealt& for development and emp&asi/ed t&e ine'tricable lin" bet een ri*&ts and &ealt&) -t s&ifted a narro focus on population and fertilit(reduction to a broader focus on t&e se'ual and reproductive &ealt& issues affectin* t&e lives of adolescents# omen and men# and placed an emp&asis on t&e ri*&t and freedom of individuals to ma"e reproductive decisions free from coercion# discrimination and violence) %&ese elements lin"in* &ealt&# ri*&ts and development &ave since been carried for ard into t&e Sustainable Development 0oals 1SD0s2)

%&is note presents selected &i*&li*&ts of pro*ress on commitments made 23 (ears a*o in t&at landmar" consensus amon* States# and points to ne't steps in t&e broader conte't of t&e SD0s and t&eir emp&asis on reducin* ine4uities and promotin* t&e inclusion of all people) Alt&ou*& pro*ress &as been made# evidence s&o s *aps in se'ual and reproductive &ealt& and ri*&ts 1S5652 remain# &ic& &ave an enormous impact on individuals# communities and societies around t&e orld) . losin* t&ese *aps re4uires a &olistic approac& t&at encompasses t&e ri*&t of all individuals to ma"e decisions about t&eir bodies and lives 7 free of sti*ma# discrimination and coercion 7 and to &ave access to an essential pac"a*e of se'ual and reproductive &ealt& interventions)[1]

II! Progress and challenges

%&ere &as been important pro*ress on numerous se'ual and reproductive &ealt& and ri*&ts$related indicators since t&e 1++, -. PD Pro*ramme of Action) Per&aps amon* t&e most familiar tar*ets and indicators# as ell as an uncommon (et e'treme outcome# is maternal deat&) 8aternal mortalit(decreased orld ide b(nearl(,, percent bet een 1++0 and 2013# from a maternal mortalit(ratio of 383 deat&s per 100 000 birt&s to 219# it& nearl(all maternal deat&s ta"in* place in developin* re*ions)[2] %&e SD0 tar*et is to reduce b(2030 t&e *lobal maternal mortalit(ratio to less t&an :0 per 100 000 live birt&s)

%&e ma*nitude of t&is *ap is even lar*er &en considerin* t&at man(more omen suffer from pre*nanc($ related complications t&at can cause lastin* &ealt&# social and economic effects) ;or e'ample# in 28 countries &ere access to safe abortion care is limited# at least + percent of abortion$related &ospital admissions &ad a near$miss event# &ere a oman e'perienced complications suc& as severe &aemorr&a*e or sepsis t&at ould &ave most li"el(resulted in &er deat& &ad s&e not received care at a &ospital)[3]

%&e orld &as also itnessed pro*ress on se'ual and reproductive &ealt& interventions consistent it& t&ose recommended b(t&e <orld 6ealt& Or*ani/ation 1<6O2# includin* antenatal care# deliver(b(s"illed &ealt& personnel# and postnatal care) ;or e'ample# t&e proportion of birt&s orld ide t&at occurred it& t&e assistance of s"illed &ealt& personnel rose from 92 percent in 2000 to :+ percent in 201:)' ! et ine4uities persist in &o receives t&ese interventions) An interestin* e'ample is a critical intervention t&at is bot& under$ and over$used) -n 201, nearl(one in five birt&s orld ide as delivered b(caesarean section# ran*in* from a lo of : percent of birt&s in Africa 1indicatin* a lo proportion of deliveries occurrin* in facilities and s&orta*es in sur*ical facilities# e4uipmentno o

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care could also provide basic PA . # and in ei*&t countries less t&an ,0 percent of referral facilities could provide compre&ensive PA .)[13] Anot&er e'ample s&o s t&at &ile 8: percent of omen in lo $income countries accessed antenatal care# onl(3, percent of t&ose receivin* care reported receivin* t&ree core elements of antenatal care 1blood pressure monitorin* and urine and blood testin*2# and it&in countries t&e ealt&iest omen ere more t&an nine times as li"el(to receive *ood 4ualit(care compared it& t&e poorest omen)[1,]

-ncreased public fundin* is anot&er critical mec&anism to improve se'ual and reproductive &ealt& and ma(# in turn# result in cost savin*s as it ould reduce t&e costs of treatin* avoidable poor &ealt& outcomes) Estimates for 201: s&o t&at t&e cost of preventin* an unintended pre*nanc(t&rou*& use of modern contraception is far lo er t&an t&e cost of providin* care for an unintended pre*nanc(A in developin* re*ions as a &ole# for eac& additional dollar spent on contraceptive services above t&e current level# t&e

and contraceptive services ma"e it more li"el(t&at adolescents are able to avoid unintended pre*nanc() 5elativel(small dela(s in t&e start of c&ildbearin*# &ic& often follo s after marria*e# and t&e prevention of unintended pre*nanc(&elp slo overall population *ro t& and concomitant impacts on t&e environment)

