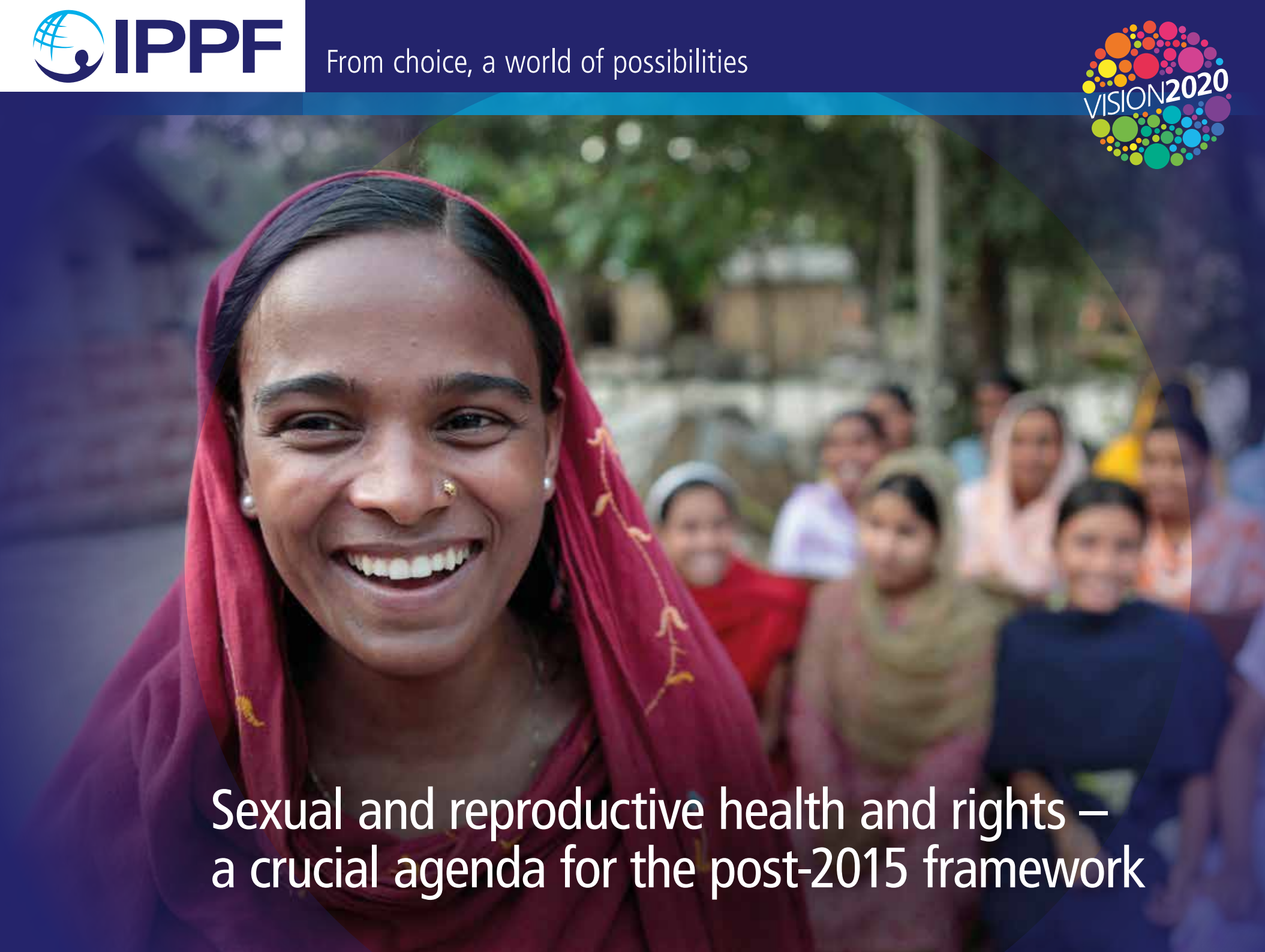




Sexual and reproductive health and rights –
a crucial agenda for the post-2015 framework

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Sexual and reproductive health and rights

In this report, sexual and reproductive health and rights refers to:

The right to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

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 is 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.

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.

A positive approach to human sexuality and the purpose of sexual health care should be the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases.



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Foreword

In 2000, the Millennium Development Goals committed every country around the world to take action. The world agreed: we all want to live in a world without poverty, where people can achieve their potential, and where good health and education are guaranteed.

Sexual and reproductive health and rights are central to achieving this vision. Such rights concern people's everyday lives, their livelihoods, their opportunities and their aspirations. They allow individuals to be empowered to exercise choice in their sexual and reproductive lives.

However, there are challenges that stand in the way of universal access to sexual and reproductive health and rights being realized. Funding for these services has decreased radically while 222 million women and girls worldwide still lack access to the contraceptives they want and need.

Vision 2020 is IPPF's 10-point call to action for governments – a series of ambitious goals, detailing the changes that are needed to make the world a fairer and healthier place for women and girls. Over the coming years, IPPF will publish a report every year that focuses on each of the Vision 2020 goals, in turn, to urge action by decision makers.

Our focus for this first report is goal 1 of Vision 2020 which calls on governments to ensure that by 2015 a new international framework includes sexual and reproductive health and rights as essential priorities.

The next two years will see the end of an era of international commitments (known as the Millennium Development Goals) and the development of a new set of commitments. It will also see the adoption of the 20-year Programme of Action from the historic 1994 Cairo International Conference on Population and Development.

This report – the first in our Vision 2020 series – focuses on why sexual and reproductive health and rights should be at the core of sustainable development from the outset. Without them, the lives of women and girls will be compromised, as will people's ability to lift themselves out of poverty and to live sustainably within their resources.

IPPF is calling for sexual and reproductive health and rights to be fully included in the post-2015 framework and we have four clear and specific asks:

- 1 A stand-alone goal on gender equality, women's rights and women's empowerment.
Including universal access to sexual and reproductive health and rights, elimination of violence against women and girls, and gender-based violence, legal equality for women, and women's equal participation in public life and decision making.
- 2 Universal access to sexual and reproductive health and rights as a target under a goal on health.
Supplemented by an ask for sexual and reproductive health services to be explicitly included in the essential package of services under Universal Health Coverage.
- 3 Gender equality and sexual and reproductive health and rights to be mainstreamed through all other goals.
All other goals to have specific targets that support sexual and reproductive health and rights and gender equality.

- 4 All targets and indicators to be disaggregated by age, sex, educational background, economic quintile, geographic region, ethnic group and other relevant characteristics. Good governance and strong accountability systems must underpin these goals, alongside sufficient resourcing for achieving the goals.

In addition to the demands, IPPF will continue to play a leading role in convening and mobilizing civil society organizations around sexual and reproductive health and rights issues, recognizing the important role that civil society can play in articulating the voices and needs of women, young people and men around the world.

Across the globe, millions of people do not have access to sexual and reproductive health and rights.

A lack of access to sexual and reproductive health and rights prevents individuals from realizing their basic rights and undermines individual control over decisions concerning health and education, and participation in social and economic life.

Ultimately, if sustainable development is the end goal, we simply cannot afford to leave sexual and reproductive health and rights off the agenda.



Tewodros Melesse, Director-General, IPPF



About this report

‘Sexual and reproductive health and rights – a crucial agenda for the post-2015 framework’ is IPPF’s inaugural publication in our series of Vision 2020 reports.

Vision 2020 is IPPF’s 10-point call to action – our vision for universal access to sexual and reproductive health and rights. IPPF’s Vision 2020 manifesto includes 10 key asks that we see as necessary to achieve universal access to sexual and reproductive health and rights and to create an equal and sustainable world. Leading up to 2020, IPPF will produce an annual Vision 2020 report that focuses, in turn, on goals from our manifesto.

This landmark report focuses on goal number 1 of the manifesto, which calls for governments to establish, by 2015, a new international development framework that includes sexual and reproductive health and rights as essential priorities.

Who is this report for?

This report is intended for decision makers of all governments involved in influencing the post-2015 framework. It is a tool for advocates and decision makers to champion the inclusion of sexual and reproductive health and rights as essential priorities in the new framework.

What’s inside this report?

This report provides a compelling case for why sexual and reproductive health and rights must form essential priorities in the post-2015 framework. It examines sexual and reproductive health and rights within the global context, as well as highlighting the particular advocacy challenges, wins and opportunities that regions face.

The report also provides policy insight into how sexual and reproductive health and rights relate to each of the three dimensions of sustainable development, highlighting why we cannot afford to leave sexual and reproductive health and rights off the agenda if sustainable development is our end goal. The report includes a spotlight focus on young people’s needs, acknowledging that such needs must be embedded within the new framework from the outset. We highlight a series of key advocacy points that IPPF would like to see included in the post-2015 framework, points that we see as necessary to achieving universal access to sexual and reproductive health and rights and sustainable development.



The global picture: access to sexual and reproductive health and rights

The seven billion people sharing the planet face a number of global challenges which span economic, social and environmental development. They include, but are not limited to climate change, environmental degradation, food and water insecurity, state fragility, economic crises, poverty and growing inequality.

Three central dimensions of sustainable development

These challenges manifest themselves differently around the world and can contribute to widening inequalities between and within countries. For this reason, sustainable development must be based on global solidarity, fuelled by principles of social equity that ensure that policy and programme approaches respect and protect human rights.

