



www.figo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

EDITORIAL

Reproductive and sexual health rights: 15 years after the International Conference on Population and Development

For the past 15 years, the World Report on Women's Health has been published in the *International Journal of Gynecology and Obstetrics* (IJGO) every 3 years to mark the occasion of the FIGO World Congress. The topic of the 2006 World Report was promoting partnerships to improve access to women's reproductive and sexual health. It is fitting that, following the International Conference on Population and Development (ICPD) held in Cairo in 1994, the 2009 World Report addresses reproductive and sexual health rights 15 years after this significant conference took place.

Despite some of the progress made in achieving reproductive and sexual health rights in many countries, many agenda items from the ICPD Programme of Action remain unfinished, and these are now emphasized in the health-related Millennium Development Goals (MDGs) 4, 5, and 6.

The estimated number of maternal deaths is almost unchanged since 1990. Maternal mortality has fallen by less than 1% annually between 1990 and 2005—far below the 5.5% annual decline necessary to achieve MDG 5, and with the annual decline in Sub-Saharan Africa at 0.1%. Unsafe abortion contributes to 13% of maternal deaths [1]. Today, family planning prevents 187 million unintended pregnancies each year, including 60 million unplanned births and 105 million abortions [2]; it saves 140 000–150 000 lives a year and averts 15 million injuries and disabilities related to pregnancy and childbirth. However, only 63% of women of childbearing age in low-resource countries use a method of family planning [3] and 120–150 million women have an unmet need for family planning [4]. Prevalence of contraception varies widely among countries, from as low as 3% in Chad, 49% in India, and 90% in China [5]. Every year an estimated 340 million people contract a sexually transmitted infection. According to the 2008 report of the Joint United Nations Program on HIV/AIDS (UNAIDS), by the end of 2007 an estimated 33.2 million people were living with HIV, of whom 2.1 million were children and 2.1 million died of AIDS. As many as 6800 people are newly infected with HIV every day because of poor access to affordable proven interventions to prevent HIV transmission; while only about 2700 additional people receive antiretroviral therapy each day. Despite progress, antiretroviral therapy coverage remains low—only 31% of people in need received it in 2007. That same year, an estimated 2.5 million people were newly infected with HIV. Although mother-to-child transmission has been almost entirely preventable for years, only one-third of infected pregnant women receive antiretroviral drugs to prevent transmission, and even fewer receive medications for their own health [6].

It is now more than 60 years since the fundamental human right to health was first codified in the Universal Declaration of Human Rights of the United Nations General Assembly in 1948 [7]. Article 25 states that “Everyone has the right to a standard of living adequate for the

health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services... Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection” [7].

The Constitution of the World Health Organization declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition [8]. It also declares that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Reproductive health should encompass this principle in all matters relating to the reproductive system and to its functions and processes. Similarly, sexual health is a state of complete physical, emotional, mental, and social well-being in relation to sexuality and is not merely the absence of disease, dysfunction, or infirmity. Women have the right to a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

Held in Cairo, Egypt, from September 5–13, 1994, the ICPD articulated the need to address population and reproductive health issues to eradicate poverty and improve the quality of life for all people within a human rights framework [9]. The human rights movement embraced the concept of reproductive and sexual health rights at this significant congress. The participating 179 countries agreed that empowering women and meeting the individual's needs for health, including reproductive and sexual health, are central to achieving sustainable economic, social, and environmental development. The ICPD Programme of Action set a number of goals and objectives to be attained by 2015 [9]. These included universal access to comprehensive reproductive and sexual health services, including family planning and sexual health; reductions in infant, child, and maternal mortality; universal access to basic education, especially for girls; and gender equality and women's empowerment.

The United Nations Millennium Declaration adopted the MDGs at the Millennium Summit in 2000; these goals represent a commitment of 189 member states recognizing that gender equality and women's empowerment are central to achieving sustainable development by means of combating poverty, hunger, and disease [10].

The original MDGs did not explicitly include the goal of access to reproductive and sexual health by 2015. Reproductive and sexual health rights were highlighted in the Millennium Project Report to the UN Secretary General in 2005: *Investing in Development, A Practical Plan To Achieve The Millennium Development Goals* [11]. The report called for reproductive and sexual health to be included in national, regional, and international poverty reduction issues and stated that reproductive and sexual health are essential for reaching the development goals. At the

World Summit in 2005, heads of governments called for the introduction of a new target on reproductive and sexual health. This was subsequently introduced by the UN Secretary General in his report to the General Assembly in 2006 as a target in the monitoring of the MDGs, which paves the way for faster progress. The target echoes the goal of universal access to reproductive health by 2015.

The 2009 World Report is dedicated to reproductive and sexual health rights, with the objective of scaling up reproductive and sexual health services as a human right of women around the world and underlining that the poorest and underserved women in low- and middle-income countries have least access to the necessary or basic information and services. Reproductive and sexual ill health accounts for an estimated one-third of the global burden of disease and early death in women of reproductive age (15–44 years) [12].

