

Millennium Development Goals & Sexual & Reproductive Health

BRIEFING CARDS

OVERVIEW :
*Sexual & Reproductive
Health & the MDGS*

- ▶ *Eradicate*
Extreme Poverty & Hunger
- ▶ *Achieve*
Universal Primary Education
- ▶ *Promote*
Gender Equality
& Empower Women
- ▶ *Reduce*
Child Mortality
- ▶ *Improve*
Maternal Health
- ▶ *Combat*
HIV/AIDS, Malaria
& Other Diseases
- ▶ *Ensure*
Environmental Sustainability

“The Millennium Development Goals, particularly the eradication of poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning.”

Kofi Annan
United Nations Secretary-General¹

1. Statement by Kofi Annan, United Nations Secretary General, to the 5th Asian and Pacific Population Conference (Bangkok: UNESCAP, December 2002).



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OVERVIEW:

Sexual & Reproductive Health & the MDGs

In 1994 at the International Conference on Population and Development (ICPD), governments worldwide recognised that ensuring access to sexual and reproductive health services for all and protecting reproductive rights were essential strategies for improving the lives of all people.

In the years since ICPD, evidence has accumulated that when people can exercise their reproductive rights, they experience far-reaching benefits throughout their lives, as do their families, their communities, and their countries. Girls are more likely to complete primary education and go on to secondary school. Women are more likely to experience safe pregnancy and childbirth, and their children are less likely to die in infancy. Women and men of all ages are better equipped to protect themselves from sexually transmissible infections (STIs), including HIV. And women are more likely to be empowered to make strategic life decisions and participate equally in all spheres of society.

Universal access to sexual and reproductive health education, information, and services improves health, saves lives, and reduces poverty. To achieve the MDGs, we must ensure sexual and reproductive health for all.

COMMITMENTS TO ACTION

[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right 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, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. . . .

ICPD Programme of Action, ¶ 7.3

FACTS AT A GLANCE

- ▶ Sexual and reproductive ill health, such as complications from pregnancy and childbirth, sexually transmissible infections, including HIV, and reproductive cancers, accounts for over one-third of the global burden of disease of women of childbearing age, and one-fifth of the burden for the whole population.¹
- ▶ 201 million women in developing countries would like to stop childbearing or space their next birth, but are not using a modern contraceptive method. Meeting this “unmet need” would avert 52 million unintended pregnancies annually, which would prevent 142,000 pregnancy-related deaths and 1.4 million infant deaths.²
- ▶ Worldwide, at least two-thirds of all reported STIs occur among men and women under age 25.³
- ▶ 39.4 million people are living with HIV/AIDS and almost half of them are women; the majority of HIV infections are sexually transmitted.⁴
- ▶ Complications of pregnancy and childbirth are a leading cause of death and disability for women aged 15–49 in most developing countries.⁵

KEY ACTIONS

- ▶ Ensure universal access to sexual and reproductive health services for all by 2015, through the primary health care system, as a core strategy to achieve the MDGs.
- ▶ Make sexual and reproductive health an integral part of national development planning and include all aspects of sexual and reproductive health, including adolescent reproductive health and maternal health, within national monitoring and reporting of progress toward the attainment of the MDGs.
- ▶ Build and strengthen the capacity of primary health care systems, from communities to hospitals, to facilitate the delivery of quality, user-friendly sexual and reproductive health services.
- ▶ Strengthen linkages between sexual and reproductive health and HIV/AIDS in legislation, policies, and programmes.
- ▶ Ensure that the supply of sexual and reproductive health commodities, including a full range of safe, effective contraceptives and particularly male and female condoms, is secure and increase funding to cover existing shortfalls.
- ▶ Give priority to meeting the sexual and reproductive health needs of poor and marginalised groups, including adolescents and people living with HIV/AIDS, and sensitise health care providers to their particular needs.
- ▶ Make sexuality and reproductive health education a mandatory part of school curricula and accessible to out-of-school youth.
- ▶ Implement fully and effectively the ICPD Programme of Action and its Key Actions, as well as the Beijing Declaration and Platform for Action and Beijing+5 political declaration and outcome document.
- ▶ Increase budget allocations and donor contributions for sexual and reproductive health services, information, and education, to meet—at a minimum—the ICPD commitments of US\$18.5 billion in 2005, US\$20.5 billion in 2010, and US\$21.7 billion in 2015.

COMMITMENTS TO ACTION

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

ICPD Programme of Action, ¶ 7.2

1. World Health Organization, *Reproductive Health Strategy*, adopted by the 57th World Health Assembly, May 2004 (Geneva: WHO, 2004);

Alan Guttmacher Institute and UNFPA, *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care* (New York: AGI and UNFPA, 2004).

2. AGI and UNFPA, 2004.

3. Population Reference Bureau, *The World's Youth 2000* (Washington, DC: PRB, 2000).

4. Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update: December 2004* (Geneva: UNAIDS, 2004).

5. UNFPA, *State of the World Population 2002* (New York: UNFPA, 2002).

Eradicate

Extreme Poverty & Hunger

Sexual and reproductive ill health is both a consequence and cause of poverty and hunger. Women living in poverty are less likely to have access to sexual and reproductive health services and information than their wealthier counterparts.

