United Nations E/CN.9/2009/NGO/6

Economic and Social Council

Distr.: General
20 January 2009

Original: English

Commission on Population and Development
Forty-second session
30 March-3 April 2009
Item 3 of the provisional agenda*
Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by Interact Worldwide, a non-governmental organization in consultative status with the Economic and Social Council

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.

* E/CN.9/2009/1.

09-21354 (E) 120209

Statement*

Interact Worldwide welcomes the opportunity to contribute to the 42nd session of the Commission on Population and Development. Interact Worldwide is an international sexual and reproductive health and rights (SRHR) non-governmental organization (NGO) with over 30 years' experience in supporting sexual and reproductive health information and services in some of the world's poorest communities.

We have consulted with implementing partners who are engaged in efforts to scale up comprehensive and integrated responses to sexual and reproductive health, including maternal health, and HIV services in the preparation of this statement.

Drawing on the experiences of partners in India,[1] Pakistan[2] and Ethiopia, we have concentrated our submission on: "Do the MDGs allow for implementation of comprehensive sexual and reproductive health and rights activities?"

While the International Conference on Population and Development (ICPD) Programme of Action (POA) contributed significantly to the widening of the international agenda on SRHR, by defining a comprehensive SRHR agenda, it has suffered from inconsistent implementation.

In the 15 years since this landmark conference other international development frameworks have been agreed, the most significant being the Millennium Development Goals (MDGs) endorsed by UN States in 2000. The MDGs have become the overarching framework for the implementation of development activities supported by technical agencies, development donors and civil society. It is therefore opportune to ask how well the MDGs have allowed for the implementation of comprehensive SRHR activities as envisaged within the ICPD POA.

The MDGs have contributed to a shared vision between development partners on the factors that underline poverty and strategies for combating poverty. This is understood at all levels of Government, which has facilitated strategies for service provision at community level.

Regrettably, the 2000 Millennium Declaration made no direct reference to the achievement of universal access to sexual and reproductive health and rights, as agreed at ICPD. However, POA themes, such as reducing maternal and child deaths, reducing HIV infection rates, promoting gender equality and the need for a global partnership, were integrated into the MDG framework.

The limited recognition of the comprehensive ICPD POA represented to many a lost opportunity to fund and implement family planning, adolescent SRHR services, sexuality services and other indicators that encompass a comprehensive approach to SRHR. These omissions were partially

---

* Issued without formal editing.

[1] Solidarity and Action Against the HIV Infection in India (SAATHII) and The Child in Need Institute (CINI).

[2] Community Support Concern (CSC), Pak Plus Society and Pakistan Voluntary Health and Nutrition Association (PAVHNA).

resolved in 2005 with the addition of a new target within MDG 5 to achieve universal access to reproductive health by 2015.

Yet, there are significant gaps in recognizing the centrality of sexuality and choice in relation to sexual and reproductive rights which remain missing from internationally agreed development frameworks. Thus, our partners experience a misunderstanding of the importance of SRHR issues in efforts to achieve the MDGs within different levels of Government, leading to a lack of uniform service delivery.[3]

Additionally, the narrow focus of the SRH indicators within the MDGs can result in the restriction of activities outside of these. The indicators for target 5b - contraceptive prevalence rate; adolescent birth rate; antenatal care coverage (at least one visit and at least four visits); unmet need for family planning - tend to focus on a narrow approach that can be of poor quality.[4] Also, owing to the need to demonstrate achievement, this approach is considered by some partners as unethical, as it ignores the specific needs of vulnerable and marginalized communities.

Some partners have reported that the importance of the MDGs has enabled community-based organizations to access funds to implement certain SRH interventions. In Pakistan, a focus on achieving MDG 6 to combat HIV and AIDS has contributed to an enabling environment for SRH services for communities with significant vulnerability to HIV, such as sex workers and men who have sex with men (MSM). Nevertheless, the lack of recognition of the SRHR needs of marginalized groups within the RH indicators of target 5b means that current efforts are inadequate to meet the needs of sex workers and MSM. This also limits efforts to address HIV, particularly in vulnerable communities in India, Nicaragua and Pakistan, for instance.

