



## Global Partners in Action:

# NGO Forum on Sexual and Reproductive Health and Development

Invest in Health, Rights and the Future

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[www.globalngoforum.org](http://www.globalngoforum.org)

## Policy Brief

### Policy and funding priorities for fulfilling the ICPD Programme of Action

At the 1994 United Nations International Conference on Population and Development (ICPD) in Cairo, the international community agreed to make sexual and reproductive health care universally available no later than 2015, and to uphold reproductive rights as human rights.

The ICPD offered a visionary plan; but 15 years on, political leadership and financial commitment have been inadequate.

- Worldwide, funding for family planning has halved since 1995: from US\$ 723 million in 1995 to US\$ 338 million in 2007. <sup>1</sup>
- Funding for reproductive health as a proportion of health aid dropped from 30% to 12% between 1994 and 2008. <sup>2</sup>
- Political opposition to the ICPD brought sexual and reproductive health and rights under sustained attack around the world. <sup>3</sup>

These trends not only show a lack of progress in realizing the ICPD vision – they seriously jeopardize work towards attaining the Millennium Development Goals (MDGs). This was confirmed by the Millennium Project, which recognized that “sexual and reproductive health (SRH) is linked particularly to the attainment of the health MDGs, but ... is also essential to gender equality and progress against poverty.” <sup>4</sup>

#### The cost of inaction

Today complications from pregnancy and childbirth remain the leading cause of death among young women in developing countries, where women are almost as likely to die as a result of pregnancy or childbirth as they were in 1990 (more than half a million women per year). For each woman who dies, 20 additional women suffer pregnancy-related disabilities. <sup>5</sup>

Linked to this is the continuing unmet need for family planning and modern contraceptives. More than 200 million women in the developing world would like to prevent or delay childbearing but are not using modern contraception. As a result, 76 million unintended pregnancies occur each year. <sup>6</sup> Also, history's largest generation of young people – 1.5 billion strong – is just entering its prime reproductive years, <sup>7</sup> which will further increase demand for family planning and contraception. A person's inability to decide on the number and spacing of children increases the risk of maternal death and disability, and makes it harder to invest in education, health and the future. <sup>8</sup> In addition, 340 million people acquire sexually transmitted infections every year; <sup>9</sup> some 33 million are living with HIV, four more people are infected every minute. <sup>10</sup>

Sexual and reproductive ill-health is largely preventable, yet it continues to stymie social and economic development in poor countries. The international community's failure to address this represents a violation of internationally recognized human rights to health and autonomy.

#### Recommendations

The ICPD goals are still attainable if policymakers and donors prioritize them now. To spur action, civil society leaders from more than 130 countries came together in Berlin in September 2009, at the Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development, to issue an urgent Call to Action to governments and donors to focus policy and funding on five priority areas:

- 1. Rights:** Guarantee that sexual and reproductive rights, as human rights, are fully recognized and fulfilled.
- 2. Health systems:** Invest in comprehensive sexual and reproductive health information, supplies and services as a priority in health system strengthening.
- 3. Youth:** Ensure the sexual and reproductive rights of adolescents and young people.
- 4. Civil society:** Create and implement formal mechanisms for meaningful civil society participation in programmes, policy and budget decisions, monitoring and evaluation.
- 5. Funding:** Ensure that national governments and donors allocate sufficient resources and budgets that meet the needs of all people's sexual and reproductive health and rights.



### The ICPD agenda is more urgent today than ever

As vital as the ICPD agenda was in 1994, it is even more so today as countries, communities, and individuals seek effective responses to financial, political, humanitarian and environmental crises, population issues, climate change, insufficient health resources, continuing high maternal mortality and morbidity and the spread of HIV, and inequality in ensuring human rights.

The Programme of Action recognized that comprehensive sexual and reproductive health, including voluntary family planning, is one of the most cost-effective routes for alleviating poverty, and is essential to addressing the social determinants of health between and within countries.

The ICPD created a global consensus which confirmed that the best way to improve global health and population policies, support sustainable development, advance human rights and help end poverty is to:

- Invest in health and rights for women and young people.
- Provide comprehensive sexual and reproductive health information, services and supplies for all people.
- Eradicate discrimination against girls and ensure access to all levels of education.
- Advance gender equality and equity and empower girls and women.

