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**Follow-up to the Fourth World Conference on Women
and to the special session of the General Assembly entitled
“Women 2000: gender equality, development and peace for
the twenty-first century”: implementation of strategic
objectives and action in critical areas of concern and further
actions and initiatives**

Statement submitted by International Planned Parenthood Federation, 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.



Statement

Challenges and achievements in the implementation of the Millennium Development Goals for women and girls

Introduction

International Planned Parenthood Federation welcomes the priority theme of the fifty-eighth session of the Commission on the Status of Women.

As a leading advocate of sexual and reproductive health and rights and a global service provider, International Planned Parenthood Federation works through 152 member associations in over 170 countries to empower the most vulnerable women, men and young people to access life-saving services and programmes, and to live with dignity. We have had general consultative status with Economic and Social Council since 1973.

Gender equality and sexual and reproductive health and rights are fundamental for economic and social development, and prioritizing gender equality and investing in women and girls are essential building blocks for sustained prosperity. When women have control over their fertility, access to education, decision-making roles and meaningful employment, and can live lives free of violence, they will be able to participate in the sustainable development of their communities, and progress towards gender equality is accelerated.

Only by fulfilling these rights will women, men and young people have the possibility of making informed decisions about critical aspects of their lives, which may determine both their individual and their community's futures. While the Millennium Development Goals tried to take action on some aspects of sexual and reproductive health and rights, after 13 years, the commitments were not sufficient to make a lasting difference, especially in the lives of marginalized women, young women, girls and young people around the world.

We encourage Governments to prioritize sexual and reproductive health and rights, gender equality and the empowerment of women and girls in the new development agenda; it is only when women's and girls' rights are realized and when they have control over their futures and their bodies that development will be truly meaningful and sustainable.

Achievements

The Millennium Development Goals have been a useful tool that has resulted in an increase in policy and funding priorities to the areas of human development reflected in them. They were easily translatable into global and regional policies and led to significant increases in overall official development assistance and in health assistance. In terms of the sexual and reproductive health and rights sector, the Millennium Development Goals had positive impacts on policy and funding, but only in those areas that were highlighted in the Goals (HIV/AIDS and maternal mortality). These areas have experienced increased prioritization, which is reflected at the national level in poverty reduction strategy paper priorities. In International Poverty Centre Working Paper No. 48 (October 2008), entitled "Are the Millennium Development Goals priority in development strategies and aid programmes? Only a few are!", Sakiko Fukuda-Parr indicates that a review of 22 poverty reduction

strategy papers found that 20 had gender equality as a policy priority, 18 maternal health and 19 HIV/AIDS. The Goals have increased resource allocations for sectors reflected in the Goals, which had a profound impact on significant progress being made in those areas.

Challenges

Despite the positive achievements of the Millennium Development Goals, they also presented challenges with respect to sexual and reproductive health and rights. The omission of sexual and reproductive rights and health, and its subsequent late inclusion in the framework in 2007, undermined progress towards the Goals, in particular targets 5 and 5.B, which are the most off track of all the Millennium Development Goals. As the United Nations Population Fund reported in 2009, few poverty reduction strategy papers contained targets for sexual and reproductive health and rights. Despite significant declines in maternal mortality globally, in some countries progress is still well short of meeting the 5.5 per cent annual decline required globally to reduce the maternal mortality ratio by three quarters by 2015. According to the *Millennium Development Goals Report, 2012*, the unmet need for family planning has only decreased by 3 per cent in developing regions since 1990. In a June 2012 Factsheet entitled “Costs and benefits of investing in contraceptive services in the developing world”, the United Nations Population Fund and the Guttmacher Institute report that there are 222 million women globally who want to space or limit childbearing but can’t access the contraceptives to do so. As a result, the lives and opportunities of individuals and the prospects of families, communities and nations continue to be compromised. Achieving universal access to sexual and reproductive rights and health is critical, especially at a time when nearly 2 billion young people are entering their reproductive years. Where they are available, reproductive and sexual health services are often offered in the context of maternal health programmes, which excludes young people and prevents them from accessing the specific services that they require. This is especially a challenge as young people and their needs — despite their demographic weight — were largely invisible in the Millennium Development Goals.

Despite these urgent needs, donor and government support for sexual and reproductive health and rights has been shrinking, especially in the wake of the global economic crisis, and many developing countries have not prioritized these issues in their health investments. For example, in 2010, only 0.5 per cent of official development assistance directed to Latin American and the Caribbean was dedicated to sexual and reproductive health and rights. At the same time, rising global conservatism and the emergence of “competing” health issues, such as the global rise in rates of non-communicable diseases and infectious diseases, potentially threaten the visibility of sexual and reproductive health and rights in the post-2015 agenda.