Poor sexual and reproductive health impacts the economic well-being of individuals, families, and communities by decreasing individuals' productivity and participation in the labour force. For example, early childbearing perpetuates the cycle of poverty by disrupting girls' schooling, limiting women's and girls' employment opportunities, and reducing investments in the well-being of women and their children. At the same time, the costs of treating sexual and reproductive injuries and illnesses can drain meagre incomes, exacerbating individual and household poverty.

Access to sexual and reproductive health services can help empower women. This in turn increases their ability to make decisions in the home and community, to gain access to family and community resources, and to work, earn a livelihood, and participate equally in political and social processes. Family planning—a core component of sexual and reproductive health services—is key for enabling people to decide freely how many children they wish to have and when to have them. When people can act on this choice, they tend to have smaller families, space their children further apart, and can invest more in nutrition, health, and education for each member of the household.

“Poverty is not just about lack of money, but even more about lack of choice. This is particularly evident in people’s—especially women’s—sexual and reproductive lives. Few choices are more fundamental in life as the decision about marriage, and when and how many children to bring into the world. When people are denied choice they are denied options for improving their lives and the lives of their loved ones. Giving such opportunities is a key obligation.”

Gro Harlem Brundtland
Former Director-General, World Health Organization⁶

FACTS AT A GLANCE

- ▶ One out of every four people in developing countries lives in extreme poverty—earning less than US\$1 a day.¹
- ▶ More than 800 million people go hungry every day. 300 million are children.²
- ▶ Every 3.6 seconds another person dies of starvation; most of them are children under the age of 5.³
- ▶ At least 120 million pregnant women in developing countries are underweight.⁴
- ▶ 120 million women who would like to be able to use contraception for spacing and limiting births are unable to do so because they lack access to information, education, and counselling on family planning, cannot access contraceptives, or face other social, economic, or cultural barriers.⁵

KEY ACTIONS

- ▶ Guarantee the human rights of all people through national laws and policies.
- ▶ Ensure universal access to sexual and reproductive health services for all by 2015.
- ▶ Eliminate user fees or take other measures to ensure financial accessibility for education and basic health services, including sexual and reproductive health services; increase donor contributions to close any resulting funding gaps in poor countries.
- ▶ Increase investments in and strengthen public health and educational systems and infrastructure to ensure that basic health services and education are accessible to all.
- ▶ Promote gender equality and take all necessary measures to empower women to participate equally in all spheres of society.
- ▶ Provide opportunities for information, education, jobs, training, and skills development for all, particularly among the poorest and most underserved members of society.
- ▶ Eliminate barriers to women's participation in the formal labour force and invest in education, training, and skills development for women and girls.
- ▶ Strengthen policies and programmes on food, nutrition, and agriculture to create and strengthen food security at all levels.
- ▶ Research the linkages between sexual and reproductive health, HIV/AIDS, and poverty.
- ▶ Ensure that the supply of sexual and reproductive health commodities is secure and increase funding to cover existing shortfalls.

COMMITMENTS TO ACTION

... In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. . . .

Beijing Platform for Action, ¶ 97

1. UNFPA, *Population and Poverty: Achieving Equity, Equality and Sustainability* (New York: UNFPA, 2003).

2. UN Millennium Project, *Fast Facts: The Faces of Poverty*, <http://www.unmillenniumproject.org/facts/index.htm> (accessed 9 March 2005).

3. *Ibid.*

4. E.I. Ransom and L.K. Elder, *Nutrition of Women and Adolescent Girls: Why it Matters* (Washington, DC: Population Reference Bureau, 2003).

5. R. Leete and M. Schoch, "Population and Poverty: Satisfying Unmet Need as the Route to Sustainable Development," *Population and Development Strategies Series 8* (New York: UNFPA, 2003).

6. Statement by Dr. Gro Harlem Brundtland, Director General, World Health Organization, at the 21st Special Session of the General Assembly for the Overall Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (New York: United Nations, 1 July 1999).

Achieve

Universal Primary Education

Educating girls has long-lasting benefits for girls themselves (including for their sexual and reproductive health), for their present and future families, and for the whole of society. Women who have completed at least primary education have a greater say in decisions that affect their sexual and reproductive lives. They are more likely to be able to negotiate safe sex; decide when and whom to marry (and tend to marry later); decide whether or not to use contraceptives; and seek appropriate health services. Educated girls and women have greater levels of self-esteem and receive more respect from others. They are also less likely to be subjected to violence.

Girls' education is one of the most important tools for women's empowerment and fosters women's political participation at all levels. Educated women make greater economic contributions to their households and their communities and are more likely to invest in the health and education of their children. Female education is the single most influential factor in improving child health and reducing infant mortality. It is also correlated with a decreased risk of maternal death and lower fertility. ►

“The broad social benefits of girls' education are well known to all of us—increased family incomes, later marriages, reduced fertility rates, reduced infant and maternal mortality rates, better nourished and healthier children and families, greater opportunities and life choices for more women, including better chances to protect themselves against HIV/AIDS.”