As expressed by an Indian partner, the limited emphasis on sexuality and gender identity restricts their ability to conduct comprehensive and effective SRHR services. Other partners have found that the lack of explicit targets within the MDGs on SRHR results in their not being able to place adequate focus on addressing discrimination on the basis of sexual orientation or combating gender-based violence, which were highlighted within the ICPD POA agenda.

Partners continue to find major barriers to the uptake of SRHR services to include stigma and discrimination, social inhibitions in discussing sexuality and sexual behaviors, gender bias and fundamentalist views in faith communities. These social and cultural factors lead to low levels of demand for the testing and treatment of sexually transmitted infections including HIV, a poor contraceptive prevalence rate and resulting high levels of unwanted pregnancy, HIV infection and sexual violence as well as overall challenges in the promotion of health-seeking behaviours.

Incorporating a broader SRHR agenda within efforts to achieve universal access to reproductive health would require UN Member States to reach consensus on politically sensitive issues, including gender identity and sexual diversity in order to ensure the protection of the rights of highly

[3] CINI.
[4] SAATHII.

stigmatized groups like sexual minorities, sex workers and people living with HIV and AIDS. The recent UN General Assembly debate on a declaration calling for an end to “killings committed for any discriminatory reason, including sexual orientation”, and a joint statement on human rights, sexual orientation and gender identity on behalf of 66 States, demonstrated that no State takes issue with the principle that all persons should be protected from violence, harassment and abuse, on any ground whatsoever, and most support repealing laws that criminalize homosexuality.

Given UN States have legal obligations to implement the Universal Declaration of Human Rights as well as the international rights treaties they have ratified, it is important to reinforce and complement efforts to achieve the MDG targets by furthering the ability to improve SRHR for all groups.

To date, significant funding from Governments to systemically improve SRH services and reproductive health (RH) supplies has been limited.[5] Donors and technical agencies must work with national Governments to create an enabling environment for SRHR. There is a need for an overall increase in allocations for SRHR services and reproductive health supplies, in line with demand.

It is also important to note that national efforts to combat maternal morbidity and mortality are one of poorest areas in the pursuit of the achievement of the MDGs. Perhaps this is due to a poor consideration of the components of a comprehensive approach to improve SRHR.

While efforts to achieve the MDG 6 have massively increased international resources available for health, this has had limited success in leveraging funds for the comprehensive provision of SRHR. The separation of SRH from HIV in the MDGs has led to an artificial separation of funding and services and hampered the achievement of improved SRH outcomes as envisaged in the ICPD POA.

Interact Worldwide has focused on effecting greater integration and linkage between SRH&R and HIV and AIDS in policy, financing, health sector development, service delivery and community development. We have leveraged resources for partners to ensure that responses to SRH&R and HIV/AIDS are integrated and linked to better meet the needs of poor, vulnerable and marginalized people and increase aid effectiveness.

We have also championed the role of the Global Fund to Fight AIDS, TB and Malaria, a financing mechanism charged with achievement of MDG 6, to expand its ability to fund RH services which are integrated and linked with HIV services. The Global Fund should sustain and increase efforts to make clear in its guidelines that it supports RH services and the procurement of RH supplies. National governments in low- and middle-income countries can and should submit proposals to the Global Fund that include the procurement of male and female condoms, as well as contraceptives and other RH supplies. Unless men and women have access to the RH supplies needed to ensure good sexual and reproductive health, efforts to achieve the MDGs will continue to be significantly undermined.

[5] PAVHNA.

Addressing comprehensive SRHR should be more explicitly outlined in efforts to achieve the MDGs. The challenges outlined by our partners demonstrate that omissions in the MDGs have led to a limited ability to implement the ICPD POA. The Commission's conclusions should assert that a comprehensive approach to SRHR should be promoted in efforts to achieve the MDGs. This is particularly critical at this time, with the 15th anniversary of the ICPD POA and in preparation for the 10-year review of the MDGs scheduled for 2010. SRHR interventions must be promoted by technical agencies, donors and Governments and funding for SRHR must be reinvigorated to complement the achievement of other health and development goals.