



FACTSheet

How Access to Sexual & Reproductive Health Services is Key to the MDGs

The Millennium Development Goals (MDGs) offer precise targets for reducing poverty and promoting global development, but they remain incomplete if they do not build from and incorporate the objectives of other major international agreements, particularly those reached at the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women (Beijing). At the 2005 World Summit and in the years leading to the 2015 milestone, the sexual and reproductive health community is taking every opportunity to advance this message: universal access to sexual and reproductive health services is essential to achieving the MDGs.



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The Case for Sexual & Reproductive Health

- **The aims of the ICPD Programme of Action, the Beijing Platform of Action and the Millennium Declaration’s MDGs are mutually reinforcing,** particularly those related to gender equality, maternal health, HIV/AIDS and environmental sustainability.
- **Support for sexual and reproductive health is repeatedly identified as a requirement for MDG achievement.** The Millennium Project (MP) Task Force on Child Health and Maternal Health has submitted a new target for consideration under MDG 5 calling for “universal access to reproductive and sexual health services through the primary healthcare system by 2015.” Additionally, signatories of the Delhi Declaration on Maternal and Child Health (2005), the ICPD World Leaders Statement (2004), and other consensus documents have affirmed the necessity of integrating sexual and reproductive health objectives into this larger development agenda.
- **Poor reproductive health is hindering countries’ efforts to achieve the MDGs.** In developing country progress reports to the United Nations Development Programme (UNDP), poor sexual and reproductive

health and limited access to basic reproductive health services are commonly listed as obstacles to MDG attainment. Financial and political support for sexual and reproductive health programs and services is frequently listed among these countries’ recommendations to donors.

- **Reproductive rights are human rights.** The international community first articulated the human right to plan one’s family in 1968. That principle has been reaffirmed by governments many times since then – in the ICPD Programme of Action, the Beijing Declaration and the various other major human rights treaties that lay the foundation for the right to reproductive health.
- **Access to reproductive health services influences global security** by helping to hasten the demographic transition – the shift from short lives and large families to long lives and small families. Allowing couples to realize their own childbearing intentions promotes less volatile age structures, enables slower urban population growth and lessens pressure on limited natural resources. This in turn helps improve the prospects for political and economic stability in developing countries and for global security in the future.

“Universal access to reproductive health care, including family planning, is the starting point for maternal health.”

— Inter-Agency Expert Group on MDG Indicators. 2005. *The Millennium Development Goals Report, 2005*. New York: United Nations Department of Public Information.

MDG 1: Eradicate Poverty & Hunger

■ **Reproductive illnesses and unintended pregnancies weaken or kill people in their most economically productive years**, not only exacting a financial toll on individuals and families but also undermining the economic development of nations. Sexual and reproductive health conditions account for nearly one-fifth of the global burden of disease and 32 percent of the burden among women of reproductive age worldwide.

■ **In sub-Saharan Africa, poor reproductive health accounts for nearly two-thirds of disability-adjusted life years lost** among women of reproductive age. In many developing countries, women earn 40 percent to 60 percent of household incomes – a significant economic contribution that is lost when a woman dies in pregnancy or is unable to work due to poor reproductive health.

■ **Smaller family size has contributed to economic opportunities.** In 1950, East Asia’s health, literacy, fertility and economic statistics were similar to present day sub-Saharan Africa, the poorest region of the world. Increased access to desired reproductive health services, including voluntary family planning programs, and its impact on fertility led to higher ratios of workers to dependent children. This allowed families and governments to invest more in each child – ensuring access to education and health care – and over time, the ability to save more, invest more productively and, ultimately, stimulate economic growth.

MDG 3: Promote Gender Equality & Empower Women

■ **A woman’s ability to plan her family – a basic human right – is critical to gender equality and reducing poverty.** Access to reproductive health services, including contraception, helps empower women to make the choices and decisions that affect their lives and thus ensures this most fundamental human right.

■ **For teenage girls, early pregnancy often brings an end to their education.** Despite free education programs and support for girls’ enrollment, only 46 percent of girls in Africa complete primary school, and in more rural parts of the continent that rate drops below 15 percent. In its report to the UNDP, Ghana cites “minimizing the incidence of teenage pregnancies” among its top five challenges to achieving equal access for boys’ and girls’ education.

■ **Every year of education reduces the likelihood that a girl will bear a child in her teens or live in poverty.** Girls who complete their secondary education are between 3 and 13 times less likely to become mothers early in life and tend to have fewer and healthier children.

