

Concept Note

ICPD Beyond 2014 Review - Expert Meeting on Women's Health: rights, empowerment and social determinants

1. Background

The 1994 ICPD and subsequent intergovernmental meetings established global consensus on the importance of universal access to sexual and reproductive health, and protection of reproductive rights (SRHR). Governments have repeatedly recognized that **SRHR are necessary for women's and girls' overall health and empowerment**; for their ability to benefit fully from education, training, and productive work, as well as to participate in social, political and economic life; and for their enjoyment of all human rights. Governments have further recognized that the disempowerment of women and girls, other abuses of their human rights especially violence an sexual coercion, along with, social and economic disadvantages severely inhibit achievement of their SRHR.

The ICPD Programme of Action (PoA) agreements on sexual and reproductive health and rights have been further elaborated in the 1999 “key actions for its further implementation”, and in numerous other international agreements (e.g., the Platform for Action of the Fourth World Conference on Women; the Human Rights Council resolution on persistent preventable maternal mortality as a human rights violation; the 2009 and 2012 resolutions of the Commission on Population and Development; and the 2013 Agreed Conclusions of the Commission on the Status of Women, among others).

In the last two decades, considerable progress has been made toward achieving women's sexual and reproductive health, including in low- and middle-income countries, through increases in the availability and use of contraceptive services and skilled maternity care, support for prevention and treatment of HIV infections, and relaxation or removal of legal restrictions on access to safe abortion. For example, globally, contraceptive use has increased from 52% to 62 % since 1994. Maternal mortality has fallen by half, to 273,500 in 2011. The rates of new HIV infections have plateaued or begun to decline in a number of countries. Government leadership, together with strong support from all partners including UN agencies, donors, NGOs and professional associations, among others, contributed substantially to this progress.

However, behind these positive global trends lie significant differences among and within countries. At least 220 million women in low and middle-income countries who do not want to become pregnant are not using modern contraception. Every year, 30 million unplanned births, and over 40 million abortions, half of them illegal and unsafe, occur. An estimated 499million new, sexually transmitted infections, not including HIV, occur, approximately half in girls and women. More girls are attending primary school but few complete or even attend secondary

school in many low and middle-income countries. Violence against women and girls remains pervasive: 1 in 3 women report physical and/or sexual violence in their lifetime. Other major deterrents to women's utilization of health and related services include poverty, residences in isolated locales, and harmful practices such as early and forced marriage, among others

The ICPD and subsequent intergovernmental negotiations agreed on a core package of sexual and reproductive health services (contraception, safe abortion when abortion is not against the law, maternity care, prevention and treatment of STIs and HIV). Providing these services through the public health system, rather than through vertical programs, is the agreed goal. The ICPD Programme of Action recognizes that the interests of women and girls are best served when services are well designed and coherently implemented, and integrated services are cost effective and thus, sustainable. Further, **strengthening the health system over time to deliver these services can provide a foundation for enhanced prevention and treatment of non-communicable diseases and for preventing and responding to violence against women.**

In recent years, a range of global and national initiatives to enhance access to sexual and reproductive health services has emerged, as national governments, donors and international agencies have worked to achieve universal access to reproductive health. The UN Secretary General's "Every Woman Every Child" initiative is one example at the global policy level. Various countries, including for example, Bangladesh, Brazil, Ethiopia, Nepal, Nigeria (some states), Rwanda, Turkey and, Vietnam, have redesigned national or subnational health policies and programs in this direction; and numerous donors have also adopted a sexual and reproductive health and rights focus in their Overseas Development Assistance policies on health and population.

Nonetheless, **the typical woman or girl living in a low-income country, or in poverty in a middle or higher-income country, has inadequate access to sexual and reproductive health services and often faces economic, social, cultural and other barriers to using services that are made available. These barriers include gender inequalities and various human rights violations** that jeopardize her development and wellbeing, including her sexual and reproductive health, and contribute to persistent, high levels of preventable morbidity and mortality. **These are exacerbated** in many countries by the fragility of under-resourced health systems. **Innovative and robust initiatives by the health sector are still needed in many countries** to achieve universal access to sexual and reproductive health services and to protect sexual and reproductive rights. In addition, multi-sectoral actions and investments are needed to remove social, legal and economic barriers to girls' and women's use of services.

