



# Economic and Social Council

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## Commission on Population and Development

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Item 3 of the provisional agenda<sup>1</sup>

### General Debate 3

**(a) Actions for the further implementation of the Programme of Action of the International Conference on Population and Development at the global, regional and national levels**

**(b) Review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development**

### **Statement submitted by Marie Stopes International, a non-governmental organization in special consultative status with the Economic and Social Council<sup>2</sup>**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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<sup>1</sup> [E/CN.9/2019/1](#).

<sup>2</sup> The present statement is issued without formal editing.



## Statement

Marie Stopes International (MSI) is one of the world's largest providers of personalised contraception and safe abortion services. We work in 37 countries providing lifesaving reproductive health services as an essential part of national health systems, and are advocating at national and global level to increase access to sexual and reproductive health and rights (SRHR).

We would like to use this opportunity provided by the Commission on Population and Development to:

1. Draw attention to the critical need to increase access to safe abortion, which remains one of the most highly stigmatised and marginalised issues within the Programme of Action;
2. Highlight the women and girls who continue to be left behind in their access to, and fulfilment of their SRHR;
3. Call on States to re-commit to implementing and funding the implementation of the Programme of Action as a crucial pillar of their 2030 commitments, with a focus on those who are most excluded and marginalised.

In 1994, 179 Member States at the International Conference on Population and Development signed onto a Programme of Action and agreed on three quantitative goals:

- Reduce infant, child and maternal mortality;
- Provide universal access to education, particularly for girls;
- Provide universal access to a full range of reproductive health services, including family planning.

Since then substantial progress has been made. For example, between 1990 and 2015, the rate of child mortality fell 62 per cent with under-five deaths dropping from 12.7 million to 5.6 million, while the global maternal mortality ratio dropped by an estimated 44 per cent from 385 to 216 deaths per 100,000 live births. In this time, the percentage of girls enrolled in primary education increased from under 78 per cent to just over 88 per cent.

The worldwide modern contraceptive prevalence rate for married or in union women reached 58 per cent in 2017, and unmet need dropped to about 12 per cent. This third goal is currently most off track with the highest inequity in progress. In Africa, the modern contraceptive prevalence rate is still at 32 per cent, while unmet need is still at 22 per cent across the continent. Specific groups, such as women living in fragile settings, continue to lack access to quality SRHR services. While a woman's lifetime risk of maternal death is 1 in 4900 in developed countries, this risk is 1 in 54 in fragile states.

### 1. Eliminate unsafe abortion

The most easily preventable cause of maternal deaths is unsafe abortion. However, about 25 million unsafe abortions are happening every year. As a result, seven million women and girls face complications leading to poor health, disability, or infertility and an estimated 22,800 die each year – about 8 per cent of maternal deaths globally. Some countries have recognised the scale of the problem and have taken action to address this. In Nepal for example, decriminalisation of abortion led to a 50 per cent drop in maternal mortality rates over the following decade. But there are still too many women who have no choice but to put their lives at risk each year from unsafe abortions, mostly in restrictive settings.

The case for removing restrictions on access to safe abortion is clear. Guttmacher Institute studies demonstrate that restrictions do not prevent abortions – they just make them unsafe. Less than 1 per cent of abortions in the least-restrictive countries are classified as “least safe” but up to 31 per cent of abortions in the most-restrictive countries fall under this category.

Regulations that can increase access to safe abortion should also be implemented. Task sharing of safe abortion services and increasing access to medical abortion allows States to overcome human resources and cost barriers to realising women and girl’s SRHR.

## **2. SRHR progress has been inequitable – marginalised groups still lack access**

While progress has been made in increasing access to SRHR across the globe, this progress has not been equitable. Almost all abortion-related deaths occur in developing countries, with the highest number occurring in Africa. This is unsurprising, considering that only one in four abortions in Africa between 2010 and 2014 were classified as safe. Furthermore, 214 million women in developing regions continue to have an unmet need for modern contraception.

