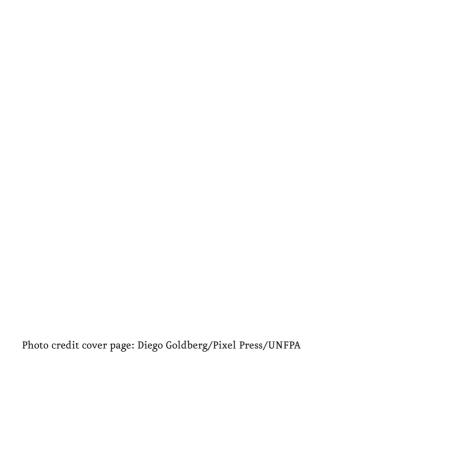# MAKING REPRODUCTIVE RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

A REALITY FOR ALL

UNFPA

MAKING REPRODUCTIVE RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

A REALITY FOR ALL

REPRODUCTIVE RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH FRAMEWORK

United Nations Population Fund

(May 2008)

CONTENTS

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ASRH	Adolescent sexual and reproductive health
BSCC	Behavior and Social Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
HIV	Human immunodeficiency virus
HPV	Human papilloma virus
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
NGO	Non-governmental organization
PHC	Primary health care
PLWHA	People living with HIV/AIDS
PRS	Poverty-reduction strategy
RDTs	Regional Director Teams
RHCS	Reproductive health commodity security
SDP	Service delivery point
STI	Sexually transmitted infection
SWAp	Sector-wide approach
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations country team
UNDAF	United Nations development assistance framework
UNDG	United Nations Development Group
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCCT	Voluntary and confidential counselling and testing (for HIV)
WHO	World Health Organization

Executive summary

1. The Reproductive rights and sexual and reproductive health (SRH) framework has been developed to provide overall guidance and a cohesive- Fund-wide response for implementing the Reproductive Health and Rights elements of the UNFPA Strategic plan 2008-2011. The framework builds on the goals of the International Conference on Population and Development (ICPD), 1994; the Millennium Summit, 2000, with its adoption of the Millennium Development Goals (MDGs); the 2005 World Summit; and the addition, in 2007, of the goal of universal access to reproductive health to MDG 5, for improving maternal health. This includes two parts: the first provides a snapshot of the progress achieved since ICPD, identifies major remaining gaps and priorities and outlines principles and approaches for programme planning and implementation. The second part identifies key priorities and specific strategies for each of the SRH-related strategic plan outcomes.

2. Despite considerable progress since the ICPD, millions of people -- mostly disadvantaged women and adolescents -- still lack access to SRH information and services. In developing countries, about 201 million married women lack access to modern contraceptives. There are about 340 million new cases of sexually transmitted infections (STIs) each year, and 6,000 young people are infected with HIV every day. Millions of women and adolescent girls continue to suffer from death and disabilities during pregnancy and childbirth.

3. UNFPA will invest in four priority areas: (a) support for the provision of a basic package of SRH services including family planning; pregnancy-related services, including skilled attendance at delivery and emergency obstetric care; HIV prevention and diagnosis and treatment of STIs; prevention and early diagnosis of breast and cervical cancers; adolescent sexual and reproductive health (ASRH); and care for survivors of gender-based violence, with reproductive health commodity security (RHCS) for each component of the package – emphasizing the key outcomes under the Reproductive Health and Rights Goal in the Strategic Plan 2008-2011; (b) the integration of HIV prevention, management and care in SRH services; (c) gender sensitive life-skills based SRH education for adolescents and youth; and (d) SRH services in emergencies and humanitarian crises.

4. The first task of UNFPA and its partners will be to ensure that reproductive rights and SRH are given increased priority in policies, planning and budget allocations in the health and other relevant sectors. UNFPA will strengthen its participation in programme-based approaches and sector-wide approaches (SWAps). The placement of SRH at the centre of policies must be reflected in budgets. This requires new technical skills to strengthen the capacity of UNFPA staff.