Sexual and reproductive health and rights cut across the three central dimensions of sustainable development – economic, social and environmental. Therefore, ensuring universal access to such rights should be an essential part of the response to the global challenges we face.

Sexual and reproductive health and rights have profound implications for human development and economic growth. At individual, household and macro levels, access to sexual and reproductive health and rights enables people, particularly women, to participate in social life, to access education and to participate in the formal labour market.

In some countries the *majority* of females are married when they are still girls – 15 years or younger. They have no

chance to decide their lives for themselves and it can have tragic consequences. When women have access to sexual and reproductive health services, and are able to exercise autonomy over their bodies and reproductive health, they are more likely to delay marriage and pregnancy, and to have fewer children. As a direct consequence of delaying the age of marriage and pregnancy, girls are more likely to enter and stay in education. This, in turn, can have a positive impact on their future earnings and participation in the labour market.

Delivering social equity and environmental protection

Sexual and reproductive health and rights also play an important role in delivering social equity and environmental protection. For example, access to these services can allow women and men to make informed choices about their own future and the future of their family – including their health, education and finances – essential steps to interrupt the intergenerational transmission of poverty for the most marginalized groups.¹

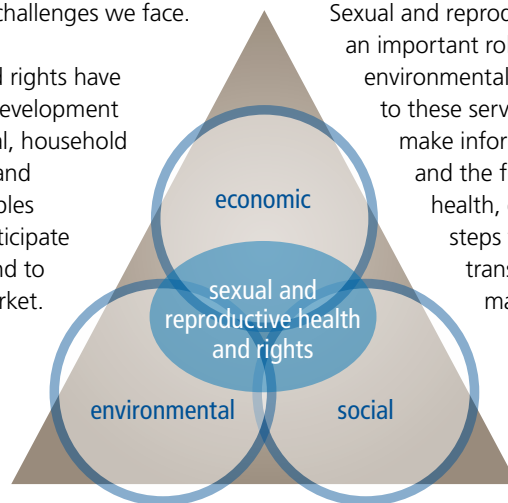
Several of the world's sustainability problems, including those related to the consumption of the world's non-renewable

resources, are related to lack of access to family planning for millions of women and men. It is no surprise that denying families the information and services to make sustainable choices about how quickly they grow their own family can result in rapid population growth rates for communities and countries that create environmental pressures. Reducing consumption, particularly by high-income countries, is the most effective way to mitigate the effects of climate change. Yet many countries also identify that improving sexual and reproductive health services and comprehensive sexuality education are two factors that could help their efforts to increase sustainability. However, many aspects of sexual and reproductive health and rights remain under-funded and under-prioritized. This lack of support can be seen by the discussion so far on the sustainable development goals.

Sexual and reproductive health and rights in the post-2015 process

The current process of negotiating the post-2015 framework will result in an agreed universal roadmap to achieve sustainable development.

Sexual and reproductive health and rights are enshrined in a number of international declarations and agreements, including the Millennium Development Goals. Millennium Development Goal 5 (improving maternal health and universal access to reproductive health) and



Millennium Development Goal 6 (combating HIV/AIDS, malaria and other diseases) focus particularly on sexual and reproductive health and rights, and other Goals are related. Sexual and reproductive health and rights were prioritized at the 1994 International Conference on Population and Development (Cairo), and the 1995 World Conference on Women (Beijing).

There has been significant progress towards sexual and reproductive health and rights, particularly since 2007, when Goal 5b (the target for universal access to reproductive health) was adopted. However, sexual and reproductive health and rights were not prioritized within the Goals right from the start; of all the Millennium Development Goals, the least progress has been made towards the maternal health goal. Every day, nearly 800 women around the world die because of complications during pregnancy and childbirth; 99 per cent of these deaths occur in developing countries.²

In addition, family planning and other sexual and reproductive health and rights issues were omitted from the 1992 Rio Declaration (at the World Summit on Sustainable Development).³ This means that sexual and reproductive health and rights issues were not included in follow-up actions, despite these being critical factors for natural resource management and environmental protection.

Some aspects of the sexual and reproductive health and rights agenda are inadequately resourced and sorely neglected, including access to safe and legal abortion, access by adolescents, and access for the poorest and most marginalized groups. Many individuals and groups experience discrimination and stigma based on their sexuality, their gender identity, and their sexual and reproductive choices and behaviours. There is a strong imperative to promote the recognition of sexual rights, beyond access to services.

Where next?

Today, there remain 222 million women who do not have access to family planning,⁴ yet demand for family planning is projected to increase to more than 900 million by 2015.⁵ Globally, disparities in access to sexual and reproductive health are widespread and contribute to growing inequality between and within countries.

If sexual and reproductive health and rights are not established as a centrepiece of the next framework, gains will not be protected, progress towards other sustainable development goals will be compromised, and young people, women and men around the world will be unable to realize a range of basic human rights related to sex, reproduction, family life, and participation in social, economic and public spheres.

As governments, civil society and private sector actors, we have a collective duty to ensure that the new goals, targets and indicators support progress to date in order to sustain impacts, continue progress towards unfulfilled targets, and address gaps and failures. Guaranteeing sexual and reproductive health and rights for all must be at the heart of the world's response to the challenge of generating sustainable development.



"Sexuality is about fun and pleasure. It's not just about preventing STIs and unwanted pregnancies. It's about how to fall in love, how you relate to other people. It's about dreaming of a better future for yourself." Michela Guarente, Sexologist, Asociación Civil de Planificación Familiar, Venezuela

Sexual and reproductive health and rights – the core of sustainable development

Sexual and reproductive health and rights relate to each of the current Millennium Development Goals, and they cut across each of the three dimensions of sustainable development – economic, social and environmental. Sex and reproduction are essentially intimate affairs, played out within personal and familial relationships. However, the consequences of lack of access to sexual and reproductive health services, supplies, information and education are felt across entire populations, social and economic life, and by the planet.

Underpinning every aspect of sustainable development and economic growth

Sexual and reproductive health and rights – and population-wide, aggregate outcomes – underpin every aspect of sustainable development and economic growth.

When individuals can control their choices about sex and reproduction, and be safe and healthy in their sexual and reproductive lives, they are better able to participate in education and the labour market, to care for their families, and have more capacity to contribute to their communities and social life.

Women are more likely to be educated and meaningfully employed when they have more power over how, with whom and when they have sex, greater decision making in relationships and control over their own reproduction. When women can realize their choices to delay, limit or space their births, they spend less time pregnant and caring for young children and can therefore spend more time in training or education. This helps them to seek more highly skilled jobs and spend more time in formal employment. For each additional year spent in school, a young woman's first child is delayed by six to 10 months (according to a 35-year study in Guatemala), and the later the first child, the more likely a woman is to have fewer children overall. A study of 97 countries found that each additional child

reduces female labour force participation by 5 to 10 per cent among women aged 20 to 44 years.

Pregnancy and complications related to childbirth remain the leading causes of mortality and disability among women of reproductive age in developing countries. Poor health reduces women's ability to work, and also means that other family members may need to give up income-generating work in order to do the work that a woman might do in caring and providing for the family. The aggregate effects of good sexual and reproductive health and rights influence the success and sustainability of social development and economic growth.

Population size, density and growth rates have a major impact on production, consumption, employment, income distribution, poverty, social protections⁶ and pensions, as well as environmental degradation. Sexual and reproductive health services must therefore be an integral part of short- and long-term government planning processes. Such policies will help ensure that public service provision, such as education and health care, is adequate, and will also ensure efficient government stewardship and regulation of housing, job markets, agriculture, natural resources and public goods.



Achieving a demographic dividend

At a macro level, population age structures in many developing countries offer a time-limited window of opportunity to achieve a demographic dividend – the window of opportunity that opens up as fertility rates decline, when faster rates of economic growth and human development are possible when combined with effective policies and markets. In many low-income countries, children and young people (under 15 years of age) represent more than 40 per cent of the population and depend on financial support from working age adults. As these cohorts (population groups) enter working age and join the labour force, the country's dependency ratio – that is, the proportion of non-working age people to working age people – will decline. By investing in children and young people now, and implementing regulations to ensure good governance and market structures, governments can develop a well-educated, healthy workforce and a market environment that is able to offer attractive employment opportunities and financial security. Taken together, governments can help facilitate social and economic dividends from the shifting population age distribution. Research in South Asia found that the demographic dividend contributed 0.79 per cent of the 1.88 per cent annual economic growth in the mid-2000s, and these economic benefits have been sustained over time.

However, this opportunity is time-bound and it is not automatic. In general, today's young people want to have fewer children than their parents' generation. This higher demand for family planning services, combined with a larger generation of people of reproductive age, means that sexual and reproductive health services will have to expand in order to ensure that young people can access contraception and other related services. It is only with

access to these services, as part of a wider package of social support, financial security and enabling markets, that governments can promote future social and economic gains.

Governments and policy makers responsible for negotiating the post-2015 framework should promote investments in high quality, comprehensive sexual and reproductive health and rights information, education and services in order to progress towards the goal of achieving universal access. This applies to high-income countries – many of which have yet to achieve universal access to sexual and reproductive health and rights, and which now face many challenges related to ageing populations – as well as low-income countries.