The Report consists of 5 chapters comprising 23 articles addressing reproductive and sexual rights. A large number of renowned scientists, obstetricians and gynecologists, researchers, women's group leaders, parliamentarians, ethicists, and key persons of concerned United Nations organizations have contributed. The topics were carefully selected to highlight some areas where progress has been made and shortages still exist in achieving women's reproductive and sexual rights 15 years after the ICPD Programme of Action was adopted. Recent reports from *Countdown to 2015* show that only 16 of 68 priority countries—with 97% of maternal and child deaths worldwide—are on track to achieve MDGs 4 and 5. Other countries have stalled, or in some cases, have actually regressed [13].

In chapter one the first article discusses the current indicators of reproductive and sexual health rights around the world, with particular reference to low- and middle-income countries. It shows that many governments have broadened programs to reach people in need of services and integrated reproductive and sexual health within primary health care. It emphasizes that the ICPD goals and health-related MDGs are essential for development and are within reach. Success is possible with commitment among partners and obstetricians and gynecologists have an important influence on success as service providers, trainers, mentors, and advocates for reproductive and sexual rights.

The second article in this chapter highlights that, 15 years after ICPD, some conservative, religious, and political forces continue to resist the implementation of several means of protecting and advancing reproductive and sexual health rights. It reviews recent decisions of international and national tribunals tracing the growing recognition of the human right to reproductive and sexual health and to the services on which the right depends.

The second chapter addresses safe motherhood and newborn health. It covers ethical issues and the FIGO initiatives in this regard. It also covers rights for protection from maternal illness and the right to a healthy newborn. Lack of emergency obstetric care is one of the main causes of maternal mortality and the chapter includes articles on rights to emergency obstetric care and rights to safer childbirth and minimum standards for organization and delivery of care in labor. Prevention of neonatal and infant mortality and protection from female genital mutilation and its medicalization have also been addressed.

The third chapter is devoted to sexual health. It covers rights to sexuality education for adolescents and youth and rights to youth-friendly sexual health services. It also covers rights to protection from and treatment of HIV/AIDS. Cervical cancer is the leading cause of death from gynecological malignancy in low-income countries. The right to protection from HPV, the underlying cause of cervical cancer, is also addressed. Gender-based violence is prevalent in many parts of the world, in both high- and low-income countries, and this chapter contains an article covering this topic. The chapter also contains an article covering the sexual and reproductive health rights of couples in countries with low fertility. A highlight of the chapter is an article discussing sexual rights and gender roles in a religious context and scholars representing various faiths have contributed.

The fourth chapter is devoted to fertility regulation. It covers rights to family planning and new technologies, emergency contraception, and protection from unsafe abortion. For a successful family planning program and adoption of small-sized family norms, the issue of involuntary infertility becomes more pressing. Couples who are urged to postpone, delay, or widely space pregnancies should be reassured that they will be helped to achieve pregnancy should they decide to do so. The physical and the psychological burden the infertile couple experiences and the financial cost couples are willing to pay, if they can afford it, attest to the high ranking of infertility as a perceived burden of disease, which should be alleviated by all means including assisted reproductive technology [14]. The chapter includes articles on rights to protection of fertility and prevention and treatment of infertility, including assisted reproductive technology in low-resource countries.

The 30th World Health Assembly (WHA 1977) adopted the Health for All 2000. It indicated that the main social goal of governments and the WHO in the coming decades should be attainment, by the year 2000, of a level of health that would permit all people of the world to lead a socially and economically productive life. The Alma-Ata Declaration of 1978 underlined the importance of a primary healthcare approach. The signatories recognized health as a political issue related to questions of socioeconomic justice. The 51st World Health Assembly in 1998 recognized that insufficient political commitment, slow socioeconomic development, difficulty in achieving intersectoral action for health, rapid demographic and epidemiological changes, and natural and man-made disasters are the main causes preventing the achievement of health for all by 2000.

The fifth and final chapter addresses some of the factors that have hampered expected progress in achieving the ICPD goals and health-related MDGs in reproductive and sexual health. Progress in achieving reproductive and sexual health rights, particularly in low-income countries, has often struggled because of lack of qualified health professionals to deliver the service when it is available. The shortage of qualified healthcare personnel is the bottleneck preventing the delivery of health aid provided by donating agencies and high-income countries to low-income countries. The “brain drain” of healthcare professionals from these countries has further exaggerated the problem. There is a direct relationship between the ratio of health workers to population and maternal and newborn survival [15]. Africa is particularly affected and has lost skilled health workers to AIDS and emigration. Africa needs an additional 700 000 midwives and 167 000 doctors by 2015 to attain the MDG maternal and newborn health targets [4]. Migration, voluntary or involuntary, due to armed conflict in increasing areas has become a common phenomenon. Migrants often suffer discrimination and the feminization of migration has resulted in double discrimination against women. The role of politicians/parliamentarians in promoting reproductive and sexual rights is also addressed in this chapter. Obstetricians and gynecologists must work closely with NGOs, professional organizations in advocacy, and women's groups to implement the ICPD Programme of Action and to achieve the health-related MDGs. The last article in this chapter highlights the role of women's groups and professional organizations in advocating for reproductive and sexual rights.