Thoraya Ahmed Obaid
Executive Director, UNFPA⁸

FACTS AT A GLANCE

- 104 million children do not attend school; nearly 60% of them are girls.¹
- Of the 799 million illiterate people in the world, two-thirds are women.²
- Of 83 developing countries, half have achieved gender parity in education at the primary level, fewer than one-fifth at the secondary level, and only four at the tertiary level.³
- Over 100 countries still levy fees and charges of various kinds for education, a barrier that disproportionately affects girls and young women.⁴
- This year alone, failure to reach the 2005 UN girls' education goal will result in over one million unnecessary child and infant deaths—10 million over a decade.⁵
- HIV infection rates are twice as high among young people who do not finish primary school. If every girl and boy received a complete primary education, at least seven million new cases of HIV could be prevented in a decade.⁶
- Providing girls with one extra year of education beyond the average boosts their eventual income by 10% to 20%.⁷

Formal schooling is also an important entry point for sexuality and reproductive health education—often the only source young people have for such information. Comprehensive, accurate, gender-sensitive sexuality education can provide young women and men with the skills and knowledge they need to protect themselves from unwanted pregnancy and sexually transmissible infections, including HIV, and to make and act upon safe decisions about their sexuality. However, such education is usually included only in secondary and tertiary level-curricula, which curtails access for many, particularly girls and young women.

KEY ACTIONS

- ▶ Abolish fees and charges for primary education, and make education free and compulsory for at least six years.
- ▶ Cancel the debt of developing countries to enable them to increase investments in their educational systems and infrastructure, and increase donor aid for basic education to US\$7 billion per year.
- ▶ Take measures to eliminate discrimination in education at all levels and close the gender gap.
- ▶ Eliminate gender disparities in access to secondary and tertiary education and ensure women's and girls' equal access to career development, training, scholarships, and fellowships.
- ▶ Develop and make available literacy, skills-building, and vocational training and education to women and girls, particularly those who have not completed a full course of primary education.
- ▶ Make schools girl-friendly by ensuring girls' privacy and safety, providing more female teachers, and making schools geographically accessible.
- ▶ Eliminate violence and harassment against girls in schools by both teachers and male peers, including through legal, policy, and educational measures.
- ▶ Eliminate discrimination against pregnant girls and teenage mothers in school settings and put in place laws, programmes, and policies to support them in completing their education.
- ▶ Make sexuality and reproductive health education a mandatory part of primary and secondary school curricula. Sexuality and reproductive health education should enable young people to make informed decisions about all aspects of their sexual and reproductive lives and should address sexuality, prevention and treatment of STIs, including HIV/AIDS, reproduction and contraception, gender equality, power dynamics, self-esteem, body image, acceptance of diversity, and reproductive rights.

COMMITMENTS TO ACTION

The increase in the education of women and girls contributes to greater empowerment of women, to postponement of the age of marriage and to a reduction in the size of families. When mothers are better educated, their children's survival rate tends to increase.

ICPD Programme of Action, ¶ 11.3

1. United Nations Educational Scientific Cultural Organization, *Education for All—Global Monitoring Report 2003/4* (Paris: UNESCO, 2003).
2. UNESCO Institute for Statistics, http://www.uis.unesco.org/ev.php?URL_ID=4926&URL_DO=DO_TOPIC&URL_SECTION=201 (accessed 3 March 2005).
3. UNESCO, *Education for All—Global Monitoring Report 2005* (Paris: UNESCO, 2005).
4. UNESCO, 2003.
5. D. Abu-Ghaida and S. Klasen, *The Economic and Development Cost of Missing the Millennium Development Goal on Gender Equality*, World Bank Discussion Paper 29710 (Washington, DC: World Bank, 2004).
6. Global Campaign for Education, *Learning to Survive: How Education for All Would Save Millions of Young People from HIV/AIDS* (Brussels: GCE, 2004).
7. B. Herz and G. Sperling, *What Works in Girls' Education: Evidence and Policies from the Developing World* (New York: Council on Foreign Relations, 2004).
8. Statement by Thoraya A. Obaid, Executive Director of the United Nations Population Fund (UNFPA) at the Panel on "Girls' Education: An Essential Component of Sustainable African Development" (New York: United Nations, 1 June 2001).

Promote Gender Equality & Empower Women

Achieving gender equality and women's and girls' empowerment requires addressing a complex web of discrimination and disadvantages that women face throughout the world. Protecting the human rights of women, including their reproductive rights, and ensuring women's sexual and reproductive health are central to empowering women. Women's ability to make decisions about their sexuality and fertility has a profound effect on their prospects in terms of education, employment, political participation, and involvement in social and cultural life.

Early marriage and childbearing can curtail the opportunities a girl has for education and employment. When women have access to family planning they can balance the size of their family and timing of their children with their need and desire to get an education and to earn income.

Women's level of education and economic resources also impacts their sexual and reproductive health. Women who are poor or who have limited education are less likely to use contraception, and more likely to experience unwanted pregnancies. They are more likely to go through pregnancy and childbirth without skilled care, more vulnerable to sexually transmissible infections, including HIV, and more likely to experience physical and sexual violence.

“The ability of women to control their own fertility is absolutely fundamental to women's empowerment and equality. When a woman can plan her family, she can plan the rest of her life. When she is healthy, she can be more productive. And when her reproductive rights . . . are promoted and protected, she has freedom to participate more fully and equally in society. Reproductive rights are essential to women's advancement.”