Sexual and reproductive health and rights and social equity

While people in the poorest countries have contributed the least to climate change, particularly on a per capita basis, they are the worst affected by its outcomes. Some four billion people live in areas vulnerable to the impacts of climate change, and over the next decade 500 million people will live in areas of extreme risk, including mass loss of life and livelihood.

Tackling inequality and supporting the poorest people to have control over their lives is multi-dimensional and complex, but a forward-looking orientation is fundamental. Exercising sexual and reproductive health and rights is about planning for (safer) sex, planning for pregnancy, planning for parenthood, communication in relationships, and fostering societies that support diverse sexual identities and expressions. The idea that one can choose if and when to marry, to start a family, if and how many children to have

and when, can empower people from poor backgrounds to envisage a life for themselves that may be different from the one their parents had. It follows that sexual and reproductive health and rights offer an important package of interventions that can begin a process of transformation and social mobility, and interrupt the intergenerational transmission of poverty.

When the aspirations of marginalized groups are encouraged and supported, it contributes simultaneously to social equity and environmental protection. As discussed earlier, when girls and women can access higher education they are less likely to have children early and fertility rates fall. Access to education can be the start of a virtuous circle, because those women's children are more likely to be better nourished, have better access to education and health care, and are more likely themselves to become better educated and employed adults. The relationship between education and contraception is reciprocal: access to education results in delayed childbearing, and the ability to delay childbearing (through contraception and other sexual and reproductive health services) also helps girls to achieve higher levels of education. In Nepal, for example, women's higher participation in education, together with increased access to family planning and subsequent lower fertility rates, have been credited with women's improved health and labour market participation. These have been key factors in Nepal's success, where the proportion of people living in poverty has reduced from 42 to 25 per cent in the last 10 years, although financial contributions from family members who have migrated also had an impact.⁷

One of the primary criticisms of the existing Millennium Development Goal framework is that, in many places, it has not reduced inequality. For example, only 53 per cent of births in rural areas are attended by skilled health personnel, *versus* 84 per cent in urban areas. Adolescent birth rates have improved in most parts of the world, except sub-Saharan Africa and the world's least developed countries, where adolescent birth rates have begun to increase. The extent to which development interventions reach the poorest and most vulnerable groups is limited by existing data collection and management systems, as well as the absence of specific targets related to inequality. Similarly, we lack disaggregated data on where the needs are greatest, and among which specific groups. For example, few countries measure unmet need for contraception among sexually active unmarried women, including young women, although access to

Within populations that face climate change risks, poor and marginalized people, such as women, children and the elderly, are the worst affected, and the risk of conflict increases.

contraception by this group is particularly important to prevent unwanted adolescent pregnancies. The next framework should include targets related to data collection and management, to ensure that we can assess progress in reaching the poorest and hardest-to-reach.

Access to sexual and reproductive health and rights promotes environmental sustainability

The impacts of climate change are amplified in low-income countries that have rapid population growth, high population density, intense land use, a young age structure and urbanization. For example, climate change in some areas is causing a gradual depletion of natural resources such as arable land and fresh water resources. In order to support themselves and their families, local people therefore have to use their environment more intensively, and travel further afield to find firewood and water. This burden falls disproportionately on girls and women, who are often responsible for agriculture and for supplying water and fuel for their household. In some areas with rapid population growth and high population density, the agricultural land is being cultivated faster and more intensively than it can renew itself, there is a loss of bio-diversity and natural habitats, and there is increased competition for clean water and water sources to grow food. High fertility rates can also lead to a shortage of land per capita and to over-grazing of land, as relatively small plots of land may be sub-divided among several children.

Currently, about a third of the global population lives in an environment of medium or high water stress, meaning that water availability is a limiting factor. This makes living conditions increasingly difficult and can lead to poor health and increased poverty, conflict and migration. It also shows that regardless of whether or not they realize the consequences of intensive land use, these households

are forced to use all resources available when they need them, without consideration of future needs or future generations.

Family planning can enable women to plan their pregnancies, and limit their family size according to the resources available, taking account of the challenges in accessing water and supplying food. Delayed childbearing also extends the time between generations and in doing so slows population growth, which helps to protect the environment. In Madagascar, for example, an integrated conservation and rights-based sexual and reproductive health programme has supported communities to develop sustainable fisheries and to access family planning, in order to plan family size and reduce unsustainable population pressure on the environment.⁸ Providing sexual and reproductive health and rights services forms an important component of effective adaption strategies that can help countries adapt to the effect of climate change.

Within populations that face climate change risks, poor and marginalized people, such as women, children and the elderly, are the worst affected, and the risk of conflict increases. Many of the world's most vulnerable people will experience the consequences of intense and lengthy droughts, extreme rainfall and flooding, and severe heatwaves. Children are disproportionately affected by the consequent health impacts including hunger, diarrhoea and malaria. Girls are likely to be taken out of school in times of hardship to care for sick relatives or to earn extra income. Women are more likely to be displaced due to climate change, including the violence and conflict associated with it. The impact of climate change threatens to stall progress towards gender equality and reducing gender-based violence.

Recognizing the linkages between women's empowerment, environmental sustainability and development, the Ethiopian government has recently adopted complementary environmental sustainability and growth strategies that aim to increase access to contraception and enforce the legal age of marriage (18 years), while at the same time reducing deforestation and soil erosion, and meeting energy needs. However, this kind of policy coordination is not widespread. Research has found that although many governments recognize that there are strong linkages between high population growth, unmet need for contraception, environmental degradation and low resilience to climate change impacts, there is little coordination and alignment of policies related to sexual and reproductive health and rights services and climate change responses.

Sexual and reproductive health and rights are an integral part of supporting sustainable population growth, alongside a rights-based approach, as part of environmental protection that is fair and equitable. Climate change and environmental degradation has a disproportionate impact on girls and women, and is not only resulting in wider inequality, but threatens to undo the gains that have been made. Girls and women, particularly in rural areas, occupy important roles in managing natural resources: the empowerment of girls and women, and efforts to conserve and protect the environment, must therefore be tackled together.

What is at stake if sexual and reproductive health and rights are not prioritized?

If we do not include sexual and reproductive health and rights as an important element of the post-2015 framework, what is at stake?

If unmet need for contraception is not addressed, some 55 million unplanned births will continue to take place each year, 79,000 women will die from pregnancy, childbirth-related complications and from unsafe abortions, and girls will continue to be denied access to education and employment. In addition, unless we scale up access to antiretroviral treatment, we will fail to achieve an AIDS-free generation.

The consequences for sustainability – economic, social and environmental – are huge. Environmental degradation, coupled with rapid population growth, will blaze ahead, and we will fail to achieve gender equality goals. If low-income countries with large youth populations fail to invest in social and health care, and to ensure good governance and financial security, they will fail to capture the potential of a large working age population. If we fail to involve civil society, and particularly the most marginalized groups, in important decisions about how development takes place, health and social spending may continue to perpetuate, rather than tackle, inequality and chronic poverty.

We now stand at a crossroad. Social equity, environmental protection and development meet, and the framework to come out of the current global negotiations will shape our collective future. Sexual and reproductive health and rights must be at the heart of this new framework.



The International Planned Parenthood Federation's work on the post-2015 framework and our demands for the future

IPPF's Vision 2020 sets out a series of ambitious goals, detailing the changes that are needed to make the world a fairer and healthier place for women and girls. Central to achieving many of these goals is gaining global support for the principle that universal access to sexual and reproductive health and rights is an essential precondition to ensure sustainable development and realize the human rights of women and girls.

The post-2015 development framework, following on from the Millennium Development Goals, will be very influential. IPPF's goal is to:

Establish by 2015 a new international development framework that includes sexual and reproductive health and rights as essential priorities.

This represents a sea-change from the current Millennium Development Goal framework. Despite the strong and convincing links between gender equality, sexual and reproductive health and rights and development, the Millennium Development Goals, which were agreed in 2000, did not initially address reproductive health.

Our asks

Learning from the gaps in the Millennium Development Goals framework, and wanting to improve the situation for the next framework, IPPF is calling for sexual and reproductive health and rights to be fully included in the post-2015 framework and we have four clear and specific asks:

- 1** A stand-alone goal on gender equality, women's rights and women's empowerment.
Including universal access to sexual and reproductive health and rights, elimination of violence against women and girls, and gender-based violence, legal equality for women, and women's equal participation in public life and decision making.
- 2** Universal access to sexual and reproductive health and rights as a target under a goal on health.
Supplemented by an ask for sexual and reproductive health services to be explicitly included in the essential package of services under Universal Health Coverage.
- 3** Gender equality and sexual and reproductive health and rights to be mainstreamed through all other goals.
All other goals to have specific targets that support sexual and reproductive health and rights and gender equality.
- 4** All targets and indicators to be disaggregated by age, sex, educational background, economic quintile, geographic region, ethnic group and other relevant characteristics. Good governance and strong accountability systems must underpin these goals, alongside sufficient resourcing for achieving the goals.

These asks set out the areas where political attention, priority and funding are most urgently required, and where they will have the greatest impact on achieving meaningful, sustainable development.

Current processes and successes

As the Millennium Development Goals draw to a close in 2015, the global community has been reviewing their progress and exploring how to continue their success and their momentum. There has been a series of different strands of work, all of which will culminate in the development of a new framework to be adopted at the UN General Assembly in September 2015.

