ICPD Beyond 2014 Issue Brief:
Health: Sexual and Reproductive Health and Rights (SRHR)

The right to the highest attainable standard of health and the relevance of healthy populations in achieving sustainable development are undeniable. In the ICPD Programme of Action, Member States recognized that reproductive rights embrace existing human rights and that sexual and reproductive health and rights are central to health, well-being and to development. Aggregate gains in sexual and reproductive health and rights (SRHR) over the last two decades underscore the accuracy of that consensus. However, marked disparities persist across and within regions, with many countries exhibiting progress among households in the upper wealth quintiles, while progress remains flat or marginal among poor households. This highlights the inequalities inherent in a development model that continues to leave many behind and underscores the near impossibility of realizing health for all and universal access to SRHR without sustained attention to strengthening the reach, comprehensiveness, and quality of health systems.

Global Population Health

The changes in global population health over the last two decades are striking in two ways – in the dramatic aggregate shifts in the global burden of disease towards non-communicable diseases and injuries, including due to global ageing, and the persistence of communicable, maternal, nutritional and neonatal disorders (i.e. diseases of poverty) in sub-Saharan Africa and South Asia.

Over the past two decades life expectancy increased by 5.2 years for both sexes, with females continuing to live longer, and under-five mortality declined from 90 to 48 deaths per 1000 live births.

Gains in SRHR Mask Persistent Inequalities

Globally, the maternal mortality ratio declined 47% between 1990 and 2010; yet 800 women still die from preventable pregnancy or childbirth-related complications each day. Differences in lifetime risk of maternal death between developed (1 in 3800) and developing regions (1 in 150, sub-Saharan Africa 1 in 39) remain stark. In 26 countries there has been an *increase* in maternal deaths since 1990, largely due to HIV-related deaths. For every maternal death there are twenty maternal morbidities, many with severe and long lasting complications including obstetric fistula.

Gains in skilled attendance at birth, from 56% in 1990 to 67% in 2011, mask inequalities in access to care. Of all SRH indicators, skilled attendance at birth shows the greatest inequality in access across wealth quintiles and between urban and rural areas and the least progress has been made in sub-Saharan Africa. These disparities highlight the limited capacity of many health systems to provide fundamental SRH services to poor women.

Gains have been realized in contraceptive prevalence rates (CPR), declines in unmet need, and diversification in contraceptive method mix. Yet, use of modern contraception in developing regions remains much lower than in developed, with CPR below 10 per cent in some developing countries. A few countries continue to be dominated by single methods.

Death rates due to unsafe abortion have declined globally, yet death rates remain unacceptably high in Africa and some parts of Asia. In countries where abortion is rare it is safe, legal and accessible; post abortion care, modern contraception and comprehensive sexuality education are readily accessible; and gender equality is more fully realized. 90% of unsafe abortions occur in the developing world where in 2008 alone, there were 8.7 million unsafe abortions among girls and young women aged

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15-24. Unsafe abortion accounts for 13% of all maternal deaths.

There has been a 33% decline in new HIV infections globally. Regional achievements in HIV prevention mask critical disparities within and between countries. The past two decades have seen a dramatic rise in the proportion of HIV positive pregnant women with access to anti-retroviral therapy (ART). However, access to ART is not universal and ART coverage continues to favor adults compared to children.

Sexually transmitted infection (STI) incidence increased significantly between 1995 and 2008 even with a 12% decline in syphilis cases. Outside of Europe and select wealthy countries, STI data and surveillance systems are weak or non-existent.

Deaths from reproductive cancers disproportionately burden the poor largely due to limited access to diagnosis and treatment, particularly in developing countries. The HPV vaccine has proven highly effective, and offers promise for curtailing cervical cancer if administered prior to sexual debut and is thus of particular relevance to young adolescents.

Access to SRHR for adolescents and youth is crucial and unfulfilled. The largest generation of young people is now entering sexual and reproductive life. High rates of adolescent pregnancy, unsafe abortions, maternal deaths, STIs and HIV in this cohort highlight significant gaps in coverage and access to SRH information, education, and services. Globally, there are more than 15 million adolescent pregnancies every year, with 9 out of 10 occuring in the context of early, child and forced marriage. Adolescent pregnancy has far reaching negative consequences for the health and well-being of the mother and child, and is often times a barrier that prevents the young mother from realizing her full potential.

The poorest adolescent health profiles are in sub-Saharan Africa; however, there is a paucity of comparable data on adolescent health globally, including on SRH and access to SRH services and particularly for the youngest adolescents, 10-14 years.

Comprehensive sexuality education (CSE) curricula that emphasize gender and power are markedly more likely to reduce rates of STIs, HIV and/or unintended pregnancy. Comprehensive sexual risk reduction interventions do not lead to earlier sexual initiation or greater sexual frequency. Rather, CSE enables young people to stay healthy; to promote values of gender equality, mutual respect, tolerance, and non-violence; and to plan their lives and develop lifelong healthy behaviours.

Half of all non-communicable diseases (NCDs) can be attributed to behaviours that begin in childhood and adolescence, such as tobacco use, alcohol use, unhealthy diets and physical inactivity. Given the shift in the global burden of disease towards NCDs, it is crucial to reach young people, both in and out of school, early in life to enable and foster life-long positive health behaviours.

Strengthening the Health System

Alarming inequalities in access to SRHR persist within and across regions and countries due to weak health systems. Sub-Saharan Africa and to a lesser extent South Asia continue to have some of the least accessible and most fragile health systems and concomitantly the poorest SRH outcomes. Additionally, within select middle and high-income countries, pockets of weak and poor health system coverage or quality abound for select areas or populations.

Globally there is a critical shortage of human resources for health. The 2013 global health workforce shortfall stands at 7.2 million, with 83 countries below minimum thresholds of health workers. This shortfall is exacerbated by urban rural maldistribution of health workers, and in many countries, population growth has outpaced gains in health worker numbers.

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Further, 91% of maternal deaths occur in the 58 countries that face critical health worker shortages.

SRHR Beyond 2014 – The Way Forward

Accelerate progress towards universal access to SRHR through sustained investment in expanding the reach, quality and comprehensiveness of health systems including by addressing shortfalls in human resources for health, building health management information systems, strengthening supply chains to ensure reproductive health commodity security, improving quality of care and ensuring accountability through quality assurance mechanisms. SRHR should be fully integrated, with all other health services, within primary health care systems, and including with appropriate referrals should emphasize continuity of care throughout the life course. SRHR must be an integral component of universal health coverage schemes (UHC) going forward.

Protect and fulfil the rights of adolescents and youth to accurate information, comprehensive sexuality education, and health services for their sexual and reproductive well-being, and lifelong health. Young people are central to the future development agenda. If provided with quality education and the opportunities to define their futures, to secure their sexual and reproductive health and rights, and to delay family formation – they can spur economic growth and the crucial innovations needed for a sustainable future.

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