■ **Until a woman can determine the number and spacing of her children, she cannot participate to the best of her abilities in society.** The second of seven strategic priorities recommended by the MP Task Force on Education and Gender Equality is to “guarantee sexual and reproductive health and rights” pursuant to other international agreements, such as the ICPD Programme of Action and the Beijing Declaration and Platform for Action.

MDG 5: Improve Maternal Health

■ **This is the MDG toward which countries have made the least progress**, according to the MP Task Force on Child Health and Maternal Health. More than 500,000 women die every year from pregnancy-related causes, and more than 99 percent of these deaths take place in the developing world. This statistic alone captures the impact of poor access to contraception and lack of skilled care in pregnancy and childbirth, as well as of pregnancies that occur too early in life, too late or too often.

■ **Unintended and unwanted pregnancies contribute directly to maternal mortality.** Access to reproductive health services, including contraception as well as care in pregnancy and childbirth, reduces a woman’s exposure to fatal obstetric complications – which account for approximately 80 percent of maternal deaths globally – and enables a woman to plan the timing and spacing of her children. A study of 15 West African countries found that those with the highest contraceptive prevalence have the lowest maternal mortality rates, and vice versa.

■ **Improved access to comprehensive reproductive health services in Mauritius helped reduce maternal mortality by roughly three-quarters between 1990 and 2000.** The country credits its primary health care strategy for this success, which includes an increase in skilled birth attendants, 100 percent coverage of antenatal and post-natal care, the provision of birth control during post-natal care, and improved access to family planning services overall.

■ **Tanzania, however, reports that achieving the maternal health goal is unlikely there.** In its report to the UNDP, the country considers a continued reduction of maternal

mortality possible, but only if current levels of support for reproductive health are increased significantly. Contraceptive availability and prevalence are both increasing, but Tanzania doesn't have the financial resources to expand its reproductive health care.

- **Providing skilled birth attendants and monitoring maternal mortality is not enough.** Even with the best primary care, 15 percent of women will experience potentially fatal complications during pregnancy or childbirth and require emergency obstetric care, and with each additional child, a woman increases her risk. The MP Task Force on Child Health and Maternal Health recommends the addition of an indicator that explicitly tracks the coverage of emergency obstetric care, recommending a minimum of “one comprehensive and four basic functioning emergency obstetric care facilities per 500,000 people.”

MDG 6: Combat HIV/AIDS, Malaria & Other Diseases

- **HIV/AIDS is a sexual and reproductive health issue.**

Worldwide, more than 40 million people are living with HIV or AIDS, almost half of whom are women and one-third of whom are young people aged 15 to 24. Every day 14,000 people are infected with HIV, and the vast majority of those infections are transmitted sexually and are preventable.

- **Deaths from HIV/AIDS are damaging prospects for economic development.** In Zambia, more than 2,500 teachers died of AIDS in 2001 – the equivalent of 1 in 16 teachers in the country. AIDS experts estimate that a country with 15 percent of its population HIV-positive could expect its gross domestic product to decline by about 1 percent annually.

- **The condom is the only technology available for protection against sexually transmitted HIV.**

In the absence of a vaccine, preventive measures remain extremely effective and affordable interventions for slowing the pandemic. A comprehensive prevention strategy includes education, promotion of delayed sexual debut, teaching of skills to negotiate safe behavior, and consistent and correct use of male and female condoms.

- **Ninety percent of new HIV infections in Cameroon are transmitted by unprotected sex.** The country cites as an absolute necessity the “increased use of male and female condoms among groups at high risk, including prostitutes, truck drivers and soldiers and the population in general.”

Side by Side: The MDGs and the ICPD Programme of Action

- 1. MDG:** Eradicate extreme poverty and hunger.
ICPD: Aim at achieving poverty eradication.
- 2. MDG:** Achieve universal primary education.
ICPD: Achieve universal access to quality education.
- 3. MDG:** Promote gender equality and empower women.
ICPD: Countries should act to empower women and ... eliminate inequalities between men and women ...
- 4. MDG:** Reduce child mortality.
ICPD: Promote child health and survival.
- 5. MDG:** Improve maternal health.
ICPD: Achieve a rapid and substantial reduction in maternal morbidity and mortality ... including deaths and morbidity from unsafe abortion.
- 6. MDG:** Combat HIV/AIDS, tuberculosis, malaria, and other diseases.
ICPD: Reduce the spread of HIV infection and minimize its impact.
- 7. MDG:** Ensure environmental sustainability.
ICPD: Reduce unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environments ...
- 8. MDG:** Develop a global partnership for development.
ICPD: Urge that the international community adopt favorable macro economic policies for promoting sustained economic growth.