Thoraya Ahmed Obaid
Executive Director, UNFPA⁸

FACTS AT A GLANCE

- ▶ Two-thirds of the 799 million illiterate people in the world are women.¹
- ▶ In 2003, only 15% of seats in national parliaments were held by women.²
- ▶ Providing girls one extra year of education beyond the average boosts eventual wages by 10% to 20%.³
- ▶ In developing countries, women in the wage sector earn an average of 73% of what men earn; in industrialised countries, they earn 77%.⁴
- ▶ In industrialised countries, sexual assault and violence take away almost one in five healthy years of life of women aged 15–44.⁵
- ▶ Sexual and reproductive ill health accounts for over one-third of the global burden of disease of women of childbearing age.⁶
- ▶ In most developing countries, the wealthiest 20% of women are at least twice as likely to use modern contraceptives as the poorest 20%.⁷

Promote Gender Equality & Empower Women

KEY ACTIONS⁹

- ▶ Guarantee women's and girls' human rights, including their reproductive rights, through laws, policies, and programmes.
- ▶ Ensure universal access to sexual and reproductive health services and information by 2015.
- ▶ Ensure universal primary education for girls and eliminate gender disparities in access to secondary and tertiary education. Take measures to reduce barriers that keep girls out of school, including eliminating user fees, offering girls scholarships, making schools girl-friendly, and providing quality education.
- ▶ Provide literacy, skills-building, and vocational training and education to women and girls who are not in school.
- ▶ Guarantee women's rights to inheritance and to own property.
- ▶ Increase women's political participation, including by establishing quotas for female participation in legislative bodies.
- ▶ Implement awareness-raising campaigns to change stereotypical and discriminatory attitudes concerning the roles of women and girls.
- ▶ Combat all forms of violence against women by increasing public awareness of the need to prevent such violence; changing laws; training law enforcement officials, health personnel, and the judiciary; and providing support to women victims of violence, including quality health services.
- ▶ Ensure access to comprehensive sexuality and reproductive health education that addresses gender equality and promotes mutual respect between men and women.
- ▶ Prohibit practices that violate the rights of women, such as female genital mutilation and early and forced marriage, and take measures to combat such practices and beliefs, including through awareness-raising programmes.
- ▶ Ensure that a gender perspective is incorporated into economic policies—including macroeconomic policies, public budgets, fiscal policies, and trade liberalisation policies—and increase women's participation in economic decision-making.

COMMITMENTS TO ACTION

Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. . . . Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.

Beijing Platform for Action, ¶ 92

1. UNESCO Institute for Statistics, *Literacy*, http://www.uis.unesco.org/ev.php?URL_ID=4926&URL_DO=DO_TOPIC&URL_SECTION=201 (accessed 3 March 2005).

2. N. Chaya and J. Dusenberry, "Where Are We Now?" *Countdown 2015* (New York: Family Care International, Population Action International, and International Planned Parenthood Federation, 2004).

3. B. Herz and G.B. Sperling, *What Works in Girls' Education: Evidence and Policies from the Developing World* (New York: Council on Foreign Relations, 2004).

4. The World Bank, *Gender Equality and the Millennium Development Goals* (Washington, DC: World Bank, 2003).

5. UNFPA, *State of the World Population 2002* (New York: UNFPA, 2002).

6. Alan Guttmacher Institute and UNFPA, *Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care* (New York: AGI and UNFPA, 2004).

7. D. R. Gwatkin, "Beyond the Averages," *Countdown 2015* (New York: IPPF, FCI and PAI, 2004).

8. Statement by Thoraya Ahmed Obaid, Executive Director, UNFPA, to the Canadian International Development Agency (Gatineau, Quebec: 24 February 2005).

9. See especially, UN Millennium Project Task Force on Education and Gender Equality, *Taking Action: Achieving Gender Equality and Empowering Women* (New York: UN Millennium Project, 2005).

Reduce Child Mortality

The health of children is closely tied to the health and well-being of their mothers. Of the 10.8 million children who die before they reach the age of five, four million die in the first month of life, and two-thirds of these die in the first day. Between 60% and 80% of newborn deaths occur in infants with low birth weight. Most newborn deaths are associated with the low level of education, inadequate nutrition, and poor health of the mother.

Many of the most effective interventions to reduce newborn deaths are also those that improve maternal health: antenatal care; skilled care during childbirth; postpartum care for mothers and infants; adequate nutrition, including nutritional supplements; and access to essential medicines.

Most deaths after the first month of life and before the age of five are caused by four major illnesses, all of them preventable and treatable: diarrhoea, pneumonia, malaria, and measles. Malnutrition increases vulnerability to and exacerbates these conditions. Economic and social factors—poverty, inadequate nutrition, poor sanitation, limited supplies of clean water, low levels of education, and limited access to health services—are major contributors to child death. Addressing social and economic inequities and ensuring access to basic health services for all would make a significant contribution towards reducing child mortality. ▶

“The world has the tools to improve child survival, if only it would use them. Vaccines, micronutrient supplements and insecticide-treated mosquito nets don’t cost much, and would save millions of children. But not enough children are being reached with these basic life-savers. That’s what has to change. No government should be allowed to let another ten years pass with so little progress for children. Leaders have agreed to goals and they must be held accountable.”

Carol Bellamy
Executive Director, Unicef⁸

FACTS AT A GLANCE

- ▶ Every year, four million babies die in the first month of life, and about an equal number are stillborn. 99% of these deaths occur in developing countries.¹
- ▶ Newborn mortality accounts for 40% of deaths of children under five.²
- ▶ Two-thirds of all child deaths can be prevented using existing, low-tech, low-cost tools and interventions.³
- ▶ It costs as little as US\$3 per newborn in low-income settings to save their lives.⁴
- ▶ Globally, there is a twenty-fold difference in child mortality between rich and poor, both between and within countries.⁵
- ▶ 30 million children do not receive routine immunisations each year.⁶
- ▶ At least 60 million girls who would otherwise be expected to be alive are "missing" from various populations as a result of son preference, which can lead to sex-selective abortions, female infanticide, and neglect.⁷

For example, educated mothers are more likely to be able to administer treatments at home that can save children's lives and recognise when their children need health services. When women have the education and access to services necessary to help them space births and have only the number of children they want, the risk of both maternal and infant death decreases.

