



ICPD25
International Conference on
Population and Development



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: AN ESSENTIAL ELEMENT OF UNIVERSAL HEALTH COVERAGE



Background document for the
Nairobi summit on ICPD25 - Accelerating the promise



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KEY MESSAGES

- Sexual and reproductive health and rights (SRHR) are an essential part of universal health coverage (UHC). Countries moving towards UHC need to consider how the SRHR needs of their population are met throughout the life course, from infancy and childhood through adolescence and into adulthood and old age.
- To effectively meet the SRHR needs of people, a comprehensive approach to SRHR is required. Taking a comprehensive approach to SRHR entails adopting the full definition of SRHR and providing an essential package of SRHR interventions with a life course approach, applying equity in access, quality of care, without discrimination, and accountability across implementation.
- A comprehensive approach to SRHR is cost-effective and affordable for most countries; however, certain countries will require increased investments to successfully adopt and progressively realize SRHR in UHC. Increased domestic resource mobilization is critical to sustain gains made so far and enable additional investments.
- There are concrete steps that countries can take to advance towards UHC and universal access to quality SRHR interventions. These include mobilizing stakeholders within and beyond the health sector; analysing SRHR needs among all people and throughout the life course; mapping the resources available and systems constraints; and prioritizing and progressively implementing interventions at various levels of the health system and beyond for ensuring access to an essential package of SRHR interventions.
- Several countries have made significant progress in the implementation of SRHR interventions. Examples in this paper illustrate good practices and lessons learned that can inspire and inform countries embarking on SRHR and UHC reform.

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INTRODUCTION

2019 marks the 25th anniversary of the 1994 International Conference on Population and Development (ICPD), where 179 governments agreed that human rights, including reproductive rights, were fundamental to development and population concerns and where a programme of action was adopted that called for all people to have access to comprehensive reproductive health care, including voluntary family planning/contraception and safe pregnancy and childbirth services (United Nations Population Fund, 2014). Many countries have taken great strides to improve sexual and reproductive health by integrating key services in their universal health coverage (UHC) reforms (Sundewall, 2019).

The Nairobi Summit on ICPD25 provides an opportunity to complete the unfinished business of the ICPD programme of action and also a chance to commit to a forward-looking sexual and reproductive health and rights (SRHR) agenda to meet the Sustainable Development Goals (SDGs) and its targets. It is an opportunity for the global community to build on the ICPD framework and fully commit to realizing a visionary agenda for SRHR and to reaching those who have been left behind. This agenda must pay attention to population dynamics and migration patterns, recognize the diverse challenges faced by different countries at various stages of development, and ground policies and programmes in respect for, and fulfilment of, human rights and the dignity of the individual (United Nations Population Fund, 2019).

Since 1994, the world has developed through responding to the Millennium Development Goals (MDGs), which focused on the achievement of a few, specific health targets, to commit to the comprehensive 2030 Agenda for Sustainable Development. The aspirational targets of the health SDG (SDG 3 – Good Health and Well-being) are not merely ambitious in themselves, but cover nearly every important aspect of human well-being, both physical and relational. Unlike the MDGs, the SDGs explicitly recognize sexual and reproductive health as essential to health, development and women's empowerment. Sexual and reproductive health is referenced under both SDG 3, including met family planning needs, maternal health-care access and fertility rates in adolescence, and SDG 5 (gender equality), which additionally refers to sexual health and reproductive rights.

With the SDGs, the world has also committed to achieving UHC, including financial risk protection, access to high-quality essential health-care services and access to safe, effective, high-quality and affordable essential medicines and vaccines for all. In connection with the 74th session of the United Nations General Assembly (2019), world leaders made a political declaration¹ recommitting to achieving UHC by 2030. The declaration further re-emphasizes the right to health for all and a commitment to achieving universal access to sexual and reproductive health services and reproductive rights as stated in the SDGs. As such, UHC and SRHR are intimately linked. Without taking into account a population's SRHR needs, UHC is impossible to achieve, as many of the basic health needs are linked to people's sexual and reproductive health. Similarly, universal access to SRHR cannot be achieved without countries defining a pathway towards UHC, which includes prioritizing resources according to health needs.

The purpose of this paper is to define and describe the key components of a comprehensive, life course approach to SRHR. Furthermore, the ambition is to describe how countries can

¹ A/74/RES/2: Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world"

move towards universal access to SRHR as an essential part of UHC and to provide inspiring examples from countries that have moved in this direction.

The starting point for this background paper is the internationally agreed commitments to sexual and reproductive health articulated in both the ICPD Programme of Action (United Nations Population Fund, 2014), the World Health Organization (WHO) reproductive health strategy (WHO, 2004) and the Political Declaration of the High-level Meeting on UHC (UN, 2019). The paper further builds on the work presented by the Guttmacher-Lancet Commission on SRHR,² which proposed a comprehensive definition of SRHR accompanied by an essential package of SRHR interventions (Starrs and others, 2018). The Guttmacher-Lancet Commission goes beyond the ICPD definition and covers sexual rights and the emerging consensus around the interventions needed to address the SRHR of all individuals. For countries to realize the targets of UHC and universal access to SRHR, adopting a comprehensive approach to SRHR is essential. SRHR are essential to human life and to overall health and well-being over the life course and, therefore, SRHR should be part of public health and development strategies. Investing in SRHR is beneficial to societies because it strengthens families and helps increase prosperity. The most vulnerable and poorest people, with the least access to health care, bear a disproportionate burden of poor sexual and reproductive health. Consequently, a comprehensive approach to SRHR is needed to address gaps in the delivery of SRHR interventions and the political, social, cultural, gender, economic and financial barriers that prevent people from fully achieving their SRHR.

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