### The MDGs will not be achieved without fulfilling ICPD goals

The links between the ICPD's core principles and other aspects of development have been repeatedly affirmed by governments, for example, at the 21st session of the UN General Assembly in 1999, the World Summit Outcome in 2005, and in recommendations issued by the UN Human Rights treaty monitoring bodies.

Despite this, sexual and reproductive health was omitted from the MDGs. This critical oversight was recognized by world leaders and addressed to some degree with the belated addition of 'universal access to reproductive health' as a target under MDG 5 and the acknowledgement of its contribution to all of the MDGs.

We have clear evidence that sexual and reproductive health saves lives and makes a critical contribution to poverty reduction and development. Strengthening sexual and reproductive health and rights is a pressing global need, one on which the future of humankind may well depend.

### Call to Action

The Global NGO Forum on Sexual and Reproductive Health and Development in Berlin was a momentous opportunity for civil society organizations to make known the realities of the fight for health and rights in their countries. They came from more than 130 nations, with over two-thirds from the global 'South', and one-quarter under the age of 30 – ensuring that tomorrow's leaders had a voice in policy recommendations that affect their lives.

National and regional discussions, youth meetings, workshops and a host of other dynamic, participatory events resulted in one of the most inclusive and democratic fora ever held. As a result, the Berlin Call to Action represents the expert advice of civil society, based on their experiences implementing the ICPD Programme of Action and the challenges they have faced. It clearly states their top priorities for making the Cairo consensus a reality.

There are five years left to implement the ICPD Programme of Action and to achieve the MDGs. Civil society urgently calls on local, national and international decision-makers to join with NGOs to establish and implement concrete, practical, and fully funded actions for ensuring sexual and reproductive health and rights for all women, men and young people.

“[The ICPD Programme of Action] signalled an understanding that population is at last seen as part of the necessary investment in people, without which none of our development or environmental problems will be solved.”

– Fred Sai, M.D., Chair of the Board,  
Family Care International,  
Former Senior Population Advisor  
at the World Bank



### Five priority areas for policy and funding

Now is the time for donors and government leaders at all levels to accelerate implementation of the ICPD Programme of Action as fundamental to achieving equality and equity, human rights and social and economic development. Human beings cannot live in dignity without the full implementation of the ICPD Programme of Action.

The NGOs participating in the Global Partners in Action NGO Forum demand that all governments fulfil the commitments they made to their own people and the international community at Cairo in 1994, by immediately taking the following actions.

- 1. Guarantee that sexual and reproductive rights, as human rights, are fully recognized and fulfilled.** Reform laws and policies to protect and promote sexual and reproductive rights, which are central to achieving the highest attainable level of health. Repeal restrictive and punitive laws and policies which deny access to information and services for sexual and reproductive health and rights, as well as those which criminalize the transmission of HIV and abortion. These laws and policies should at the minimum comply with international human rights standards, treaties and conventions. These rights enable free and informed decisions over marriage, pregnancy, childbirth, contraception, sexuality, sexual orientation, pleasure and livelihood. Eradicate sexual and reproductive coercion, stigma, discrimination, harmful traditional practices and gender-based violence, particularly against women and girls.
- 2. Invest in comprehensive sexual and reproductive health information, supplies and services<sup>a)</sup> as a priority in health system strengthening.** We are deeply concerned with the consequences of unsafe abortion and maternal mortality, and as a result call for governments to address these as public health and human rights issues. Ensure equitable and affordable access for contraception, safe and legal abortion, skilled maternity and newborn care, including access and referral to pregnancy and delivery complications; prevention, diagnosis, treatment and care of HIV and AIDS and all other sexually transmitted infections, including in humanitarian crisis. All of these services must be available and fully funded throughout the health system, particularly in the public sector and at the primary health care level as well as taking into consideration the important role that NGOs play in providing complementary health services. Provide these services for all, ensuring quality, gender and age-sensitive healthcare and non-discrimination for low income and other marginalised groups. Service providers need to be non-judgmental and respect diversity. Support innovation, including the development of new technologies and service models, and access to scientific progress. We call upon governments to include objectives and indicators in the national health planning and budgeting process that ensure positive sexual and reproductive health and rights outcomes.
- 3. Ensure the sexual and reproductive rights of adolescents and young people.** Empower young people to make informed decisions about their life and livelihood in an environment that removes all barriers to accessing the full range of sexual and reproductive health information and services. Guarantee confidentiality and eliminate parental and spousal consent and age restrictions. Expand and allocate the resources needed to deliver effective, continuous, gender sensitive and youth-friendly services and evidence-based, timely, and comprehensive sexuality education. Acknowledge and respect the diversity of young people and collect age and gender disaggregated data.
- 4. Create and implement formal mechanisms for meaningful civil society participation in programs, policy and budget decisions, monitoring and evaluation.** Provide ongoing opportunities, especially for women and young people, to be full partners in the policy dialogue and decision-making processes. Increase funding and ensure autonomy for NGOs, especially women's organizations to expand and strengthen their work to inform, influence and advocate for sexual and reproductive health and rights. Repeal repressive laws regulating NGOs and enact and implement legisla-