KEY ACTIONS

- ▶ Guarantee universal access to comprehensive sexual and reproductive health services for all by 2015.
- ▶ Reduce the incidence of stillbirth, preterm labour, mother-to-child transmission of HIV, neonatal sepsis, and neonatal meningitis by preventing and treating sexually transmissible infections such as HIV, syphilis, and gonorrhoea.
- ▶ Provide all women and newborns with access to quality antenatal, delivery, and postpartum care, including skilled care during childbirth and emergency care to manage and treat complications.
- ▶ Increase resources for interventions to prevent newborn deaths, such as treating infections, encouraging immediate and exclusive breastfeeding, and warming and drying newborns.
- ▶ Increase investments in interventions that have proven most effective in reducing child mortality, including immunisation, vitamin and nutritional supplements, oral rehydration therapy, and facility and community-based treatment for pneumonia and malaria.
- ▶ Ensure functioning health systems and make basic health services available to all by increasing budgetary allocations to the health sector, eliminating user fees for basic services (including sexual and reproductive health services) or taking other steps to eliminate financial obstacles, and increasing donor contributions to offset funding gaps.
- ▶ Train and support health workers at all levels, including skilled birth attendants, and address their livelihood needs.
- ▶ Take measures to eliminate attitudes and practices that are harmful to girls, in particular son preference, which can lead to prenatal sex selection, female infanticide, and neglect of girls.
- ▶ Educate and empower women to make and act upon decisions regarding the health and well-being of their children.
- ▶ Empower households and communities to take all necessary steps to prevent infant and child mortality and monitor the implementation of appropriate policies and programmes.
- ▶ Reduce exposure to toxic substances and improve household sanitation and access to clean water.

COMMITMENTS TO ACTION

We are determined to break the intergenerational cycle of malnutrition and poor health by providing a safe and healthy start in life for all children; providing access to effective, equitable, sustained and sustainable primary health-care systems in all communities, ensuring access to information and referral services; providing adequate water and sanitation services; and promoting a healthy lifestyle among children and adolescents. . . .

A World Fit for Children, UN General Assembly Special Session on Children, ¶ 36

1. World Health Organization, *The World Health Report 2005: Make Every Mother and Child Count* (Geneva: World Health Organization, 2005).

2. Ibid.

3. Save the Children, "U.S. Leadership Needed to Finish the Child Survival Agenda," *Issue Brief No. 1*, January 2004.

4. A. Tinker, "Saving the Babies," *Countdown 2015: Sexual and Reproductive Health and Rights for All* (New York: Family Care International, Population Action International, and International Planned Parenthood Federation, 2004).

5. UN Millennium Project Task Force on Child Health and Maternal Health, *Who's Got the Power? Transforming Health Systems for Women and Children* (New York: UN Millennium Project, 2005).

6. Save the Children, 2004.

7. UNFPA, *State of the World Population 2000: Lives Together, Worlds Apart* (New York: UNFPA, 2000).

8. Unicef Press Release, *World Falling Short on Promise to Reduce Child Deaths* (New York: Unicef, 7 October 2004).

Improve Maternal Health

Every minute one woman dies from complications related to pregnancy, childbirth, and the postpartum period—almost all of them in developing countries. In fact, maternal mortality statistics reflect the largest disparity between the developing and developed world of any health indicator: one out of every 17 women in least developed countries dies from these complications, compared to one out of every 4,000 women in industrialised countries.

For every woman who dies, another 30 suffer long-lasting injuries and illnesses. The risks of pregnancy and childbirth are increased by women's lack of empowerment, education, and access to economic resources, as well as poor nutrition and heavy physical workloads during pregnancy.

Most maternal deaths could be prevented by ensuring good quality maternal health services, including antenatal and postnatal care, and skilled care during childbirth, including emergency obstetric care. Prevention of unwanted pregnancies and the provision of safe abortion services, as allowed by law, could reduce maternal deaths and injuries caused by unsafe abortions. Quality family planning services, counselling, and information could further reduce maternal deaths and injuries by up to a third.

“Safe Motherhood is a human right. We must empower women and ensure choices. . . . Our task and the task of many like us, many hundreds of thousands like us, is to ensure that in the next decade safe motherhood is not regarded as a fringe issue, but as a central issue.”

