JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Bill and Melinda Gates Institute for Population and Reproductive Health

AFP ADVANCE FAMILY PLANNING

ISSUE NOTE | **September 17, 2010**

Universal Access to Reproductive Health—A Human Right

Elimination of all forms of discrimination is at the heart of a human rights-based approach to meeting the world's health needs, including for family planning and reproductive health. In 2007 the United Nations General Assembly recognized this, agreeing that "universal access to reproductive health by 2015" be included as a target for Millennium Development Goal (MDG) 5: improving maternal health. What does this really mean? For millions it means overcoming financial and political barriers to provide them with full information on family planning, access to quality contraceptive services and supplies, and assurance that what a woman believes is best for her and her family will be paramount in decisions about pregnancy and birth. It means acknowledging and overcoming the impact of inequity within societies to compromise access, rights and justice.

An estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception, despite increases in use in recent years.[i] By 2015, the United Nations estimates that the demand for family planning will grow by 40% as record numbers of young people enter their prime reproductive years. While more than half of women with an unmet need for contraception live in Asia, the proportion of women with an unmet need is largest in sub-Saharan Africa.[ii] Meeting the need for both family planning and maternal and newborn health services would be dramatic. Unintended pregnancies would drop by more than two thirds, from 75 million in 2008 to 22 million per year. Seventy percent of maternal deaths would be averted—a decline from 550,000 to 160,000. Forty-four percent of newborn deaths would be averted—a decline from 3.5 million to 1.9 million. Unsafe abortions would decline by 73%, from 20 million to 5.5 million (assuming no change in abortion laws), and the number of women needing medical care for complications of unsafe procedures would decline from 8.5 million to two million.[iii]

Much of what needs to be done requires less of a financial investment by countries and donors than a commitment to informed consent and support for the women's decisions to prevent pregnancy or to have a child. It also requires governments to ensure that whatever services and supplies exist, they are non-coercive and provided to all and especially those most in need, whether they are young, poor, living with HIV, or otherwise unable to attain full sexual and reproductive health. At the 1994 International Conference on Population and Development in Cairo, 179 countries agreed to put "human needs, both individual and social, and specifically those of women, at the center of population and development policies. (ICPD, Principle 2 & 3, Para. 3.4 and 3.16) The human rights approach adopted in Cairo is the guarantor that those needs will remain central to the way polices, services, and programs are developed and delivered".[iv]

Financial resources are, however, needed and are currently inadequate to achieve the MDGs. According to the UN Foundation, with only 11% of the world's population, Africa accounts for more than half of all maternal and child deaths. Despite advances in global health outcomes worldwide, progress towards achieving the health MDGs in Africa has been slow, hindered by a lack of resources for health and, at times, inefficient use of

available resources. It added that with one in five maternal deaths linked to HIV, progress in maternal health was closely linked to the fight against HIV/AIDS.[v] In 2001, Heads of State of the African Union (AU) met in Abuja, Nigeria, and committed to allocating at least 15% of their annual government budgets to the health sector in their respective countries as part of this fight.[vi] Unfortunately, almost a decade later, only a few countries have made recognizable progress toward the achievement of this joint commitment.[vii] In July 2010, 117 African civil society organizations sent an appeal to the AU summit, requesting that the commitment of the Heads of State be upheld, following concerns of Africans that Heads of State had been asked to renounce this 2001 Abuja commitment on health.[viii] According to the World Health Statistics 2010, budget allocations to health in the European region and the Americas in 2007 were 15.3% and 17.1% respectively, compared with Africa's average of 9.6%.[ix] Most African countries spend less than half the World Health Organization recommended minimum package of $40 per person on health. Given this scenario, information and services will remain out of reach for many and new drugs and technologies to prevent pregnancy and sexually transmitted infections (STIs) and manage childbirth will be unattainable for most.