Source: Ross, John, John Stover and Demi Adelaja. 2005. *Profiles for Family Planning and Reproductive Health Programs: 116 Countries*. 2nd Edition. Glastonbury, CT: The Futures Group.

- **Mother-to-child transmission of HIV/AIDS accounts for 10 percent of HIV infections worldwide.**

Access to reproductive health services, including contraception, is crucial in reducing these numbers by preventing HIV infection in women and unintended pregnancies among HIV-positive women who do not wish to become pregnant.

- **The need for promotion and distribution of condoms still far outstrips the resources committed.**

The United Nations estimates that developing countries need around 12 billion condoms per year. Yet in sub-Saharan Africa, for example, donors provide an average of just 4.6 condoms per man per year.

MDG 7: Ensure Environmental Sustainability

- **Water scarcity already is a chronic concern that is growing more acute and widespread in many Middle Eastern and African countries.** In most of the countries where water scarcity is severe and worsening, high rates of population growth exacerbate the declining per capita availability of renewable fresh water.

- **Population dynamics are among the primary causes of forest decline.** The current ratio of forests to human beings is less than half what it was in 1960, due to centuries of deforestation related to human population growth – the dominant force being increasing demand for farmland.
- **Ghana cites population growth as an impediment to the achievement of MDG 7.** The country requires “adoption and implementation of sustainable population policies to reduce pressure and minimize environmental degradation” to achieve environmental sustainability.
- **Couples that can manage their own fertility are better able to manage other aspects of their lives, including natural resource conservation.** Access to family planning contributes to lower fertility, later childbearing and slower population growth – all of which are critical variables influencing population change and, thus, the availability of the natural resources on which life depends.

Key Recommendations

- **Donors focused on achieving the MDGs – and concerned with poverty reduction, human rights, HIV/AIDS and development – must ensure adequate financial resources for sexual and reproductive health services.** Only five countries set their official development assistance (ODA) levels at 0.7 percent or more of their gross national incomes (GNIs). While many world leaders have pledged to work toward the same by 2015, too many of the world’s richest countries fall far short of this target, most notably the United States.
- **Commitment, greater capacity and coordination are needed to generate the necessary human, financial and other resources required to provide sexual and reproductive health services to all who need them.** In recent years, most donor countries have funded the expansion of reproductive health services and integrated gender equality into their development agendas as part of their partnership with developing countries. But access is still far from universal, and thus it is critical to redouble rather than diminish efforts to strengthen women’s rights, improve their status, and to increase access to health care, including contraceptive services.
- **Donor and developing countries are encouraged to employ stronger sexual and reproductive health language** – in country statements to the United Nations; in Poverty Reduction Strategy Papers (PRSPs) to the World Bank; before, during and after the 2005 World Summit; and in their own decision-making regarding development efforts – to underscore the important linkages between good sexual and reproductive health and overall development goals.
- **A new target and specific indicators on universal access to sexual and reproductive health services is essential to increase financial support for and expand access to sexual and reproductive health information and services.** As underscored in Millennium Project Task Force reports and developing country progress reports, poor sexual and reproductive health is hindering progress and must be addressed. By setting this target, donor and developing countries can more easily direct vital funds in creative and integrated ways to leverage the connection between access to basic reproductive health services and the achievement of the MDGs.
- **The international community must ensure that reproductive health and HIV/AIDS initiatives are mutually reinforcing** and take full advantage of the linkages between the two, as well as linkages between reproductive health and broader health and development issues.
- **The international community’s commitment to poverty reduction and development must not be diluted.** The MDGs are in danger of being overshadowed by debates over UN reform and global security concerns. But as research shows, investments in development – in education, nutrition, poverty reduction and expanded access to reproductive health programs – play a critical role in improving the quality of life for individuals and their communities. To achieve the MDGs, to promote global peace and security, and to ensure human rights requires a sustained commitment to development, including support for universal access to reproductive health services.

Data and citations in this factsheet were taken from Millennium Project Task Force reports (<http://www.unmillenniumproject.org/reports/reports2.htm>); the Supply Initiative (<http://www.rhsupplies.org>); and the United Nations Development Programme (http://www.undp.org/mdg/country_regionalreports.html).

This factsheet draws significantly from various publications of Population Action International. For more, visit <http://www.populationaction.org>.



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