It is too early to assess whether we, alongside our partners and supporters, have been able to influence these processes sufficiently to achieve our vision of seeing sexual and reproductive health and rights at the centre of the post-2015 framework. However, we have had some notable successes in the processes leading up to the new framework. Here are some highlights of the post-2015 process and some of the areas where we have seen progress to date.

Thematic consultations and the High Level Panel Report

To explore how best to take the post-Millennium Development Goal framework forward, the UN Secretary General Ban-Ki Moon established the UN System Task Team on the Post-2015 Development Agenda. To also ensure that it could reflect the voices and experiences of individuals around the world, the United Nations hosted a series of 11 online consultations on the post-2015 framework. IPPF submitted responses to the most relevant of these consultations, reflecting our key asks and illustrating the links between sexual and reproductive health and rights and sustainable development. Both 'Global Thematic Consultation on the Post-2015 Development Agenda: Addressing Inequalities' and 'Population Dynamics in the Post-2015 Development Agenda: Report of the Global Thematic Consultation on Population Dynamics' specifically mentioned sexual and reproductive health and rights as a key issue for sustainable development.

In July 2012, to complement this work, the UN Secretary General appointed a High Level Panel of 26 eminent representatives, co-chaired by President Yudhoyono of Indonesia, President Sirleaf of Liberia and Prime Minister Cameron of the United Kingdom. The goal of this Panel was to produce a vision of the post-2015 development agenda, which it released in spring 2013.

IPPF engaged in depth with the High Level Panel to ensure that sexual and reproductive health and rights were visible and on the agenda. At its second meeting in Liberia in February 2013, the Planned Parenthood Association of Liberia (the IPPF Member Association) actively engaged with Panel co-chair President Johnson's office. The Member Association was represented on the High Level Panel steering committee, building the case for sexual and reproductive health to be recognized as a cornerstone of poverty alleviation. During the health meeting in Botswana in March 2013, IPPF President Naomi Seboni mobilized other supporters to ensure that sexual and reproductive health and rights were reflected in the 'Report of the Global Thematic Consultation on Health', the final report of the High Level Panel on health.

We were pleased to see that many of IPPF's key asks were accepted in the High Level Panel's final report, in particular:

- **a specific target on universal sexual and reproductive health and rights**
- **the continuation of the unmet Millennium Development Goals**
- **a stand-alone goal on gender equality with targets on violence against women and girls, early and forced marriage, equal legal rights for women, and equality in political, public and economic life**
- **the disaggregation of indicators by income, gender, disability, ages and those living in different localities**

Sustainable Development Goals process

Another process which is influencing the post-2015 framework discussions is the development of the Sustainable Development Goals. Coming out of the United Nations Conference on Sustainable Development (Rio+20), held in Rio de Janeiro in June 2012, the outcome document set out parameters to create an intergovernmental Open Working Group to prepare a proposal on Sustainable Development Goals.

The Open Working Group session in June 2013 focused on population dynamics. The UN Technical Team briefing for the session specifically promoted universal access to sexual and reproductive health and rights, including voluntary family planning, and access to education, including comprehensive sexuality education as key interventions for health improvement and poverty alleviation.

IPPF presented a statement from the floor of the session, calling on Member States to prioritize sexual and reproductive health and rights and delivered demographic evidence throughout their discussions on the Sustainable Development Goals process. The co-chair's summary of the session also highlighted the importance of equal access to health care services for women and girls, including sexual and reproductive health, and ensuring universal access to safe, effective, affordable and acceptable modern methods of family planning.

International Conference on Population and Development regional conferences

A separate, but equally influential process, includes the regional and global consultations on the International Conference on Population and Development Programme of Action. These will also feed into the post-2015 process and include a global survey, looking at progress towards achieving the Programme of Action; five regional population conferences, leading to outcome documents; and four thematic meetings. The outcomes of these consultations and events will feed into the Secretary General's report for discussion at the 2014 Commission on Population and Development. Following this, at the UN General Assembly Special Session in September 2014, the Secretary General's report on the Programme of Action and next steps will be presented to Member States, and it is anticipated that it will then be integrated into the post-2015 process.

Throughout this process, IPPF has undertaken the role of convening civil society to ensure that it is represented, able to influence and to hold governments accountable for commitments made. Ahead of each regional population conference, IPPF worked with a diverse range of partners – including regional, youth, sexual and reproductive health, women's and development networks – to convene a civil society forum, the outcomes of which were fed into the intergovernmental process.

The International Conference on Population and Development review process has been an overwhelming success for sexual and reproductive health and rights. This positions sexual and reproductive health and rights strongly vis a vis the post-2015 process. All the regional conferences – four of which were negotiated by Member States – produced progressive commitments to the sexual and reproductive health and rights agenda. The phrase 'sexual and reproductive health and rights' was adopted in most of the regional outcome documents, going beyond the previous terminology of 'sexual and reproductive health and reproductive rights'. In addition, all but one of the outcome documents recognize the need for comprehensive sexuality education. This was supported by a call for governments to prioritize youth-friendly services in most regions.

Of the four thematic meetings, the most influential has been the Global Youth Forum which took place in Bali in December 2012. The final 'Bali Declaration' was structured around five themes: staying healthy, comprehensive education, transitions to decent employment for youth, families, youth rights and well-being, including sexuality and fully inclusive civic participation. Sexuality, rights and empowerment were central issues across all of these themes.

UN General Assembly Special Event on the Millennium Development Goals

In September 2013, the UN General Assembly held a Special Event on the Millennium Development Goals to follow up on efforts made towards achieving the Goals. Secretary General Ban-Ki Moon submitted a report to the General Assembly in preparation for this event, entitled 'A Life of Dignity for All: Accelerating Progress Towards the Millennium Development Goals and Advancing the United Nations Development Agenda Beyond 2015'.

This report reviewed progress in implementing the Millennium Development Goals, and made recommendations for further steps to advance the sustainable development agenda beyond 2015. The report drew together all the other reports that had been commissioned, including the 'Report of the High Level Panel of Eminent Persons on Post-Millennium Development Goals', the 'Report of the Sustainable Development Solutions Network' and the 'Report on Corporate Sustainability of the Global Compact'.

The report identified policies and programmes that have been successful in implementing the Goals, and looked at what needs to be done to accelerate the Millennium Development Goals programme. It also called for measures to ensure the equal rights of women and

girls, full access to basic health services and sexual and reproductive education, the realization of reproductive health and rights, and intensified efforts to reach the most vulnerable women and children, which is welcome. However, it did not go as far as IPPF hoped on issues relating to gender equality, sexual and reproductive health and rights, youth participation, addressing demographic challenges, and women, peace and security.

The General Assembly also adopted an outcome document for the Special Event to follow up efforts made towards achieving the Millennium Development Goals. While falling short of expressing a commitment to sexual and reproductive health and rights specifically, the outcome document did outline the commitment of Member States to target the most off-track Goals and targets, such as those related to universal access to reproductive health and maternal health.

Throughout the planning stages, and during the UN General Assembly, IPPF worked with its partners and Member Associations to raise awareness of the importance of sexual and reproductive health and rights and advocated for strengthened commitments for the post-2015 framework.

Where next?

Although the links across sexual and reproductive health and rights, gender equality and sustainable development are clear and well-researched, ensuring that they are reflected in the post-2015 framework is challenging. The political pressures that oppose prioritizing sexual and reproductive health and rights are strong, and the landscape of issues that must be considered for inclusion in the framework is crowded. Despite this, however, the last year of advocacy work has yielded some major wins. Sexual and reproductive health and rights, reproductive health and other related issues have been integrated within most of the main processes and outcome documents, and many Member States and UN agencies are supporting these calls.

Throughout this year and next year we will continue to engage in the formal processes towards developing the post-2015 framework. We will also continue to engage with Member States, UN agencies and others to support them to carry forward the message of the centrality of sexual and reproductive health and rights in the next development framework. It is our ambition that the final framework agreed in 2015 will have sexual and reproductive health and rights centre stage.

Young people and the post-2015 agenda

With 43 per cent of the world's population under the age of 25, it is critical that the new global agenda on development places young people's voices and needs at its centre. The Millennium Development Goals, despite their many clear benefits for development, rendered further invisible the needs of youth and adolescents by failing to prioritize their rights. As we move towards a universal framework anchored in the principles of equality and sustainable development, young people are emerging to demand their place at the table.

The youth voice is getting louder

IPPF has been working with partners and other civil society organizations to ensure youth representation at various dialogues and events, including the recent review of the International Conference on Population and Development Programme of Action.

The Bali Global Youth Forum, in December 2012, engaged over 3,000 onsite and virtual delegates from around the world and identified their sexual and reproductive health and rights priorities, such as comprehensive sexuality education. The Bali Declaration, developed by young people, sets an ambitious agenda and demands meaningful youth participation at all levels of development. In addition, IPPF has been working with local networks to ensure youth representatives were heard at the International Conference on Population and Development regional conferences. This ensured that youth issues were included in outcome documents from those meetings, which will be used to influence the post-2015 agenda.

The youth voice is getting louder. IPPF is working with other youth-focused and youth-led organizations and networks to put young people's needs at the centre of the new framework.