The ICPD PoA sexual and reproductive health agenda also includes infertility, violence and reproductive system cancers. These serious health concerns have received relatively little attention, especially in low- and middle-income countries, even though they exact a very high toll on women's health, wellbeing and

longevity. For example, in 2010, breast cancer killed 269,000 women in low and middle-income countries and cervical cancer killed 275,000. Data collection and research, as well as the information, education and services, needed to enable women and girls to avoid and address these health threats have not yet received sufficient priority. Epidemiological and other data, information and education programs and services to prevent and address other NCDs, even those such as diabetes, obesity and high blood pressure that jeopardize women's health in pregnancy, are poor to non-existent. And investment in changing the social norms, laws and other factors that perpetuate violence against women and girls fall far short of what is needed to end this scourge.

2. The expert meeting

UNFPA, as part of the Operational Review of the implementation of the ICPD PoA, and in collaboration with WHO, is convening this expert meeting from Sunday evening, September 29 through Wednesday evening, October 2, 2013 in Mexico City, Mexico. It compliments the ICPD Beyond 2014 International Conference on Human Rights hosted by the Netherlands in July 2013, and the Global Youth Forum hosted by Indonesia in December 2012, by focusing on the health, empowerment and human rights specifically of women and girls. Like the earlier ICPD Beyond 2014 gatherings, this expert meeting will generate further inputs for both the ICPD Beyond 2014 Global Report and the post 2015 development agenda.

The **primary purpose** of the meeting is **to generate recommendations on effective ways to accelerate progress toward universal access to an integrated package of core sexual and reproductive health services, and protection of the sexual and reproductive rights of girls and women.**

Drawing on background papers and country examples, as well as their own individual experiences and knowledge, expert participants will consider the effectiveness of national level actions taken, and international support provided, to date, and **produce prioritized recommendations** for accelerated national and international policies and programs for sexual and reproductive health and rights. The meeting focuses on the three primary SRHR challenges identified by the ICPD Beyond 2014 Conference on Human Rights in July 2013:

- **Equality** in access,
- **Quality** of services, information and education, and
- **Accountability.**

A second purpose of the meeting is to identify and assess ways in which country-based work to achieve universal access to sexual and reproductive health and rights, as well as related work at the regional and global level, could provide a foundation for prevention of and services for selected non communicable diseases in girls and women.

Participants in the consultation will debate and develop recommendations on:

- Key principles, approaches and actions required to fill national, legal, policy, programme and funding gaps in the four primary sexual and reproductive health services (contraception, safe abortion, maternity care, prevention and treatment of sexually transmitted infections and HIV services) and in protection of sexual and reproductive rights, **with attention to addressing the disparities, among and within countries, in access and in quality of care;**
- Priority actions and investments required to create an **enabling environment** for the SRHR of women and girls, especially those who are disadvantaged or members of excluded or marginalized groups;
- Guidance to the international community, including donors, the UN system, NGOs and global initiatives (e.g., Every Woman Every Child) on how they can best contribute to **enhancing national progress toward universal access** to SRHR and creation of an enabling environment in all countries, **particularly for women and girls in a situation of disadvantage or belonging to marginalized and excluded groups**
- **Guidance on the strengthening of accountability mechanisms to respect, promote and fulfill the human rights of women and girls, and to ensure that the health sector, in particular, meets its obligations to women's health and human rights. ;**
- Actions that can be taken by, and in addition to, SRHR initiatives to begin, to **address girls' and women's risk and experience of the selected NCDs mentioned above, and also** violence against women and girls.

These recommendations will emphasize how to make more progress faster toward women's health and human rights, particularly SRHR, in the remainder of the MDG period, and will be framed in a way that facilitates inclusion of women's and girls' health and human rights in the design of post-2015 development frameworks.

The recommendations will be included in a report of the meeting and disseminated widely.