Priorities for the Post-2015 Development Agenda: the Case for Sexual and Reproductive Health and Rights

The High-Level Task Force for the International Conference on Population and Development (ICPD)’ affirms that sexual and reproductive health and rights, the empowerment of women and gender equality, and the rights and empowerment of adolescents and youth must be placed at the heart of sustainable development. These are crucial ends in themselves, States’ obligations to fulfill, and keys to achieving poverty eradication, social justice and equity, educational, health, economic and sustainable development objectives. These inter-related pillars should receive the highest order of prioritization in the post-2015 development agenda, as goals, targets and indicators, as well as cross-cutting (‘mainstreamed’) elements. Specifically, the Task Force calls for the following, as not only strategic, ‘smart’ investments, but also as ethical imperatives for equitable, inclusive progress:

To advance women’s and young people’s empowerment, particularly relevant is ensuring quality education for all girls and boys, closing gender gaps in education and getting girls through secondary school; ensuring women and youth have access to equal economic opportunities, decent employment and productive assets; increasing the participation of women and youth in decision-making and public policy priority-setting, including women’s political participation at local and national levels through affirmative action measures; eliminating all forms of violence against women and girls, through both prevention efforts and universal access to health, social, legal and other services for all victims; and ensuring women and young people have the education and skills to understand and claim their human and legal rights.

Underpinning women’s and young people’s empowerment, health and productivity, is the advancement of sexual and reproductive health and rights. Simply put, these are fundamental rights and freedoms to make basic decisions about one’s body, health, sexuality, relationships, marriage and childbearing. Legal and enforcement measures must protect the exercise of these rights, without any form of discrimination, coercion or violence. They include rights to access essential information and services for women to avoid unwanted pregnancies and go through desired pregnancies and childbirth safely; for young and adult sexually active people to protect themselves from HIV and other sexually transmitted infections (some of which lead to cancers in women, and birth defects such as newborn blindness); and for adolescent girls and young women to avoid early marriage and early pregnancies, which can end their schooling and personal development, and limit their own and their children’s prospects of breaking out of poverty. Currently, however:

- Every day, 800 women die from causes related to pregnancy and childbirth—99% occurring in developing countries. For adolescent girls in many countries, this is the leading cause of death.
- More than 200 million women in developing countries want to prevent pregnancy, but lack access to effective contraception—resulting in 80 million unintended pregnancies, 30 million unplanned births and 40 million abortions, half of which are unsafe and life-threatening. Globally, 1 in 5 girls give birth before they turn 18.
- 34 million people live with HIV—with youth especially affected, accounting for 40% of all new HIV infections; 3 million aged 50 and over are infected in sub-Saharan Africa alone; and 16 million children have been made orphans by AIDS.
- Every year, 499 million new cases of curable sexually-transmitted infections occur, with consequences for maternal and newborn health, and increased risks of HIV infection (by three to four times).

Sexual and reproductive health problems take a huge toll on lives, families, societies and economies—and public budgets—yet they are preventable, with proven, cost-effective solutions. Sexual and reproductive health and rights have high payoffs for poverty eradication, social, economic and sustainable development, and for equality and equity, because, as research shows, they can:

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*The High-Level Task Force for ICPD is a group of eminent and distinguished leaders acting in their individual capacities, with a record of service as heads of state, ministers and parliamentarians, civil society, private sector and philanthropic leaders, co-chaired by Former Presidents Joaquim Chissano of Mozambique and Tarja Halonen of Finland.*
Improve women’s health, education, and economic productivity, the key elements of human capital for eradicating poverty and sustaining economic growth and development. Sexual and reproductive health and rights are crucial components of women’s health and well-being throughout the life-cycle, for both younger and older generations, and are core aspects of women’s empowerment and gender equality. They enable adolescent girls to complete their education, by avoiding early pregnancy and early motherhood, thereby entering the workforce better prepared, with improved income-earning prospects: An extra year of secondary school increases future wages by 15-25%. Healthy, better educated women also tend to have healthier, better educated children, resulting in a stronger future workforce. Importantly, women who are able to determine the number and timing of their children are able to more fully engage in productive activity. And greater equality in the workforce can fuel economic growth: If women’s employment rates were raised to the same level as men’s, the GDP of the United States would rise by 9%, the euro-zone’s by 13%, and Japan’s by 16%.

Improve maternal and child health, through better pregnancy and childbirth outcomes, including mother and child survival, prevention of HIV transmission, reduced child mortality, higher birth weight, better child nutrition, and improved cognitive development.

Halt the spread of HIV, and avert the associated illness, deaths, loss of productivity and public health burden, by maximizing access to prevention and treatment through integrated sexual and reproductive health education and services, including those related to maternal health and family planning.

Foster environmental sustainability, since when women are able to exercise their reproductive rights and choose the size of their families through access to contraceptive information and services, they tend to opt for smaller families, or the number they can best provide for. Healthier, smaller families are more resilient and better able to thrive when facing crises and environmental challenges, and, combined with changes in unsustainable production and consumption patterns, this can help balance population dynamics with the planet’s resources and fragile ecosystems.

Enable a demographic shift in countries with high poverty, mortality and fertility rates, which can trigger economic growth. When young people, especially young women, can access family planning to delay marriage and childbearing while they seize educational and employment opportunities, they can contribute to a higher-skilled, more productive workforce. Fewer dependents also increases household savings and investment in families and communities, further strengthening the human capital base for poverty eradication and sustained economic growth. This ‘demographic dividend’ was an important factor behind the East Asian ‘miracle’ of rapid economic growth, and has been observed in other regions. Regardless of high or low fertility trends, women’s access to sexual and reproductive health is essential to their human right to life, dignity, equality, and their ability to lead healthy, productive lives.

Yield net savings to public budgets, freeing resources for other priorities. For example, greater investments in family planning alone would save developing countries over $11 billion a year in maternal and newborn health care. Country studies show that for every dollar invested, many more are saved in averted costs.

The international community should seize the opportunity to lift the needless and costly burden of sexual and reproductive health problems from people’s lives, societies and economies by prioritizing these issues in the post-2015 agenda—with participatory accountability mechanisms involving civil society and marginalized groups to track political, programmatic and financial commitments for inclusive and equitable progress—in order to ensure:

- Accelerated implementation of universal access to sexual and reproductive information, education and services across the life-cycle, to improve quality of life and well-being, with emphasis on: prevention of unwanted and early pregnancy, unsafe abortions, maternal deaths, and HIV and sexually transmitted infections; improving women’s and children’s health and survival; prevention and early detection of non-communicable diseases of the reproductive system, especially breast and cervical cancer; access to affordable supplies; integration of services, especially of those related to HIV with other sexual and reproductive health services; as well as with responses to violence against women and girls and sexual abuse of boys and men; and equitable access, to ensure such services are affordable to all who need and want them, by placing them as a priority within universal health coverage and by removing user fees.
• Access to **comprehensive sexuality education**, in and out of school, for all young people, to enable them to plan their lives and understand and make informed decisions about their sexuality; help keep girls in school by avoiding early and unwanted pregnancy; and keep young people HIV-free.

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7 UNAIDS, Fact Sheet: Adolescents, young people and HIV. Based on 2010 data.
18 United Nations (2012) Resolution Adopted by the General Assembly 66/288 The Future We Want (Sept 2012), para. 139, recognizes the "importance of universal health coverage". See also the The Lancet, Volume 380 No.9845, 8 September 2012, special issue on Universal Health Coverage.