Youth voices on Millennium Development Goal 5b: a case study from South Asia

IPPF has a long-standing commitment to working with young people as equal partners in advocating for their sexual and reproductive rights, including work relating to the Millennium Development Goals. In 2010, the IPPF South Asia Regional Office Youth Network produced 'Achieving the Millennium Development Goals (MDGs): Young People's Perspectives, A Tool for Young Advocates'. In addition to familiarizing young people with the Millennium Development Goal framework, the tool also enables them to use this knowledge to analyze progress towards the Goals in their countries of origin and to advocate with their own governments. Using the tool, young advocates from the Youth Network produced youth shadow reports for Nepal and Bangladesh for the Millennium Development Goals Summit in late 2010.

The reports, written by a group of trained young researchers and volunteers, highlighted actions for governments to take towards achieving Goal 5b. In Bangladesh, the young researchers highlighted the need to enforce the Child Marriage Restraint Act, provide sexual and reproductive health services in a youth-friendly manner, and ensure contraceptive commodity security throughout the country. In Nepal, the recommendations focused on the

need for comprehensive sexuality education, disseminating positive messages on youth sexuality through the mass media and involving young people in policy making. Both reports were sent to the respective governments in advance of the Millennium Development Goals Summit and used for advocacy both during and after the event.



We have a long-standing commitment to working with young people as equal partners in advocating for their sexual and reproductive rights, including work relating to the Millennium Development Goals.



The Family Planning Association of Nepal is working to spread sexual health and rights and girls' empowerment messages within communities, strengthen youth-friendly services, and boost comprehensive sexuality education.

Africa regional overview

From the perspective of IPPF Africa Region



International Conference on Population and Development Beyond 2014 Regional Conference

Governments from 53 African countries met in Addis Ababa on 30 September to 4 October 2013 to review the implementation of the International Conference on Population and Development Programme of Action. The week was divided into an experts meeting and a ministerial meeting. These meetings resulted in the Addis Ababa Declaration on Population and Development in Africa Beyond 2014.

IPPF Africa Region worked with a network of regional civil society organizations to convene their participation in the intergovernmental processes. IPPF Africa Region represented civil society on the drafting committee for the Addis Ababa Declaration outcome document. IPPF Africa Region convenes a strong civil society organizations network – the Reproductive Health Advocacy Network Africa – and this network advocated for specific sexual and reproductive health and rights outcomes.

The forward-looking Addis Ababa Declaration was adopted by 52 countries, and calls for the following:

- universal access to sexual and reproductive health information and services, paying particular attention to the needs of adolescents and youth
- integration of sexual and reproductive health services, including HIV/AIDS services and family planning
- developing and enforcing new laws to introduce a legal age of marriage; the eradication of early and/or forced marriages; and the eradication of female genital mutilation/cutting
- developing new laws and enforcing existing laws to prevent and punish hate crimes of all types, without distinction

Separate to the International Conference on Population and Development process, IPPF Africa Region has also been working closely with the United Nations Economic Commission for Africa, the African Union Commission, the African Development Bank and the United Nations Development Programme Regional Bureau for Africa to develop the African common position on post-2015.

The view from some IPPF Africa Region Member Associations:

Ghana: long-running advocacy for contraceptive provision pays dividends



Since 2007, IPPF Member Association, the Planned Parenthood Association of Ghana, has successfully led civil society's engagement with government stakeholders to include some contraceptive methods in the National Health Insurance Scheme. The only service offered before this advocacy win was family planning counselling.

The Planned Parenthood Association of Ghana is continuing to work with champions in the National Health Insurance Authority to influence the ongoing legislative review of the National Health Insurance Scheme. The Association is increasingly being relied on as a technical resource; it has made presentations at National Health Insurance Authority meetings and has participated in a parliamentary caucus. Position papers and factsheets have been produced and are being used by the Insurance Authority, the Ministry of Health, the Minister for Women and Children's Affairs, and the Parliamentary Caucus on Population and Health.



Uganda: campaigning for comprehensive sexuality education

Reproductive Health Uganda successfully advocated for the government to introduce comprehensive sexuality education in the national curriculum. Sexuality education was previously limited to teaching about abstinence and general sexual and reproductive health. The Member Association made contributions to the content of the curriculum and reviewed it before it was finalized.

Reproductive Health Uganda also successfully advocated to the Ministry of Finance, the Ministry of Health, key MPs and the Uganda Revenue Authority to remove the 18 per cent value added tax and the 6 per cent withholding tax being levied on reproductive health commodities, such as contraceptives and safe birthing kits.

Finally, after more than four years of advocacy, media awareness campaigns, working with government departments and parliamentary expert committees the legislation was changed and a limited selection of family planning commodities are now available through the National Health Insurance Scheme.

"The Planned Parenthood Association of Ghana and partners never gave in, even when we were told we would never succeed. We stood by our vision of free contraceptives in the National Health Insurance Scheme and stuck to the advocacy plan. Building the family planning knowledge of, and engaging with parliamentarians, and working with key government departments such as Ghana Health Services helped our mission. Along the way we worked with a diverse range of civil society partners at national and local level and building their capacity reinforced our advocacy efforts."

Nana Oforiwa Sam, Planned Parenthood Association of Ghana

Mauritius: liberalizing the abortion law

The Mauritius Family Planning and Welfare Association spent years working with other organizations and government officials to liberalize the country's abortion laws. People can now seek or provide an abortion under four circumstances (if the pregnant woman's life is in danger; if the woman's health is at risk of 'grave injury'; if the fetus is at risk of severe malformation; or if the pregnancy is a result of rape or sex with a minor) without facing a minimum of 10 years' imprisonment, as was previously the case.



São Tomé and Príncipe: decriminalizing abortion

In São Tomé and Príncipe, the Associação São-tomense Para Promoção Familiar successfully advocated for abortion to be decriminalized. The Member Association convinced decision makers, parliamentarians and community leaders to close certain loopholes in the penal code that had criminalized abortion.



Democratic Republic of Congo: budgetary success

In the Democratic Republic of Congo, the Association de Bien-Etre Familial – Naissances Désirables and the United Nations Population Fund successfully advocated to the Ministry of Health for sexual and reproductive health services to be included explicitly in the national budget.



Liberia: campaign for services for young people

The Family Planning Association of Liberia successfully advocated for a national strategy on adolescent sexual and reproductive health service provision, which was then developed and approved.



Arab World regional overview

From the perspective of IPPF Arab World Region

Essential priorities

Efforts by governments, and national and international development partners have resulted in improvements in reproductive health outcomes, education and empowerment of girls and women, and environmental sustainability across the region. However, these improvements just represent the beginning of change, and achievement of the Millennium Development Goals and access to rights is not yet universal. Some countries, particularly the least developed Arab countries, still lag behind on many of the Millennium Development Goals.

There are significant disparities within countries in accessing sexual and reproductive health services, and education and employment opportunities, depending on where people live and their socio-economic status.

These inequalities present a worrying picture for implementation of the International Conference on Population and Development Programme of Action and achieving progress towards the Millennium Development Goals.

IPPF Arab World Region is concerned about how sexual and reproductive health and rights will be addressed in the post-2015 agenda. Unless the links across sexual and reproductive health and rights, social inequalities and gender inequality are recognized, the new framework will not tackle the root causes of poverty and will not interrupt its vicious circle.

In order to influence the post-2015 framework at regional and national levels, IPPF Arab World Region is advocating and working through programmes to demonstrate the need and

importance of sexual and reproductive health and rights to economic, social and environmental development.

Youth and civil society participation at the International Conference on Population and Development Beyond 2014 regional conference

The International Conference on Population and Development review process started in the Arab region in June 2013 as the first of five regional intergovernmental population conferences. The intergovernmental meeting was preceded by a civil society meeting convened by IPPF Arab World Regional Office and a Youth Forum convened by the Arab Youth Coalition for Population and Development, with strong representation and participation from IPPF youth volunteers.

The civil society meeting convened by IPPF Arab World was attended by 30 participants from 10 non-governmental organizations. Participants discussed access to services by young people, sexual and reproductive health, and women's rights, and developed a declaration – 'Sexual and Reproductive Health and Rights for All' – that was later delivered to the regional intergovernmental population conference. A lobbying strategy was adopted during the official regional conference to communicate the key messages of our declaration; some of these messages were included in the declaration of the intergovernmental conference, paying particular attention to reproductive rights, sexuality education, women's rights, gender-based violence and youth-friendly services.

In the Arab region the lifetime risk of a woman's death from a cause related to pregnancy or childbirth ranges between 1 in 16 to 1 in 490 in the least developed and in the middle-income countries compared to 1 in 4,700 in developed countries.

Additionally, the unmet need for family planning, with the increased risk of unwanted pregnancy and unsafe abortion, varies from 39 per cent of women wanting to avoid pregnancy in Yemen and not using contraception to 9 per cent in Egypt.

Why do sexual and reproductive health and rights matter in the post-2015 agenda? The view from some IPPF Arab World Region Member Associations:

Syria: ensuring access to sexual and reproductive health services in conflict settings



The Syrian Family Planning Association is the leading Syrian non-governmental organization delivering women's health and family planning services. Even before the current conflict, women in Syria faced high levels of gender-based discrimination and violence, as well as difficulty accessing health services. These difficulties have been exacerbated since the start of the civil war in Syria.