Recommendations

To ensure that human rights are at the center of population and health policy development and implementation and the achievement of MDG 5 requires action on the following recommendations:

- **Equity and non-discrimination.** National health plans and budgets should end the compromise of women's health, by prioritizing sexual and reproductive health including: family planning, maternal and newborn health, safe abortion, and prevention and treatment of STIs, including HIV. Governments should be held accountable for ensuring that access to quality family planning information and services provided by trained health personnel is available to individuals regardless of their age, gender, marital or economic status, or where they live. In expanding access, it is imperative that special attention is given to providing women and men with contraceptive methods that best suit their own needs, in particular long-acting methods or emergency contraception, both of which are out of reach for many individuals. All governments should be held accountable for their human rights commitments as they relate to sexual and reproductive health.[x]
- **Participation and inclusion.** The role of civil society should be transformed from one of watchdog and advisor to development and implementing partner. Women and young people should be at the center of priority setting, program design, operations research and clinical trials, and contraceptive development. Transparent, democratic mechanisms, such as those of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, should be hardwired into donor processes.
- **Accountability.** Funding for family planning—from donors to countries or programs, or from countries to districts—should be tied to results. These results would include outcomes from equitable, voluntary and quality delivery of services as well as metrics that capture the extent to which human rights are being upheld. As suggested by Paul Hunt, countries lagging behind in achievement of MDG 5 should establish independent bodies to accelerate progress toward reduction of maternal mortality that report directly to the Parliament, the Prime Minister's office or both. "Enhancing monitoring, accountability and redress for maternal mortality in the public and private sectors, including public-private partnerships, demands

the sustained attention of national and state human rights and women's institutions, civil society and community-based organizations, the courts and the media."[xi]

- **Greater alignment of funding and financing.** In laying out new efforts needed to achieve the MDGs by 2015, the World Bank has pointed out that "more progress is needed to develop a global partnership for development."[xii] This is even more relevant for family planning and reproductive health funding at both the country and global level, where greater collaboration and commitment from the highest level of leadership in donor agencies and with governments is needed. Similar coordination and specific attention to affordability of reproductive health commodities is needed between donors, the public sector and pharmaceutical manufacturers. Greater agreement on health objectives among these agencies will be essential to meet MDG 5 and, in particular, to ensure universal access to reproductive health.

Notes

This Issue Note was prepared by Beth Fredrick, Advance Family Planning, Bill and Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA, with Funmilola M. Olaolorun, Johns Hopkins Bloomberg School of Public Health. The views expressed here are solely those of the authors. Contact: bfredric@jhsph.edu and folaolor@jhsph.edu.

---

[i] Singh, S., et.al., *Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, Guttmacher Institute, 2009.

[ii] Gillespie, D., et.al., *Making the Case for U.S. International Family Planning Assistance,* Baltimore, MD, 2009.

[iii] Singh, S., et.al., *Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, Guttmacher Institute, 2009.

[iv] "ICPD +5 Factsheet: Reproductive Health Rights are Human Rights," International Women's Health Coalition, 1999.

[v] Wakabi, W. "Africa faces an uphill struggle to reach the MDGs, " *The Lancet*, Volume 376, Issue 9745, Pages 943 - 944, September 2010.

[vi] African Union Heads of State (2001) 'Abuja declaration on HIV/AIDS, tuberculosis and other infectious diseases and plan of action', *African summit on HIV/AIDS tuberculosis and other infectious diseases, 24–27 April* OAU, Addis Ababa, at http://www.un.org/ga/aids/pdf/abuja_declaration.pdf

[vii] Govender V, McIntyre D, Loewenson R (2008) 'Progress towards the Abuja target for government spending on health care in East and Southern Africa,' *EQUINET Discussion Paper Series 57.* EQUINET: Harare.

[viii] Letter from 117 African Civil Society Organisations to July 2010 African Union Summit on Upholding African Health and Social Development Commitments http://www.who.int/pmnch/events/2010/ausummit_117afrorg_letter.pdf.

[ix] World Health Organization. World Health Statistics 2010:138.

[x] Hunt, P., Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, Mission to India, Human Rights Council, Fourteenth session, United Nations General Assembly, 2010.

[xi] "Unfinished Business: Mobilizing New Efforts to Achieve the 2015 Millennium Development Goals," 2010 World Bank, Washington, DC.