Commentary

Progress in Protecting Reproductive Rights and Promoting Reproductive Health: Five Years Since Cairo

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Five years ago, the International Conference on Population and Development (ICPD) achieved landmark agreements on population and development. This year, a Special Session of the United Nations General Assembly reviewed progress and agreed on priority actions for the future. In the face of declining international assistance and continuing poverty and deprivation—including a widespread denial of the right to reproductive health—what are the prospects for successful implementation of the ICPD agreements?[1]

The consensus document of the ICPD, the Programme of Action, states that countries should ensure the reproductive rights of all individuals, including the right of couples and individuals to decide the number, spacing, and timing of their children, and to have the information and means to do so; the right to the highest standard of sexual and reproductive health; and the right to make sexual and reproductive decisions free of discrimination, coercion, and violence. In the Programme of Action, the international community recognizes that reproductive rights are human rights. This position was further endorsed by the Social Summit in Copenhagen and then again by the Fourth World Conference for Women in Beijing in 1995. Progress since

ICPD has been carefully reviewed. UNFPA organized a series of expert meetings leading up to an international forum in The Hague in February 1999 and conducted a global survey to gauge countries' progress in implementing the Programme of Action. The review culminated in a special session of the United Nations General Assembly held in New York from June 30 to July 2, 1999, where 185 countries reaffirmed their commitment to the Programme of Action and agreed to a set of future actions to implement it.

Policy Change Since ICPD

The review process gave many encouraging signs, but it also revealed challenges in achieving the Cairo goals. A UNFPA Field Inquiry, conducted from June to August 1998, showed that at least 27 of the 114 developing countries and countries with economies in transition reported having made substantial and comprehensive policy changes since ICPD.[2] If countries that have dealt with limited aspects of their national policy are included, the number exceeds 40. Many countries have lifted regulations and policies that limit access to family planning services—for example, spousal authorization, marital status, and age limits. Others reported legislative changes relating to the protection of women's reproductive rights, such as the enactment of sexual harassment and rape laws and increased penalties for domestic violence. Several countries in Africa have outlawed female genital mutilation (FGM) or are proposing to do so.

Quality of Care

Central to ensuring reproductive rights is universal access to high-quality services. In keeping with the needs-based approach to reproductive health agreed on at the ICPD, the focus of program evaluations is shifting from service providers to their clients: the way clients are treated by the service-delivery system, including communication and information-sharing; minimum standards for procedures and examinations; and whether clients receive services appropriate to their needs. Counseling and interpersonal communication between service providers and clients are key aspects of ensuring informed and voluntary reproduc-

tive choices, and thus reproductive rights. Experience in several countries shows that proper staff training can within a short time greatly improve both information and counseling services and the proportion of clients receiving them. It was therefore encouraging that training of service providers appeared most frequently in the responses to the UNFPA Field Inquiry: 45 countries reported that they had implemented training programmes since the ICPD. Other positive actions to improve the quality of reproductive health care included improving medical infrastructure and facilities, incorporating monitoring and evaluation programs, and establishing referral systems. Another frequently-cited measure was the development of protocols and guidelines in reproductive health services.

Rights, Gender Relations and Empowerment of Women

Encouraging signs are also evident in the area of gender equity, equality, and empowerment of women. Many countries took action to recognize the equal rights of women and men, with the clear understanding that the elimination of all forms of discrimination against women is a prerequisite to ensuring the highest standards of reproductive and sexual health. Of the 114 countries that responded to the UNFPA Inquiry, 98 reported that they had taken some positive action in the area of women's rights since ICPD, reflecting the momentum created by consecutive UN conferences. The most common measures taken by countries were institutional changes, including establishment or strengthening of a ministry or a government office of women's affairs, followed by adoption of a national policy or national plan on women and legislative changes to protect the rights of women.

Despite these measures, the legal environment for women is still far from satisfactory. The Convention on the Elimination of All Forms of Discrimination Against Women has become a useful tool in the effort to adapt national norms to international standards and to dismantle old laws that discriminate against women and girls. The Convention, however, has one of the highest numbers of reservations

among international conventions, and women in many countries continue to lack legal protection for their reproductive and sexual rights. Patriarchal definitions of women's good behavior, proper manners, honor, chastity, and virtue are still evident in many laws. Even where they have been removed from legal texts, these definitions continue to pervade the judicial mentality used to interpret them. Widespread failure to enforce the minimum age of marriage for girls is one consequence. To cite another problem, many countries do not recognize the concept of rape within marriage. This makes it very difficult for married women to negotiate safer sex with their partners, with the result that HIV transmission rates for married women are often extremely high.[3]

The UN Special Session spent considerable time discussing the question of gender, especially the rights of the girl child. Substantial progress has been made on protecting young women and women in general from harmful traditional practices and in ensuring the rights to education, basic health, and reproductive health.