%&e SD0 focus on reducin* ine4uities and promotin* inclusive societies means t&at in meetin* S565 needs# all countries must prioriti/e t&e needs of vulnerable and mar*inali/ed populations# suc& as adolescents# poor and rural people# urban slum populations# indi*enous peoples# people livin* it& disabilities# people of diverse se'ual orientations and *ender identities and people livin* in &umanitarian crises or civil strife) 8oreover# t&ese vulnerabilities are often la(ered# &ere people face discrimination or barriers to accessin* public services because t&e(are# for e'ample# poor and (oun* and a refu*ee)

%o assist in t&e furt&er implementation of t&e Pro*ramme of Action in t&is ne era of t&e SD0s# evidence on t&e lar*er# interlin"ed roles t&at se'ual and reproductive &ealt& and ri*&ts &ave across t&e SD0s and a(s to address ine4uities must# b(its ver(nature# *o be(ond trac"in* a list of indicators) Priorit(areas for ne evidence are on a2 t&e reiron e

1) Starrs A 8# E/e& A .# Ear"er 0# et al)# Accelerate pro*ress 7 se'ual and reproductive &ealt& and ri*&ts for allA report of t&e 0uttmac&er>=ancet .ommission# The Lancet# 2018) @ol 3+1# -ssue 101,0A 29,2$ 29+2) DO-A&ttpsAFFdoi)or*F10)1019FS01,0$9:391182302+3$+
2) <6O# UN-.E;# UN Population ;und# <orld Ean" 0roup# UN Population Division# %rends in maternal mortalit(A 1++0 to 2013) Estimates b(<6O# UN-.E;# UNP;# <orld Ean" 0roup and t&e United Nations Population Division) 0enevaA <orld 6ealt& Or*ani/ation# 2013)
3) .alvert .# O olabi OO# !eun* ;# et al)# %&e ma*nitude and severit(of abortion$related morbidit(in settin*s it& limited access to abortion servicesA a s(stematic revie and meta$re*ression# BMJ Glob Health, 2018) 3A e0009+2
,) United Nations# Statistical Anne'A 0lobal and re*ional data for Sustainable Development 0oal indicators) Ne !or"A United Nations# 2018) &ttpsAFFunstats)un)or*Fsd*sFfilesFreportF2018Fsecretar($ *eneral$sd*$report$2018$$Statistical$Anne')pdf
3) EetrGn AP# !e H# 8oller AE# et al)# %&e increasin* trend in caesarean section ratesA *lobal# re*ional and national estimatesA 1++0$201,# PLo !ne# 2019) 11Ae01,83,3) doiAdoiA10)13:1FCournal)pone)01,83,3pmidA298,+801
9) Eeara" H# Popinc&al" A# Alema A# Sed*& 0)# 0lobal# re*ional# and subre*ional trends in unintended pre*nanc(and its outcomes from 1++0 to 201,A estimates from a Ea(esian &ierarc&ical model# The Lancet# 2018) 9A e380>8+)
:) United Nations# Department of Economic and Social Affairs# Population Division) Estimates and ProCections of ;amil(Plannin* -ndicators 2018) Ne !or"A United Nations# 2018)
8) 0anatra E# 0erdts .# 5ossier .# et al)# 0lobal# re*ional# and subre*ional classification of abortions b(safet(# 2010>1,A estimates from a Ea(esian &ierarc&ical model# The Lancet# 201:) 3+0A 23:2>81)
+) 8ascaren&as 8N# ;la'man S5# Eoerma %# et al)# National# re*ional# and *lobal trends in infertilit(prevalence since 1++0A a s(stematic anal(sis of 2:: &ealt& surve(s# PLo Med# 2012) +1122A e1001339) doiA10)13:1FCournal)pmed)1001339
10) <6O# 5eport on *lobal se'uall(transmitted infection surveillance 2013) 0enevaA <orld 6ealt& Or*ani/ation# 2019)
11) <6O# =ondon Sc&ool of 6(*iene and 8edicine# Sout& African 8edical 5esearc& .ouncil# 0lobal and re*ional estimates of violence a*ainst omenA prevalence and &ealt& effects of intimate partner violence and non$partner se'ual violence) 0enevaA <orld 6ealt& Or*ani/ation# 2013)
12) <6O# <6O recommendations on adolescent se'ual and reproductive &ealt& and ri*&ts) 0enevaA <orld 6ealt& Or*ani/ation# 2018) =icenceA . . E!$N.$SA 3)0 -0O
13) O olabi O# Eiddlecom A# <&ite&ead 6# %&e &ealt& s(stem capacit(to provide post$abortion careA a multi$countr(anal(sis usin* si*nal functions# The Lancet Global Health# fort&comin*)
1,) Arsenault .# Hordan I# =ee D# et al)# E4uit(in antenatal care 4ualit(A an anal(sis of +1 national &ouse&old surve(s# The Lancet Global Health# 2018) 9A e1189>+3)
13) Darroc& HE# Sull(E# Eiddlecom A# Addin* it upA investin* in contraception and maternal and ne born &ealt&# 201:) Ne !or"# N!A 0uttmac&er -nstitute# 201:)
19) Eon*aarts H# 8ensc& ES# Elanc AI# %rends in t&e a*e at reproductive transitions in t&e developin* orldA t&e role of education# Po"ulation tudies# 201:) :1122A 13+$13,)