Since 2011, the Association has extended its work through 20 medical teams and four mobile clinics to provide medical

services for internally displaced families and individuals in Syria. From May 2012 to June 2013 alone, the Syrian Family Planning Association provided medical care and health services for 200,000 men, women and children who are internally displaced. Responding to the sexual and reproductive health needs of women, including gender-based violence issues in humanitarian settings, is especially important as women and children are those most affected by such conflicts.

Palestine: access to sexual and reproductive health and rights for young people



The Palestinian Family Planning and Protection Association plays an active and leadership role on national committees responsible for developing strategies and national programmes on sexual and reproductive health and population planning. In 2012, the Association contributed to introducing sexual rights, emergency contraception, youth-friendly services and abortion to the National Strategic Plan for health promotion, education and reproductive health.

In 2013, the Association implemented a youth project for young people who are considered at risk of a broad range of

health problems. Young people are at particular risk of having unwanted pregnancies and pregnancy-related complications as a result of early marriage, and girls and young women also face a lack of respect relating to their sexual and reproductive health and rights, and decision making. Young people lack information and services on sexual rights, education and gender-based violence. The project implemented by the Association aims to increase access to sexual and reproductive health services, and education for young people, and to advocate for comprehensive sexuality education in the national school curricula.



East & South East Asia and Oceania regional overview

From the perspective of IPPF East & South East Asia and Oceania Region



Advocacy is paving the way

IPPF's East & South East Asia and Oceania Region is home to the largest population of all IPPF regions. It is also incredibly varied – from the metropolis of Tokyo to rural Papua New Guinea, attitudes towards sexual rights and the ways in which they can be advocated for differ as widely as the landscape.

By necessity, many countries are beginning to appreciate the vital role of comprehensive sexuality education, and free or subsidized reproductive health care. The Philippines, in the face of strong Catholic opposition, has recently passed a historic Bill enabling all Filipinos to access birth control, sex education in schools, and family planning training for health care workers across the country. Myanmar's civil society has bloomed as the country moved away from its decades-long military rule, and is beginning to push back maternal and infant mortality trends. In Vietnam, government involvement in comprehensive sexuality education has reduced teenage pregnancies; and abortion has been decriminalized in many Asia-Pacific countries over the last decade.

From China to Tonga, from the Philippines to Vanuatu, young people, volunteers, health workers and clients came together to celebrate the launch of Vision 2020: rallies, royal speeches and the commemoration of sexual rights champions took place all over IPPF East & South East Asia and Oceania Region. While there are still obstacles to achieving the Vision 2020 mission, the East & South East Asia and Oceania Region has worked tirelessly with civil society, governments and grassroots movements to establish a fertile foundation for future advocacy.

IPPF heads delegation of civil society organizations to strengthen sexual rights in Asia-Pacific

A major success – and a very recent one – was the adoption of the 'Draft Asian and Pacific Declaration on Population and

Development' document. The declaration, discussed in Bangkok in September 2013 at the Sixth Asian and Pacific Population Conference, is the result of several months of hard work from civil society organizations and delegations. It reaffirms the provisions of the International Conference on Population and Development, while emphasizing the importance of eliminating violence against women and members of the lesbian, gay, bisexual and transgender community. The document affirms that education is at the heart of socio-economic development, and that realizing sexual and reproductive health and rights offers a significant boost to people's capacity to achieve this desired development, and to the eradication of poverty.

The outcome has, therefore, been extremely positive, in spite of significant challenges. A number of States resisted the inclusion of lesbian, gay, bisexual and transgender rights, as well as the use of many phrases that related to sex or sexuality. The reservations made on these points remind us that there is still a long way to go before universal sexuality education and sexual rights become a reality.

However, the document is one that IPPF can be proud to have facilitated. As the secretariat of the civil society organization forum, IPPF's strong statements urging Member States to vote for the inclusion of comprehensive sexuality education and the rights of lesbian, gay, bisexual and transgender persons had a significant impact on the delegates. Only Azerbaijan, Iran and Russia voted against the document, while Afghanistan abstained. By contrast, 38 States voted in favour – and, despite reservations, the outcome document of the Asian and Pacific Population Conference is an important step for sexual and reproductive health and rights advocates in the Asia-Pacific region, and one on which a strong post-2015 agenda can be developed.

The view from the IPPF Filipino Member Association, the Family Planning Organization of the Philippines: sexual and reproductive health and rights advocates score a major victory in the Philippines



After 14 years of being stuck in Congress due to strong Catholic opposition, the Reproductive Health Law was finally signed into law on 21 December 2012 by President Benigno Aquino III. The passing of the Bill will see the government providing free or subsidized contraceptive options for health centres in the country. The government will also be required to provide comprehensive sexuality education in public schools and family planning training for community health officers.

IPPF East & South East Asia and Oceania Region provided financial support to the Occupy for Reproductive Health event that proved to be one of the forces behind the entire campaign. It produced a daily mobilization of 500 women who camped at the House of Representatives over a one-month period. The Filipino Member Association, the Family Planning Organization of the Philippines, courageously advocated for this policy through the Reproductive Health Advocacy Network, of which the Member Association is the current secretariat. IPPF East & South East Asia and Oceania Region, together with the Family Planning Organization of the Philippines, will ensure that the government is held accountable to the provisions

passed in the legislation. It will also offer assistance to make universal access to sexual and reproductive health services a reality for all Filipinos.

The Reproductive Health Bill will provide public access to reproductive health information and services. This includes free provision of family planning services and commodities to poor, marginalized and under-served communities. It will also improve the maternal health care services of government by mandating all its units to ensure the availability of reproductive health care professionals and basic emergency obstetric and newborn care facilities. The policy will also introduce rights-based and age appropriate comprehensive sexuality education for adolescents aged 10–19. Additionally, the measure will ensure that the government will implement the Minimum Initial Service Package of reproductive health during humanitarian crises.



European Network regional overview

From the perspective of IPPF European Network

Sexual and reproductive health and rights needs and challenges at a glance

The IPPF European Network covers a region that stretches from Iceland to Uzbekistan including Western Europe, Eastern Europe and Central Asia, and has an enormous disparity of access to sexual and reproductive health and rights between countries and within countries. Many countries throughout the region offer poor quality services in sexual and reproductive health, because of the low skills of service providers, the high cost of contraceptives and poor comprehensive sexuality education. Sexually transmitted infections are rising, along with HIV infections. Eastern Europe and Central Asia are facing the fastest-growing HIV epidemic, coupled with the lowest access to treatment in the world.⁹ These challenges are exacerbated in socially vulnerable and excluded population groups (for example, poor communities, Roma, disabled people, migrants, adolescents), who encounter multiple barriers (economic, geographic and others) in being able to access sexual and reproductive health services.

The uptake of modern contraceptives is low in Eastern Europe and Central Asia, where unreliable traditional methods of

contraception are still commonly used. For example, in Albania and Macedonia, modern methods account for 10 per cent of contraceptive use, in Bulgaria for 23 per cent, Moldova 25 per cent and Romania 32 per cent.¹⁰ It is also the region with the highest abortion rates in the world: the figure for abortions per 1,000 live births in Georgia is 538, Romania 527 and Estonia 456.¹¹ Despite the fact that abortion is legal in most countries, it is often unsafe due to the poor quality of services and lack of pre- and post-abortion counselling. Gender-based violence is a persistent issue across the whole region, where almost 1 out of every 4 women in the region has experienced intimate partner violence at least once in their adult life: the figure is 26 per cent of all women in Eastern Europe, 23 per cent in Central Asia and 19 per cent in Western Europe.¹²

Opposition forces in Eastern Europe and Central Asia do have an influence in turning back progressive legislation, challenging human rights gains and influencing public opinion. Accordingly, the challenges of the region merit more attention from policy makers and donors to ensure that the sexual and reproductive health and rights needs of women, young people and men in this region are met.

Five key asks for European and Central Asian governments for the post-2015 framework:

Ensure universal access to sexual and reproductive health and rights

In the region, economic, rural/urban disparities and increased migration are contributing to limited access to sexual and reproductive health services, in particular for vulnerable groups. Being central to human development, IPPF European Network therefore asks governments to ensure universal access to sexual and reproductive health and rights for all population groups in the region.

Prevent and eliminate all forms of discrimination against women and girls

Gender inequalities and violence against women and girls are persistent issues in the region. IPPF European Network asks governments to ensure comprehensive, integrated policies and legislation to prevent, combat and protect women and girls from violence and all forms of discrimination. This should include ratifying and implementing the Istanbul Convention of the Council of Europe on Violence against Women.

Adopt a human rights-based approach

The region is facing increasing political opposition to sexual and reproductive health and rights. There are more and more conservative governments and radical groups undermining the progressive human rights-based agenda. As sexual and reproductive health and rights are human rights, IPPF European Network therefore asks governments to respect, protect and fulfil human rights related to sexuality.



When advocacy brings change – examples from IPPF European Network:

Countdown 2015 Europe¹³ – making the European Union voice heard in the international arena

IPPF European Network leads Countdown 2015 Europe, a consortium of 15 partners advocating in 12 European countries and at European Union level.