Reproductive Rights of Adolescents

Today's generation of young people is the largest ever, currently over 1 billion. Since ICPD there has been much discussion of the reproductive and sexual health needs of young people, particularly adolescents. It has often proved difficult to reconcile the important role of parents with the capacity of young people to make their own decisions as they grow towards adulthood, and to define the role of society in mediating what is primarily a family matter. In many countries, the topic of adolescent sexuality and reproductive health is still very sensitive, and reproductive health information and services simply do not reach most adolescents.

However, the high incidence among young people of unwanted pregnancies and STDs, including HIV/AIDS, has prompted many countries to take action. The UNFPA Field Inquiry suggests that some 55 countries took such measures as the inclusion of adolescent reproductive health in youth and national health plans and the development of policies and guidelines for adolescent reproductive health. Nongovernmental

organizations have proven to be effective partners in providing necessary information and services to young people in many countries.

Adolescent reproductive health triggered heated debate at the UN Special Session. The document containing the key actions for the further implementation of the Programme of Action includes ten actions urging governments to make every effort to implement the Programme of Action goals in regards to adolescent sexual and reproductive health. There was an advance in the language since Cairo in that the new agreement calls for the governments to provide confidential "services to address effectively their reproductive and sexual health needs," respecting "*their* cultural values and religious beliefs," emphasizing the identity and rights of young people themselves. Furthermore, the governments are urged to "[i]nclude at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including reproductive health issues." The donor countries and the United Nations system were in turn called upon to complement the efforts of developing countries "to mobilize and provide adequate resources" to respond to the needs of adolescents.

Reproductive Rights of Refugees

Since the ICPD, provision of reproductive health care for women and adolescents in emergency situations—groups previously largely ignored—has been increasingly guaranteed. In 1995, an Inter-Agency Working Group was established under the coordination of the United Nations High Commissioner for Refugees (UNHCR) in collaboration with UNFPA, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the International Federation of Red Cross and Red Crescent Societies, and various NGOs to organize and facilitate reproductive health services in emergency situations. The Working Group developed a Minimum Initial Service Package of material resources necessary to implement services, including essential drugs and supplies and basic surgical equipment.[4] UNFPA used its stockpile of emergency reproductive health kits in April 1999 to provide reproductive health assistance

to the hundreds of thousands of people fleeing the conflict in Kosovo to camps in Albania. The recognition of reproductive and sexual rights of refugees were further reinforced during the five-year review. At the UN Special Session, government representatives agreed to give special attention "to the specific needs of the refugee women, children and the elderly refugees" and provide them with reproductive and sexual health services, among other basic social services.[5]

A Way Forward: Key Future Actions

The UN Special Session in 1999 agreed on the need for action in several categories: population and development; reproductive rights and health; gender equality, equity and empowerment of women; partnerships and collaboration; and mobilization of resources. The government representatives recognized that the HIV/AIDS situation is worse than what had been anticipated by the ICPD and strongly expressed their commitment to take "urgent action" to tackle the problem. Similarly, they reaffirmed their commitment to "ensure that the reduction of maternal morbidity and mortality is a health sector priority" and that the reduction of maternal mortality and morbidity "should be prominent and used as an indicator for the success of such reform." Nearly a full day was devoted to the discussion on one paragraph on abortion. Abortion is again treated as a health problem, and the approved key future actions also address the consequences of illegal or unsafe abortion on the health of women. It is accepted that the way to avoid abortion is to provide access to family planning and contraceptive methods, but services must also be accessible and in an environment that enables women to use them effectively. Reflecting the renewed commitments, the five-year review agreed on new benchmarks in the area of reproductive and sexual health:

- By 2005, 60% of primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods; essential obstetric care; prevention and management of reproductive tract infections, including STDs; and barrier

methods to prevent infection. Eighty percent of facilities should offer such services by 2010, and all should do so by 2015.