James D. Wolfensohn
President, World Bank¹⁰

FACTS AT A GLANCE

- ▶ Each year, at least 529,000 women die from complications of pregnancy or childbirth.¹ 99% of these deaths occur in developing countries.²
- ▶ Every year, an estimated 20 million women suffer from nonfatal complications of pregnancy, including anaemia, infertility, pelvic pain, incontinence, and obstetric fistula.³
- ▶ Skilled attendants are present at only 53% of deliveries worldwide and only 40% of deliveries take place in a hospital or health centre.⁴
- ▶ In countries with very high maternal mortality rates, the wealthiest 20% of women are more than four times as likely to give birth with a skilled attendant as the poorest 20%.⁵
- ▶ Pregnancy-related complications are the main cause of death for 15-19 year old girls globally.⁶
- ▶ Providing basic maternal and newborn health services in developing countries costs an average of US\$3 per capita per year. The total cost of saving a mother's or infant's life when complications arise is about US\$230.⁷
- ▶ Obstetric fistula affects more than two million women and girls worldwide.⁸
- ▶ At least 68,000 women die from complications of unsafe abortion each year—almost all in developing countries.⁹

KEY ACTIONS

- ▶ Guarantee universal access to sexual and reproductive health services, information, and education by 2015.
- ▶ Strengthen primary health care systems so that they can provide coordinated and comprehensive care.
- ▶ Ensure access to quality antenatal and postpartum care at the community level for all women.
- ▶ Ensure that skilled attendants are present at all deliveries by integrating them into functioning district health systems that adequately supply, support, and supervise them.
- ▶ Ensure access to emergency obstetric care, including effective referral and transport to health facilities, for all women who experience complications.
- ▶ Eliminate user fees for basic health services, including those for maternal health, or take other measures to ensure financial access to health services for the poor.
- ▶ Ensure access to quality postabortion care, including treatment for the complications of unsafe abortion, postabortion family planning counselling and services, and links to comprehensive sexual and reproductive health services.
- ▶ Increase budget allocations to the health sector, including for maternal health services; donors should increase aid to strengthen primary health care systems.
- ▶ Train, authorise, and support mid-level health care providers to perform life-saving procedures safely and effectively.
- ▶ In circumstances where abortion is not against the law, health systems should train and equip health service providers and should take other measures to ensure that such abortion is safe and accessible.¹¹
- ▶ Address the special needs of women living with HIV/AIDS by ensuring maternity care, infant feeding counselling and support, access to voluntary family planning and safe abortion services as allowed by law, and prevention of mother-to-child transmission, including the provision of anti-retroviral therapy for women who need it.
- ▶ Work with women, families, and communities to raise awareness of the importance of good maternal health, address obstacles that prevent women from using available services, and empower women to make and act on decisions regarding their health and well-being.

COMMITMENTS TO ACTION

All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood; prenatal care that is focused and effective; maternal nutrition programmes; adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. . . .

ICPD Programme of Action, ¶ 8.22

1. World Health Organization, UNICEF and UNFPA, *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA* (Geneva: WHO, 2003).
2. Ibid.
3. UNFPA, *Mortality Update 2002* (New York: UNFPA, 2003).
4. UNFPA, *State of the World Population 2002* (New York: UNFPA, 2002).
5. D. R. Gwatkin, "Beyond the Averages," *Countdown 2015* (New York: Family Care International, Population Action International, and International Planned Parenthood Federation, 2004).
6. UNICEF, *Innocenti Digest: Early Marriage 7* (New York: UNICEF, March 2001).
7. World Health Organization, *Mother-Baby Package Costing Spreadsheet* (Geneva: WHO, 1997).
8. UNFPA and EngenderHealth, *Obstetric Fistula Needs Assessment: Findings from Nine African Countries* (New York: UNFPA, 2003).
9. World Health Organization, *Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000* (Geneva: WHO, 2004).
10. Statement by James D. Wolfensohn, President, World Bank, for World Health Day 1998 (Washington, DC: World Bank, 7 April 1998).
11. Key Actions for the Further Implementation of the ICPD Programme of Action, ¶ 63 (iii) (New York: United Nations, 1999).

Combat

HIV/AIDS, Malaria & Other Diseases

Over the past ten years, HIV/AIDS has become the most devastating disease of our times. The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding. Poor sexual and reproductive health and greater vulnerability to HIV infection also share common roots, including poverty and discrimination based on gender. Yet far too many policies and programmes for HIV and sexual and reproductive health do not take account of these commonalities.

At a time when HIV/AIDS and sexual and reproductive ill-health account for more than one quarter of the global burden of disease, the separation of HIV/AIDS and sexual and reproductive health policies, programmes, and services undermines efforts to effectively address both.

Today, almost half of the 40 million people living with HIV/AIDS are female; among young people aged 15–24, 62% of those living with HIV/AIDS are female. Women and girls have greater physical vulnerability to HIV infection than men or boys; this risk is compounded by gender inequality, poverty, and violence. For example, women's and girls' lack of empowerment limits their ability to negotiate condom use with sexual partners. For most women, sexual and reproductive health services are the most logistical and accessible entry-points for HIV/AIDS prevention, treatment, and care.

Both malaria and HIV increase the risk of complications during pregnancy and childbirth. When pregnant women have both HIV and malaria, the risk of poor outcomes is greater than for each condition alone.

“The more we are able to help girls and women gain life skills and control of their sexual and reproductive lives, the more we can help them gain financial and social empowerment, and the more we can help them protect themselves against HIV and other sexually transmitted infections.”