Access to SRHR for women in fragile settings, or women living in rural areas, living in poverty, living with disabilities, and adolescents is particularly off track. This is due to economic, geographic, social, cultural, caste and religious barriers. Legal and policy restrictions further exacerbate the barriers these women face. Actions to remove barriers for the most marginalised groups must be prioritised in order to ensure SRHR progress is equitable and that no one is left behind.

Currently, 23 million adolescents have an unmet need for contraception and every year an estimated 3.2 million adolescent women in low and middle-income countries resort to unsafe abortion. Complications from pregnancy are the leading cause of death amongst girls aged 15–19 – many due to unsafe abortion. Giving adolescents reproductive choice and the means to take control of their future is non-negotiable if we are serious about achieving the Sustainable Development Goals, but many politicians, providers, parents and educators currently withhold the resources adolescents need to prevent or delay unwanted pregnancies.

## **2. SRHR progress is at risk of being reversed – a lack of funding limits access where it’s needed most**

Ensuring sufficient funding for SRHR has been particularly difficult in middle income countries where donor support is decreasing but large percentages of the population continue to live in poverty and in hard-to-reach rural areas. Especially in States transitioning to middle income status, it is crucial that the international community work with governments to ensure reductions in donor funding for sexual and reproductive health are phased out in a way that supports national governments to fill these gaps.

There is also a general lack of prioritisation of SRHR funding – both internationally and nationally – and particularly in humanitarian settings. One quarter of the people in need of humanitarian assistance are women and girls of reproductive age, yet SRHR in humanitarian contexts continues to be under-prioritised. The result is that approximately 61 per cent of the world’s maternal deaths occur in humanitarian or fragile settings.

## Recommendations

Unnecessary legal or regulatory restrictions on safe abortion and contraception, a lack of implementation of policies that can expand access for the hardest to reach, and insufficient international and domestic funding for sexual and reproductive health services, mean that the most marginalised women and girls continue to be left behind.

In the past 25 years, States have been making progress on the Programme of Action. However, women living in low and middle-income countries or fragile settings – particularly rural women, women living in poverty, women with disabilities, and adolescents – have not seen this progress. The 2030 Agenda's focus on leaving no one behind provides an opportunity to re-commit to the Programme of Action, and ensure that moving forward, the goals in both the Programme of Action and the 2030 Agenda are effectively implemented for all women.

To this end, Marie Stopes International calls on the Commission on Population and Development and all Member States to fulfil their commitments under the Programme of Action, and to:

### Eliminate unsafe abortion

- Access to safe abortion and post abortion care services is a human right and unrestricted access to medical abortion will go a long way towards fulfilling this right and improving the sexual and reproductive health and rights and maternal health outcomes of women and girls;
- Safe abortion services must be provided to the fullest extent of the law and where legal, regulatory, social or economic restrictions exist, States should make every effort to remove them so all women are assured access;

### Ensure equitable access to SRHR

- Access to sexual and reproductive health services is a human right and social, legal and economic restrictions, in particular related to age, marital status, parental consent, and cost, must be removed;
- The sexual and reproductive health and rights of adolescents must be prioritised through comprehensive sexuality education which recognises the evolving capacities of the individual and includes emotional development and sexuality, and timely and confidential access to good-quality information, counselling, technologies and services;
- Universal Health Coverage and National Health Insurance Schemes must include contraception and abortion services, without discrimination, and ensure that providers, products, the widest range of facilities, and methods are included and that they reach the poorest, marginalised, underserved and most vulnerable;

### Ensure sufficient funding for SRHR

- Sexual and reproductive information, services and commodities must be fully funded in national budgets to achieve universal access;
- International development assistance and humanitarian aid need to prioritise and fund sexual and reproductive health and rights information, services and commodities to ensure all women are benefiting from and participating in sustainable development.

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