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<sup>a)</sup> Reproductive health [...] implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this [is] the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. ...reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. ICPD Programme of Action, 7.2



tion that protects and facilitates their actions. Recognize and protect sexual and reproductive health and rights advocates as human rights defenders and foster meaningful leadership among women, young people and groups of people living in situations that increase their vulnerability.

- 5. Ensure that national governments and donors allocate sufficient resources and budgets that meet the needs of all people's sexual and reproductive health and rights.** Particularly in times of economic crisis, we strongly urge all donors to meet their commitments to overseas assistance and provide full funding that is predictable and long-term. Ensure funding mechanisms include sexual and reproductive health and rights policies and services. Establish and implement concrete, practical, and fully funded actions for ensuring sexual and reproductive health and rights. Strengthen and harmonize people-centered, economically and environmentally sustainable policies. Prioritize sexual and reproductive health and rights as a critical component of economic and social justice, health and development.

**We ask you to adopt the following principles in taking action:**

- **Equity and equality.** The ICPD Programme of Action and MDGs cannot be achieved without equity and equality, therefore actions must always be designed and monitored to foster equity, participation and representation;
- **Inclusiveness and transparency.** All stakeholders, including the NGOs making this statement, will work in partnership to ensure that priority actions are taken and have an impact.
- **Accountability and sustainability.** All stakeholders—policymakers, donors and civil society – are committed to achieving the ICPD Programme of Action and to ensure sexual and reproductive health and rights.
- **Democratic processes and policies free from fundamentalisms and other doctrines that restrict human rights.**

As NGOs, we will promote the Berlin Call to Action in our own countries and communities.

We will work in partnership with governments, bilateral and multilateral agencies and policymakers and others to ensure its timely implementation.

And we will hold governments accountable for the full realization of the ICPD Programme of Action.

- <sup>1</sup> UNFPA. 2009. Report of the Secretary General on the Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development, 42nd Session of the Commission on Population and Development.
- <sup>2</sup> UNFPA. Family planning and reproductive health have fallen off global development radar—World Bank, UNFPA. July 1, 2009. <http://www.unfpa.org.ph/news/family-planning-and-reproductive-health-have-fallen-globaldevelopment-radar-%E2%80%95-world-bank-unfpa> (accessed Aug 25, 2009).
- <sup>3</sup> Goldberg M. The means of reproduction: sex, power, and the future of the world. New York, NY: The Penguin Press, 2009.
- <sup>4</sup> UN Millennium Project. 2006. Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. New York: UN
- <sup>5</sup> Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action, UNFPA and Population Reference Bureau, UNFPA, 2009 <http://www.unfpa.org/public/publications/pid/3698>
- <sup>6</sup> Alan Guttmacher Institute, Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care, Guttmacher Institute, New York, 2004, p.18 <http://www.guttmacher.org/pubs/addingitup.pdf> (accessed Aug. 19, 2009)
- <sup>7</sup> United Nations Population Fund (ND) Support Adolescents and Youth. [www.unfpa.org/adolescents/index.htm](http://www.unfpa.org/adolescents/index.htm) Accessed 12 July 2008.
- <sup>8</sup> United Nations. The Millennium Development Goals Report 2008, New York: UN
- <sup>9</sup> Glasier, A. et al. (2006) 'Sexual and reproductive health: a matter of life and death', The Lancet, Volume 368, Issue 9547:1595–1607.
- <sup>10</sup> UNAIDS, "2008 Report on the Global AIDS Epidemic," [www.unaids.org/en/KnowledgeCentre/HIVData.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData.asp) (accessed July 28, 2009)