- At least 40% of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80% globally, by 2005; these figures should be 50% and 85% respectively by 2010 and 2060 and 90% by 2015.
- Any gap between the proportion of individuals using contraceptives and the proportion expressing a desire to space or limit their families should be reduced by 50% by 2001, 75% by 2010, and 100% by 2015. Recruitment targets or quotas should not be used in attempting to reach this goal.
- To reduce vulnerability to HIV/AIDS infection, at least 90% of young men and women aged 15–24 should have access to preventive methods—such as female and male condoms, voluntary testing, counseling, and follow-up—by 2005 and at least 95% by 2010; HIV infection rates in persons 15–24 years of age should be reduced by 25% in the most affected countries by 2005 and globally by 25% by 2010.

The ICPD+5 review confirmed the strong commitment of countries and international organizations to the Programme of Action. Five years after the ICPD, all countries have taken some steps to ensure access to sexual and reproductive health information and services, including the four central components of family planning, maternal health, prevention and treatment of sexually transmitted diseases, and prevention and treatment of HIV/AIDS. Many countries have adopted the ICPD definition of reproductive health and are moving towards a client-centered approach to meeting reproductive health needs. In some countries, implementation is moving rapidly ahead.

However, the need to ensure the reproductive rights of individuals, especially women and girls, is as pressing today as it was in 1994. Some 600,000 women die needlessly each year as a result of pregnancy.[6] Of the nearly 130 million births each year, more than 60 million are not assisted by

trained attendants.[7] Over 350 million women do not have a choice of safe and effective contraceptive methods.[8] Millions of women suffer the impact of rape, incest, and domestic violence; more than half of all women will suffer some form of gender-based violence at some time in their lives.[9] Two million girls and young women are at risk of FGM each year, and an estimated 130 million are already affected by the practice.[10] The goals of the ICPD are universally accepted as necessary to promote human rights and personal well-being, fight poverty, and improve national and global security. Yet funding is falling short and is far behind the total of $17 billion from all sources foreseen for the end of the century. As of 1997, the contribution of industrialized countries to population and reproductive health programs had reached $1.9–2.0 billion, and developing countries contributed about $7.7 billion. There was no improvement in 1998, and none is foreseen for 1999.

This shortfall will mean continued high rates of unwanted pregnancy, abortion, and maternal and child deaths; a faster spread of HIV/AIDS; limited progress towards realization of human rights; less equality in health; and stabilization of the world population at a later date, with all the consequences this may have.

A few industrialized countries, including Denmark, the Netherlands, Norway, and Sweden, are meeting the internationally agreed-upon target level for development assistance of 0.7% of GNP; others like the United Kingdom and Germany have promised to do so. But some of the biggest donor countries remain far below the target. Countries are now urged, once again, to translate their commitment into concrete actions, including mobilizing the resources required to promote and protect the reproductive rights of all people.

References

1. A comprehensive analysis of the ICPD+5 review is found in The State of World Population Report 1999 (New York: UNFPA, 1999). This commentary is primarily based on this report and other UNFPA publications.
2. The results of the UNFPA Field Inquiry are compiled in Report of the 1998 UNFPA Field Inquiry: Progress in the Implementation of the ICPD Programme of Action (New York: UNFPA, 1999).

The designations of "industrialized" and "developing" countries are used here for convenience and do not necessarily express a judgment about the stage reached by a particular country or area in the development process.

3. UNFPA, A Five-Year Review of the Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development: A Background Paper Prepared by UNFPA for The Hague Forum (New York: UNFPA, 1999).

4. UNFPA, Report of the Technical Meeting on Reproductive Health Services in Crisis Situations (3–5 November 1998) (New York: UNFPA, 1999).

5. Key Actions for Further Implementation of the Programme of Action of the International Conference on Population and Development. UN Doc. A/S-21/5/Add.1 (1999).

6. According to WHO and UNICEF's estimates, more than 585,000 women die each year as a result of pregnancy. At least 7 million women suffer serious health problems, and as many as 50 million suffer some health consequences after childbirth.

7. The statistic on the number of births per year is from the United Nations Population Division, *World Population Prospect: The 1998 Revision* (New York: United Nations, 1998). The statistic on unassisted births is from the World Health Organization.

8. UNFPA, *The State of World Population 1997* (New York: UNFPA, 1997).

9. "Ending Violence Against Women," *Population Reports*, Series L, No. 11 (December 1999).

10. WHO, *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement* (Geneva: WHO, 1997).