The consortium plays a leading role in advocating for European and international support for reproductive health and family planning. Through coordinated advocacy actions, capacity building, creation of effective advocacy tools and strong network building, IPPF European Network and Countdown 2015 Europe have contributed to increased

political and financial commitment to family planning and reproductive health by European governments and the European Union.

The strength of Countdown 2015 Europe lies in the ability of its partners to interlink policy and advocacy work across national, European and international levels. This allows the consortium to effectively place family planning and reproductive health at the centre of broader political debates and to bring it to the attention of diverse audiences.

Joining forces for accountability in the Balkans and Central Asia

The European Network has worked with IPPF Member Associations in the Balkans and Central Asia to support and strengthen the capacity of civil society to hold national governments accountable to their commitments to achieving universal access to reproductive health and gender equality.

This advocacy project has shown good results in improving sexual and reproductive health and rights policies and funding, with the added value of creating an impact on broader fundamental areas, such as building democracy, by strengthening the civil society voice to influence their government:

"Until the moment when high-level officials recognize the problems youth face in fulfilling their sexual and reproductive health and rights, we will have only talks, but no real decision. Ministers are now beginning to understand the responsibility they have to their people to commit to sexual and reproductive health and rights, as it is a core human right."

Tursunbek Akun, the Ombudsman of the Kyrgyz Republic ('Voices, Joining Forces for Accountability', IPPF Western Hemisphere Region and IPPF European Network, 2013)

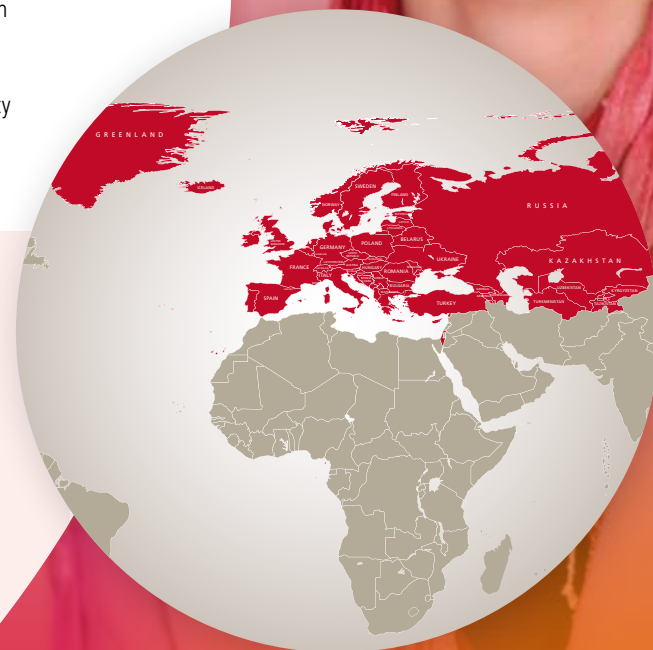
The results of the project demonstrate that advocacy by civil society organizations contributes to more accountable governments with legally enforced respect for human rights.

Include sexual and reproductive health and rights in population dynamics and sustainable development

Emerging issues such as ageing and intergenerational solidarity between younger and older people, as well as increased migration and mobility, are critical for this region. IPPF European Network asks governments to recognize the importance of sexual and reproductive health and rights as a crucial aspect of population dynamics and sustainable development, and include these in the upcoming framework.

Ensure accountability in a new global framework

The Millennium Development Goals have to a large extent been considered a framework particularly targeted towards developing countries. For the new post-2015 framework, IPPF European Network asks European and Central Asian governments to enhance their political accountability by implementing policies under the new framework, as they apply to their countries.



South Asia regional overview

From the perspective of IPPF South Asia Region

One of the biggest causes of concern is the high maternal mortality rate in the region. It is one of the highest in the world at 540 maternal deaths per 100,000 live births. This works out to 211,000 women dying during childbirth (of whom 141,000 were in India) in the year 2000. In sub-Saharan Africa, there were 266,000 maternal deaths in the same year.

Women in South Asia have a 1 in 43 risk of dying in pregnancy or childbirth, which is much higher compared to the global average (1 in 74) and to developing countries (1 in 60) as a whole. In India, a woman dies in childbirth every five minutes and maternal mortality is among the leading causes of death in Afghanistan.

International Conference on Population and Development Beyond 2014 regional conference

As part of the International Conference on Population and Development Beyond 2014 initiative, IPPF South Asia Region played an integral role in the adoption of the Asian and Pacific Population Conference outcome document. Spearheading the process, IPPF South Asia Region, along with 12 international and regional organizations, formed a steering committee to ensure the meaningful engagement of civil society organizations from the Asia Pacific region. One hundred and twenty civil society organizations from across the Asia Pacific region participated in the civil society organizations forum to determine the asks for the conference outcome document.

Through a long process of debates and deliberations, a combined statement was finalized emphasizing the language of universal access to comprehensive, integrated, quality sexual and reproductive health services, information and care as a human right, comprehensive sexuality education, gender equality, and sexual orientation and gender identity. The joint statement was read out in the Asian and Pacific Population Conference by IPPF South Asia Region's regional head in the presence of 44 Member States from the region and several international organizations and bilateral agencies. Four Member Associations – from Bangladesh, Bhutan, the Maldives and Pakistan – formed part of the country official delegation, strategically pushing forward the agenda of sexual and reproductive health and rights.

Joint appeal to parliamentarians along with Asian Forum of Parliamentarians on Population and Development

The Asian Forum of Parliamentarians on Population and Development is one of the most important regional non-governmental organizations that generates support

and cooperation among Asian parliamentarians in the areas of population and development. Although IPPF has worked jointly with the Forum in the past, this partnership was formalized in 2013 by signing a Memorandum of Understanding. This is a landmark achievement in engaging parliamentarians with civil society organizations; this partnership will ensure a unanimous and stronger voice to parliamentarians to support the population and development agenda. Following the precedent and success of this partnership, the Asian Forum of Parliamentarians on Population and Development also signed a Memorandum of Understanding with IPPF East & South East Asia and Oceania Region.

IPPF and the South Asian Association for Regional Cooperation

The South Asian Association for Regional Cooperation is an economic and geopolitical union of eight member nations that are primarily located in South Asia. The South Asian Association for Regional Cooperation also has permanent diplomatic relations with the EU, the UN (as an observer) and other multilateral entities. IPPF South Asia Region undertook considerable advocacy work to ensure the prioritization of sexual and reproductive health and rights within the political and policy circuits of the South Asia region. This has resulted in a common Memorandum of Understanding to promote sexual and reproductive health and rights which was agreed by the South Asian Association for Regional Cooperation and IPPF South Asia Region. This Memorandum of Understanding will be presented for consideration by the Standing Committee in the Maldives in February 2014. The South Asian Association for Regional Cooperation's involvement to promote sexual and reproductive health and rights is expected to catalyze resources and results at regional and national levels.

Pakistan passes the Reproductive Healthcare and Rights Act 2013



The National Assembly of Pakistan unanimously passed the Reproductive Healthcare and Rights Act 2013 on 12 March 2013. The Private Member Bill seeks to promote reproductive health care and rights in accordance with the constitution and to fulfil international commitments made by the government of Pakistan under the Convention on the Elimination of All Forms of Discrimination against Women. The Act will provide comprehensive reproductive health care services, particularly to women in remote areas and marginalized groups. It aims to reduce maternal mortality by providing high quality services to pregnant women, such as antenatal and post-natal care and professionalized obstetric care. It will provide reproductive health care information and raise awareness on the mental and physical health and well-being of individuals and families.

Maldives Society for Health Education announces advocacy success: government legalizes abortion under certain circumstances



A 'fatwa' has been released by the Ministry of Islamic Affairs in the Maldives stating that abortion is permissible under five circumstances. This includes abortions performed for pregnancies which resulted from rape or incest. Under the initiative of advocating for the legalization of abortion in rape and incest cases, IPPF's Member Association in the Maldives, the Society for Health Education, conducted awareness-raising activities among the general public, policy makers and key professional groups on the public health and social justice aspects of unsafe abortion. These advocacy initiatives included workshops and the formation of a steering committee to sensitize religious leaders and relevant stakeholders about unsafe abortion and its consequences.



Western Hemisphere regional overview

From the perspective of IPPF Western Hemisphere Region

"The Montevideo Consensus is a historic victory for women, men and young people throughout Latin America and the Caribbean. In recent years, our region has been the frontrunner in progressive, forward-looking policies, and the Montevideo Consensus is no exception. With governments poised to adopt a new global development framework, this agreement will help ensure that sexual rights and reproductive rights remain at the center of efforts to reduce poverty and improve the well-being of individuals, communities and nations."

Maria Antonieta Alcalde, Director of Advocacy, IPPF Western Hemisphere Region

"Comprehensive sexuality education is not a fad; it's a right young people have to make informed decisions about our bodies and the ways we express our sexuality. It means that our generation will not be condemned to ignorance, discrimination, HIV infection, and unwanted pregnancies. Comprehensive sexuality education is a part of the recognition we deserve as thinkers and autonomous beings who participate democratically in the policies and programs that affect us directly."

Youth advocate,
Mexico

Montevideo Consensus affirms sexual rights

On 15 August 2013, the first session of the Regional Conference on Population and Development concluded as representatives of 38 countries in Latin America and the Caribbean adopted the Montevideo Consensus on Population and Development. At this meeting, governments recognized the important connections between sexual and reproductive health and rights and the global development agenda.