Louise Frechette

United Nations Deputy Secretary-General¹¹

FACTS AT A GLANCE

- ▶ 39.4 million people are HIV-positive. In 2004, 4.9 million people were newly infected with HIV and 3.1 million people died.¹
- ▶ Almost half of all people living with HIV are women.²
- ▶ More than half of those newly infected with HIV are between the ages of 15 and 24.³
- ▶ Women aged 15–24 are three times more likely to be infected with HIV than men of the same age.⁴
- ▶ Households affected by HIV/AIDS are more likely to be poor than those not affected by the disease⁵ and the burden of HIV/AIDS can reduce household income by between 66% and 80%.⁶
- ▶ Nine out of ten people in developing countries who need anti-retroviral treatment are not receiving it.⁷
- ▶ Only 42% of all people at risk of sexual exposure to HIV are able to obtain a condom.⁸
- ▶ Just 12% of people worldwide who want to be tested for HIV are able to access voluntary counselling and testing services.⁹
- ▶ Each year malaria causes about 10,000 maternal deaths and between 75,000 and 200,000 infant deaths in Africa.¹⁰

KEY ACTIONS

- ▶ Base all sexual and reproductive health and HIV/AIDS policies and programmes on a commitment to human rights and eliminate discrimination against people living with HIV/AIDS.
- ▶ Strengthen linkages between sexual and reproductive health and HIV/AIDS in legislation, policies, and programmes.
- ▶ Ensure universal access to sexual and reproductive health by 2015 and take additional measures to meet the sexual and reproductive health needs of people living with HIV/AIDS, including supportive counselling on sexuality and family planning and services for family planning, sexual health, safe motherhood, and safe abortion, to the extent allowed by law.
- ▶ Ensure that high-quality commodities, including contraceptives, male and female condoms for dual protection (pregnancy and STI/HIV prevention), and STI diagnostics, are accessible and affordable and that the supply of these essential commodities is secure.
- ▶ Involve youth, women, and people living with HIV/AIDS in the development and delivery of all sexual and reproductive health and HIV/AIDS policies and programmes and engage NGOs, affected communities, and other non-traditional partners.
- ▶ Give priority to reaching under-served populations, including poor women, youth, indigenous people, sexual minorities, commercial sex workers, injecting drug users, refugees, and displaced peoples.
- ▶ Ensure gender equality and promote women's empowerment to decrease women's vulnerability to HIV infection and sexual and reproductive ill health.
- ▶ Invest greater resources in HIV prevention, including the provision of accurate information through all appropriate media and education systems.
- ▶ Ensure that all adolescents have access to comprehensive sexuality education, information, and a full range of youth-friendly sexual and reproductive health services that respect their rights to confidentiality and informed consent.
- ▶ Link sexual and reproductive health and HIV/AIDS prevention, treatment, and care in national development plans and allocate sufficient resources to address these needs.
- ▶ Provide intermittent preventative treatment and bednets to pregnant women as part of antenatal care in malaria-affected areas.
- ▶ Increase donor contributions to meet funding requirements for a comprehensive and effective response to HIV/AIDS.

COMMITMENTS TO ACTION

By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework.

Declaration of Commitment on HIV/AIDS, ¶ 60

1. Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update: December 2004* (Geneva: UNAIDS, 2004).
2. Ibid.
3. UNICEF, *Young People and HIV/AIDS: Opportunity in Crisis* (New York: UNICEF, 2002).
4. UNAIDS, 2004.
5. R. Greener, "The Impact of HIV/AIDS on Poverty and Inequality," *The Macroeconomics of HIV/AIDS* (Washington, DC: International Monetary Fund, 2004).
6. UNAIDS, 2004.
7. Ibid.
8. Global HIV Prevention Working Group, *Access to Prevention: Closing the Gap* (Seattle: Bill and Melinda Gates Foundation, 2003).
9. Ibid.
10. JHPIEGO Maternal and Newborn Health Project, *Malaria During Pregnancy Resource Package: Tools to Facilitate Policy Change and Implementation*, <http://www.mnh.jhpiego.org/resources/malaria/rp/> (accessed 11 April 2005).
11. Statement by Deputy Secretary-General Louise Frechette at a High-Level Global Consultation on Linking HIV/AIDS with Sexual and Reproductive Health (New York, 7 June 2004).

Ensure

Environmental Sustainability

There are strong links between ill health, including sexual and reproductive ill health, and environmental degradation. Industrial chemicals, air pollution, pesticides, and other toxins in the environment are linked to numerous health problems, including infertility, reproductive cancers, and birth defects. Destruction of forests, land degradation, and reduced availability of clean water also have a harmful impact. As the land capacity declines, its ability to provide nutritious foods declines as well, leading to poor nutrition and malnutrition. Women weakened by heavy workloads and poor nutrition have an increased risk of experiencing complications during pregnancy and childbirth.

In both developing and developed countries, a combination of population growth and consumption patterns contributes to pressure on the natural environment. Key factors include unsustainable consumption and production patterns; poverty; social and gender inequalities; unsustainable use of natural resources; and population growth, structure, and distribution. In many countries, consumption and production patterns are the primary factor: as demand increases, so does land-clearing and mining, which leads to the destruction of forests and habitats of indigenous peoples, the degradation of land and water, and the reduction of biodiversity. In numerous developing countries, high population growth resulting from unmet need for contraceptives exacerbates environmental degradation, especially in vulnerable ecosystems. Worldwide, unplanned pregnancies contribute twice as much to future population growth as desired pregnancies.¹

“The pursuit of environmental sustainability is an essential part of the global effort to reduce poverty, because environmental degradation is inextricably and causally linked to problems of poverty, hunger, gender inequality, and health.”