In developing distinct silos between issues, the Millennium Development Goals artificially separated interrelated issues and did not reflect the complex interdependence between different areas and the perpetuation of poverty. For instance, by separating HIV/AIDS, gender, and maternal and child health, the Millennium Development Goals have created a multiple track policy approach to the same problem, hindering integration and horizontal approaches. This approach also failed to recognize the connectivity between sexual and reproductive health and rights and other development issues. The issue of sexual and reproductive health and

rights has been treated as strictly a health issue with little focus on the influence of social norms, education and other factors, which greatly influence behaviour change. In the case of Goal 3 of the Millennium Development Goals, the indicators do not recognize aspects of gender equality that are central to achieving the Goals, including equality in law and the impact of gender-based violence on women and communities. Without a more nuanced understanding of the interaction between different Goals and the range of factors that influences outcomes, it is difficult to see how comprehensive strategies to achieve the desired outcomes can be developed and delivered.

The other challenge in the implementation of the Millennium Development Goals is in the prioritization of national averages, which mask disparities within and between countries, and among populations. The lack of disaggregated data across the lifespan, economic quintiles and geographical regions has made persistent inequalities invisible, while at the national level the lack of disaggregation masks inequalities between certain social and economic groups, leading to a distorted picture of progress. In the sexual and reproductive health and rights context, this can mean that the experiences of vulnerable groups, such as women living with HIV, women living with disabilities, displaced women, migrant women, minority and indigenous women, women living in the lowest economic quintiles, and young and older women, may be underrecognized and not prioritized for action.

Next steps

To achieve the goal of poverty alleviation, any future framework must recognize the wide-ranging benefits of promoting gender equality, its interaction with sexual and reproductive health and rights, and their relevance to other sectors.

Access to sexual and reproductive health and rights is beneficial for individuals and States. There are massive national benefits when a country is able to ensure sexual and reproductive health and rights for all and eliminate the unmet need for contraception. In a September 2013 Population Reference Bureaus policy brief on the challenge of attaining the demographic dividend, James Gribble and Jason Bremner report that when countries invest in health and education and in achieving gender equality, in addition to family planning, the declines in mortality and fertility rates alter the age structure of a population and place many of the world's least developed countries in a prime position to reap the economic benefits of subsequent accelerated economic growth. In "Family planning delivers: every pregnancy a wanted pregnancy — reproductive health and the demographic dividend", the Federation indicates that the impact of access to sexual and reproductive health and rights was seen in 10 Latin American countries, which attributed a 21 per cent rise in female labour force participation (on average) to delayed marriage and childbearing, and lower fertility.

Closely aligned with access to sexual and reproductive health and rights, prioritizing gender equality and investing in women and girls is an essential building block for sustained prosperity.

The needs of adolescent girls between the ages of 10 and 14, 15 and 19, and 20 and 24 should be integrated into targets and programmes on sexual and reproductive health and rights and gender equality. Efforts on the post-2015 development framework should be encouraged to build on the recommendations made in the Bali Global Youth Forum Declaration, specifically that Governments must provide,

monitor and evaluate universal access to a basic package of youth-friendly health services (including mental health care and sexual and reproductive health services) that are of high quality, integrated, equitable, comprehensive, affordable, needs- and rights-based, accessible, acceptable, confidential and free of stigma and discrimination for all young people.

The face of poverty and inequality varies within groups in all States, and the experiences of women, people living with HIV, women living with disabilities, displaced women, migrants, minority and indigenous women and younger or older people may vary considerably. Accordingly, all targets and indicators must capture the differentials between subnational geographic areas, socioeconomic groups, males and females, age groups and specific marginalized and vulnerable populations.

We are asking Member States to ensure that the next post-2015 development framework includes:

(a) A specific target on sexual and reproductive health and rights under a top-level goal on health (which will build and expand on the indicators of Goals 5 and 6 of the Millennium Development Goals). Additionally, an integrated approach should be adopted, with other sexual and reproductive health and rights targets and indicators included throughout the new development framework. Some suggested indicators for this target could include:

- (i) Unmet need for family planning;
- (ii) Comprehensive sexuality education in the curriculum (although we recognize the challenges associated with this);
- (iii) Contraceptive prevalence rate;
- (iv) Reducing barriers to access to sexual and reproductive health services, particularly for young people and the most marginalized;
- Rates of maternal mortality and morbidity;
- HIV prevalence/incidence;

(b) A stand-alone goal on realizing gender equality, women's rights and the empowerment of women and girls, as well as gender equality mainstreamed across goals and targets. For this goal to be meaningful, the targets should include:

- (i) Preventing and eliminating all forms of violence against girls and women;
- (ii) Ending early and forced marriage;
- (iii) Ensuring women's equal rights, access and control of economic resources, including the right to own and inherit land and property, sign a contract, register a business and open a bank account;
- (iv) Eliminating discrimination against women in political, economic and public life and ensuring their equal participation in those spheres;

(c) Such indicators as:

- (i) Percentage of women over 15 who have experienced violence;
- (ii) Number of girls and boys married before the age of 16;

- (iii) Equality before the law;
 - (iv) Full participation of women in public life, at all levels;
 - (d) A clear commitment to promoting governance, accountability and resourcing, including ensuring youth participation in the development and implementation of the post-2015 framework;
 - (e) All data to be disaggregated by age, gender, economic quintile, geographic location, ethnicity and other relevant attributes.
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