The Consensus is the first UN agreement to include a definition of sexual rights, *"which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence."*

More than 250 members of civil society helped to forge this historic victory. IPPF Western Hemisphere Region supported the participation of 54 civil society representatives at the Regional Conference. Members of the IPPF Western Hemisphere Region delegation, made up of 17 representatives from Member Associations and the youth network, participated in preparatory forums and regular briefings with IPPF Western Hemisphere Region staff, served as members of government delegations and advocated with governments.

Case study from Peru: ensuring sexual and reproductive health and rights for young people

In early 2013, the long-standing advocacy efforts of a civil society coalition – including INPPARES, our Member Association in Peru – culminated in the Peruvian Constitutional Court's ruling in favour of the health, rights and autonomy of young people.

In 2006, the government of Peru amended the Peruvian Criminal Code to protect young people from sexual abuse and violence. Although its intention was to take a tough stance against sexual abuse committed against a minor by an adult, the amendment also criminalized all sexual activity among adolescents between 14 and 18 years old, regardless of consent, with draconian sentences of up to 20 years in prison.

In addition to violating the basic rights of adolescents, the law left *"medical practitioners unclear of the treatment they should provide to adolescents...even jeopardizing prenatal check-ups as the pregnancy is the evidence of the crime."* It also left young people fearful of accessing the services they needed. One young Peruvian woman said, *"I had heard about this law and was scared...I was frightened to go to the hospital because I was scared [the government] would take away my baby or send me to communal housing, where I could no longer care for him."*

In Peru, where one in seven young women gives birth by the age of 19, the threat of harsh legal penalties had a negative impact on the health and well-being of young people. As a consequence, the rates of teenage pregnancy and maternal mortality increased among young women once the law was passed.



Ever since this controversial amendment was approved, INPPARES has worked closely with Women's Link Worldwide and other civil society organizations to challenge the law as an unconstitutional violation of adolescents' right to health care.

This coalition of advocacy groups undertook a risky strategy to support the needs of Peruvian youth – they initiated a legal negotiation process with the Constitutional Court to challenge the law. The strategy was risky, because if the court denied their claim of unconstitutionality, it would reinforce the law's legitimacy and leave little recourse to have it overturned in the future.

The proceedings began on shaky ground. Before the Constitutional Court would hear the case, they asked INPPARES to provide evidence of public support for revoking the law. When the Constitutional Court asked to see 5,000 signatures from Peruvian citizens who believed the law should be changed, INPPARES altered its strategy and looked to the country's young people to lead this advocacy campaign.

Within weeks, more than 50 youth groups across the country were mobilized and out in the streets. They issued press statements, organized rallies and wrote letters to the Constitutional Court. By reaching out to people living in both rural and urban provinces, the youth network not only met the target, they exceeded it by more than double.

INPPARES and its partners returned to the legal negotiations with 10,609 signatures asking to overturn Article 173, Paragraph 3 of the Criminal Code. In January 2013, the Constitutional Court in Peru announced that the law had been changed, with immediate effect. It explicitly recognized the sexual rights of adolescents and the importance of respecting those rights.

"As a youth activist, being part of this historic process to enforce human rights in Peru is an honour. It fills me with hope that young people like me can fulfil our dream of building a more egalitarian society that respects the rights of adolescents."

Carlos Tacuri, INPPARES youth advocate



In the region, there are approximately 1.2 million unintended pregnancies among adolescent women each year.



Conclusion and recommendations

Universal access to sexual and reproductive health and rights enables women, men and young people around the world to exercise control over their sexuality and reproduction. It extends equal opportunities and rights, and enables all people to have a safe and satisfying sexual life, and to have control over their own bodies without coercion, violence or discrimination. It allows women, men and young people to have children by choice, not by chance.

Over 13 years after the Millennium Declaration (2000), and the subsequent adoption of the Millennium Development Goals, development successes and challenges clearly demonstrate that the next framework must include sexual and reproductive health and rights as essential priorities.



The linkages between sexual and reproductive health and rights and the three dimensions of sustainable development provide clear rationales for the adoption of a specific target for sexual and reproductive health and rights and for a top-level goal on gender after 2015.

Building on the outcomes of the Millennium Development Goals, International Conference on Population and Development (1994), Beijing (1995) and Rio (1992), IPPF calls for sexual and reproductive health and rights to be fully included in the post-2015 framework and we have four clear and specific asks:

1 A stand-alone goal on gender equality, women's rights and women's empowerment.
Including universal access to sexual and reproductive health and rights, elimination of violence against women and girls, and gender-based violence, legal

equality for women, and women's equal participation in public life and decision making.

- 2** Universal access to sexual and reproductive health and rights as a target under a goal on health.
Supplemented by an ask for sexual and reproductive health services to be explicitly included in the essential package of services under Universal Health Coverage.
- 3** Gender equality and sexual and reproductive health and rights to be mainstreamed through all other goals.
All other goals to have specific targets that support sexual and reproductive health and rights and gender equality.
- 4** All targets and indicators to be disaggregated by age, sex, educational background, economic quintile, geographic region, ethnic group and other relevant characteristics. Good governance and strong accountability systems must underpin these goals, alongside sufficient resourcing for achieving the goals.



Across the globe, millions of people do not have adequate access to sexual and reproductive health and rights.

Lack of access to sexual and reproductive health and rights prevents individuals from realizing their basic rights and restricts the ability of people to take control of decisions concerning their health and education, and their participation in social and economic life.

A lack of access to sexual and reproductive health and rights can worsen already existing inequalities, perpetuate cycles of poverty, and widen levels of inequality between and within countries. There are wide disparities in maternal and reproductive health in different countries. Maternal mortality tends to be lower in countries where levels of contraceptive use and skilled attendance at birth are relatively high; maternal mortality is higher among poorer communities where access to sexual and reproductive health is limited. For example, with a contraceptive prevalence of only 25 per cent and low levels of skilled attendance at birth, sub-Saharan Africa has the world's highest maternal mortality ratio.¹⁴

Empowering women through access to sexual and reproductive health services enables them to have more choice over the timing, spacing and number of pregnancies they have. This can, in turn, lead to improved educational outcomes and economic participation for women.

We cannot afford to view sexual and reproductive health and rights in isolation; the linkages between sexual and reproductive health and rights and other development goals are well established and it is recognized that without ensuring universal access to sexual and reproductive health and rights, countries will not be successful in reducing inequalities, in stimulating and sustaining economic growth, or in ensuring environmental sustainability.

Sexual and reproductive health and rights were initially left out of the original Millennium Development Goal framework. It was not until 2007 that target 5b – ensuring universal access to reproductive health – was included as a target under the goal of improving maternal health. Of all the Millennium Development Goals, progress towards improving maternal health has been the slowest.

We cannot afford to repeat the mistake of omitting sexual and reproductive health and rights from the next framework. These rights must, from the start, be priorities in the post-2015 framework.

Sexual and reproductive health and rights concern people's everyday lives, their livelihoods, their opportunities and their aspirations. Not to prioritize sexual and reproductive health and rights in the next framework would compromise the lives of women and girls, and people's ability to lift themselves out of poverty and to live sustainably within their resources.

The next framework must address the unfinished business of the Millennium Development Goals and safeguard gains in sexual and reproductive health and rights.

Ultimately, if sustainable development is the end goal, we simply cannot afford to leave sexual and reproductive health and rights off the agenda.

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Acknowledgements to contributors

- Preethi Sundaram, Policy Officer, IPPF Central Office
- Laura Feeney, Publishing Officer, IPPF Central Office
- Rachel Lander, Consultant
- IPPF Regional Offices: Africa, Arab World, East & South East Asia and Oceania, European Network, South Asia and Western Hemisphere
- Institute for Economics and Peace
- Portfolio Publishing

Photography

- FC IPPF/Peter Caton/Bangladesh
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- 33 IPPF/Lisa Russell/USA
- IBC IPPF/Graeme Robertson/Kenya



Vision 2020 is IPPF's 10-point call to action – our vision for universal access to sexual and reproductive health and rights. IPPF's Vision 2020 manifesto includes 10 key asks that we see as necessary to achieve universal access to sexual and reproductive health and rights and to create an equal and sustainable world.

IPPF's data tracker seeks to monitor global progress against our Vision 2020 manifesto goals. It tracks relevant data as they relate to each of the goals, seeking to map incremental country progress on sexual and reproductive health and rights up until 2020. Year-on-year, leading up to 2020, IPPF will produce a Vision 2020 data tracker in order to monitor annual progress against each of our Vision 2020 goals.

IPPF's data tracker is a tool for advocates to hold governments and international institutions to account on their pledges on sexual and reproductive health and rights and to ensure that sexual and reproductive health and rights are prioritized for women, children and men across the world. We hope that IPPF's Vision 2020 data tracker is an effective lobbying tool that can be used to hold national governments to account on their progress to advance sexual and reproductive health and rights.

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

Published in February 2014
by the International Planned
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UK Registered Charity No. 229476
Edited and typeset by
www.portfoliopublishing.com

'Sexual and reproductive health and rights – a crucial agenda for the post-2015 framework' is IPPF's inaugural publication in our series of Vision 2020 reports.

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