UN Millennium Project Task Force
on Environmental Sustainability⁸

FACTS AT A GLANCE

- ▶ Nearly 60% of the 4.4 billion people in developing countries lack basic sanitation, almost a third do not have access to clean water, one quarter lack adequate housing, 20% do not have access to health services, and 20% of children do not attend school through grade five.²
- ▶ In some developing countries, consumption levels are rising rapidly among the emerging middle class, adding to current pressures on the environment. Still, the world's richest countries, with 20% of global population, account for 86% of total private consumption, while the poorest 20% of the world's people account for just 1.3% of consumption. A child born today in an industrialised country will add more to consumption and pollution over his or her lifetime than 30 to 50 children born in developing countries.³
- ▶ The world's population is now 6.5 billion people and is expected to reach 9.1 billion by 2050.⁴ 95% of these births will be in the poorest nations, which have the highest levels of unmet need for family planning and sexual and reproductive health services.⁵
- ▶ There are 80 million unplanned pregnancies per year and 120 million women want to use contraception for spacing and limiting births, but are unable to.⁶
- ▶ Globally, it is estimated that women hold title to only 2% of all land owned.⁷

In poverty-stricken areas, poor populations often have no choice but to exploit the environment in order to meet their needs for food, fuel, and income. They also have little access to the education, information, and services—including sexual and reproductive health services—that could expand their options. Lastly, population growth drives rural-to-urban migration and the growth of urban slums, where people's access to basic sanitation, clean water, adequate housing, and health services is often limited.

KEY ACTIONS

- ▶ Ensure universal access to safe, voluntary and comprehensive sexual and reproductive health services and information by 2015.
- ▶ Modify unsustainable and wasteful consumption and production patterns through economic, legislative, and administrative measures.
- ▶ Ensure that trade and macro-economic policies promote equitable access to, and sustainable use of, natural resources.
- ▶ Ensure the involvement of women, including indigenous and rural women, in environmental decision-making and management at all levels and ensure their equal access to and control over natural resources.
- ▶ Reduce exposure to toxic substances and improve household sanitation to reduce infant and child mortality and improve maternal health.
- ▶ Ensure and expand sustainable access to adequate supplies of safe water to improve the health and well-being of all people.
- ▶ Promote greater understanding of the linkages between the environment and sexual and reproductive health, and encourage integrated actions that address both these areas.
- ▶ Support efforts to replenish depleted soils and promote sustainable agriculture, with appropriate, gender-sensitive technical assistance.

COMMITMENTS TO ACTION

Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. . . .

— ICPD Programme of Action, ¶ 3.14 —

1. Global Health Council, *Banking on Reproductive Health 21* (Washington, DC: Global Health Council, 2003).

2. UNFPA, *State of the World Population 2001: Footprints and Milestones* (New York: UNFPA, 2001).

3. Ibid.

4. UN Population Division, *World Population Prospects: The 2004 Revision – Highlights* (New York: United Nations, 2005).

5. UN Millennium Project, Report of the Task Force on Environmental Sustainability, *Environment and Human Well-Being: A Practical Strategy* (New York: UN Millennium Project, 2005).

6. R. Leete and M. Schoch, "Population and Poverty: Satisfying Unmet Need as the Route to Sustainable Development," *Population and Development Strategies Series 8* (New York: UNFPA, 2003).

7. K. Spengler, "Expansion of Third World Women's Empowerment: The Emergence of Sustainable Development and Evolution of International Economic Strategy," *Colorado Journal of International Environmental Law and Policy*, Summer 2001, p. 320.

8. UN Millennium Project, Report of the Task Force on Environmental Sustainability, *Environment and Human Well-Being: A Practical Strategy* (New York: UN Millennium Project, 2005).

These briefing cards are endorsed by the following non-governmental organisations:

Action Canada for Population and Development
AIDOS (Associazione italiana donne per lo sviluppo)
The Alan Guttmacher Institute
Asian Forum of Parliamentarians on Population and Development
Australian Reproductive Health Alliance
Catholics for a Free Choice
Center for Health and Gender Equity
The Center for Women's Global Leadership
Center for Reproductive Rights*
The Centre for Development and Population Activities (CEDPA)
CHOICE for youth and sexuality
Commonwealth Medical Trust
Communications Consortium Media Center (CCMC)
FEIM – Fundacion para Estudio e Investigacion de la Mujer
German Foundation for World Population (DSW)
Gynuity Health Projects
INFORM Sri Lanka
Interact Worldwide
International Center for Research on Women
International Planned Parenthood Federation (IPPF)
International Women's Development Agency
Inter-American Parliamentary Group on Population and Development (IAPG)

The Latin American and Caribbean Women's Health Network (LACWHN)
Lentswe La Rona – Young African Advocates for Rights (YAAR)
MADRE, An International Women's Human Rights Organization
Network of Asia Pacific Youth (NAPY)
New Zealand Family Planning Association
Pacific Institute for Women's Health
PATH
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Population Action International
Population Council
RFSU, The Swedish Association for Sexuality Education
The Sexuality Information and Education Council of the U.S. (SIECUS)
Sensoa, Flemish Service and Expertise Centre for Sexual Health and HIV
Society for International Development
US Committee for UNFPA*
Women in Law and Development in Africa, West Africa Sub-regional Office
Women's Human Rights Alliance, Ireland
World Population Foundation
YouAct, European Youth Network on Sexual and Reproductive Health and Rights
Youth Coalition

* The Center for Reproductive Rights and the US Committee for UNFPA do not take a position on the card "Ensure Environmental Sustainability".

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