5. A key lesson learned from the Multi-Year Funding Framework (MYFF) (2004-2007) is the need to sharpen goals and define the Fund's unique niche, especially in the context of strengthened partnerships with other United Nations organizations. As a result, the strategic plan contains specific outcomes for UNFPA support. The plan reflects the principles of national ownership and leadership of programming, strengthened policymaking, capacity development, continued advocacy, knowledge-sharing and South-South cooperation – all of which are essential if the ICPD goals and the MDGs are to be met. UNFPA is best positioned to rally partners to support governments to take leadership on the promise of improved reproductive health as stated in MDG 4, 5 and 6 particularly with the addition of the new target on universal access to reproductive health.
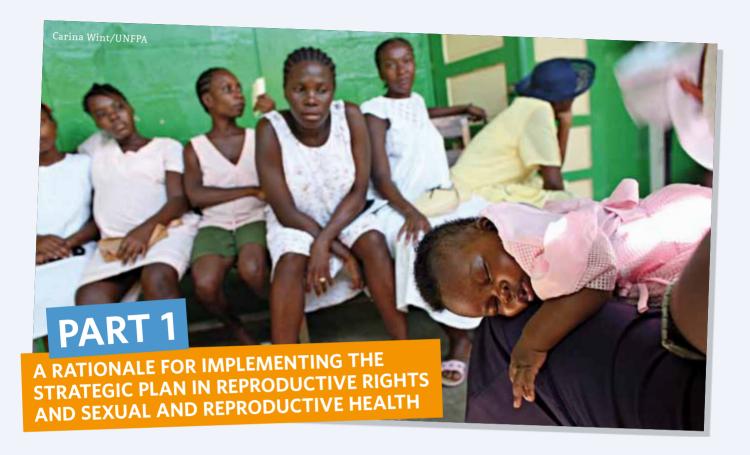
Introduction

6. The reproductive rights and sexual and reproductive health framework has been developed to provide overall guidance for implementing the UNFPA strategic plan 2008-2011. The framework presents the conceptual and operational basis for UNFPA to contribute to achieving the goals of the Programme of Action of the ICPD and the MDGs over a four year period. UNFPA is committed to accelerating action to achieve universal access to reproductive health within a rights-based, comprehensive and multisectoral approach.

7. The framework was developed to provide a cohesive Fund-wide response to address reproductive rights and SRH by promoting, inter alia, synergies between the Fund's thematic areas and linking reproductive rights and SRH relating to both physical and mental health, with population and development, gender, and adolescents and youth. Given the new aid

environment and lessons from the previous MYFF, it offers a rationale for the approach in the Strategic Plan 2008-2011 to engage in policy dialogue, policy analysis and advocacy for the inclusion of SRH issues in national development strategies, plans, budgets and government-driven processes. Examples of this are Sector Wide Approaches, health-sector reform, poverty-reduction strategies (PRSs) and the MDGs, with a stronger emphasis on implementation of these plans. It explains the Strategic Plan's focus on the socially excluded and marginalized in relation to equity aspects of SRH within the health system and gender-equality concerns. It also covers the rationale behind strengthening collaboration among United Nations organizations, especially with the World Health Organization (WHO), United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other institutions such as the World Bank, fostering partnerships with civil society, women, youth and faith-based organizations. UNFPA's three-year (2007-2009) strategy for integrating ICPD into humanitarian response also is considered within the framework, including close partnerships with

WHO and UNHCR within the Inter-Agency Standing Committee on Humanitarian Affairs.

8.   This document is divided into two parts: the first provides a snapshot of the progress achieved in SRH during more than a decade of implementing the ICPD Programme of Action, identifies major remaining gaps, notes the four thematic priorities to implement within the reproductive health and rights area of the strategic plan and identifies principles and approaches for programme planning and implementation. The second part identifies key priorities and specific strategies for each of the SRH-related strategic plan outcomes. It also provides guidance to develop context-specific outputs at all levels. At the country level, the country's needs and priorities will determine the emphasis accorded to each of the outcomes. At the regional level, results will reflect support required by countries at regional and global levels. At the global level, results will reflect common needs and priorities across all regions and support the achievement of both regional and, ultimately, country-level results.

Carina Wint/UNFPA

PART 1

A RATIONALE FOR IMPLEMENTING THE STRATEGIC PLAN IN REPRODUCTIVE RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

A. DEFINITION OF REPRODUCTIVE RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

9. More than a decade ago, at the ICPD, held in Cairo, 179 countries agreed that:

   (a) All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so;
   (b) Decisions concerning reproduction should be made free from discrimination, coercion and violence.[1]

   (d) Prevention of abortion and management of the consequences of abortion;
   (e) Treatment of reproductive tract infections;
   (f) Prevention, care and treatment of STIs and HIV/AIDS;
   (g) Information, education and counselling, as appropriate, on human sexuality and reproductive health;
   (h) Prevention and surveillance of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices, such as FGM/C;
   (i) Appropriate referrals for further diagnosis and management of the above.

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