The WHO Reproductive Health Research division has indicated that the core elements for improvement include improving prenatal, delivery, post partum, and newborn care; providing high-quality services for family planning including infertility services; eliminating unsafe abortion; combating sexually transmitted infections including HIV, reproductive tract infections, cervical cancer, and other gynecological morbidities; and promoting sexual health. It identified 6 areas of action including strengthening the capacity of health systems, improving the information base for priority settings, mobilizing political will, creating supportive legislation and regulatory frameworks, and strengthening, monitoring, evaluation, and accountability [16].

The 2009 World Report provides the reader with a comprehensive and concise overview of what has been achieved in women's reproductive and sexual health rights since the ICPD, unmet needs, obstacles, and the feasible actions in the countdown to 2015 as outlined in the ICPD Programme of Action and the health-related MDGs. The July 2008 Summit Declaration of the G8 countries called for reproductive health to be "widely accessible," for closer links between HIV/AIDS and family planning programs, and strengthening of health systems. It is hoped that the latest global economic crisis will not negatively impact the commitments of rich countries to reproductive and sexual health programs in low-resource countries to reduce mortality and improve the quality-of-life of women and newborns around the world.

References

- [1] Cohen SA. New data on abortion incidence, safety illuminate key aspects of worldwide abortion debate. *Guttmacher Policy Review* 2007;10(4):2-5.
- [2] Lule E, Singh S, Chowdhury S. Fertility Regulation Behaviours and Their Costs: Contraception and Unintended Pregnancies in Africa and Eastern Europe & Central Asia. Washington DC: World Bank; 2007.
- [3] United Nations. World Contraceptive Use 2007 (wallchart). New York: UN Department of Economic and Social Affairs, Population Division; 2007. Available at: <http://www.un.org/esa/population/publications/contraceptive2007/contraceptive2007.htm>. Accessed March 6, 2009.
- [4] Obaid TA. Fifteen years after the International Conference on Population and Development: What have we achieved and how do we move forward? *World Report on Women's Health 2009*. *Int J Gynecol Obstet* 2009;106(2): doi:10.1016/j.ijgo.2009.03.017
- [5] UNFPA. State of World Population 2008. New York: UNFPA; 2008. Available at: <http://www.unfpa.org/swp/>. Accessed March 6, 2009.
- [6] UNAIDS. Report on the global AIDS epidemic 2008. Geneva: UNAIDS; 2008. Available at: http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp1_10_en.pdf. Accessed March 6, 2009.
- [7] United Nations. Universal Declaration of Human Rights. Available at: <http://www.unhcr.ch/udhr/>. Accessed March 6, 2009.
- [8] World Health Organization. Constitution of the World Health Organization; 1946. Available at: http://www.who.int/governance/eb/who_constitution_en.pdf. Accessed March 9, 2009.
- [9] United Nations. International Conference on Population and Development, 5-13 September, 1994. Summary of the Programme of Action. Available at: <http://www.unfpa.org/icpd/summary.cfm>.
- [10] United Nations. Millennium Declaration. The Millennium Summit, 6-8 September 2000, New York. Available at: <http://www.un.org/millennium>. Accessed March 6, 2009.
- [11] United Nations. UN Millennium Project 2005. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. Available at: <http://www.unmillenniumproject.org/reports/index.htm>. Accessed March 6, 2009.
- [12] World Health Organization. WHO estimates of disability adjusted life years (DALYs) by sex, cause and WHO mortality sub-region. Available at: <http://www.who.int/whosis/en/>.
- [13] Countdown Coverage Writing Group; Countdown to 2015 Core Group, Bryce J, Daelmans B, Dwivedi A, Fauveau V, et al. Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking coverage of interventions. *Lancet* 2008;371(960):1247-1258.
- [14] Fathalla MF. Current challenges in assisted reproduction. In: Vayena E, Rowe PJ, Griffin PD, editors. *Current Practices and Controversies in Assisted Reproduction*. Geneva, Switzerland: World Health Organization; 2002. p. 3-12.
- [15] World Health Organization. The global shortage of health workers and its impact; April 2006. Fact Sheet No. 302, Available at: <http://www.who.int/mediacentre/factsheets/fs302/en/index.html>.
- [16] World Health Organization. Department of Reproductive Health and Research 2006. Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. Geneva: WHO; 2006. WHO/RHR/04.8.

Gamal I. Serour

*International Islamic Center for Population Studies and Research,
Al-Azhar University, Cairo, Egypt
and The Egyptian In Vitro Fertilization and Embryo Transfer Center,
Maadi, Cairo, Egypt
E-mail address: giserour1@link.net.*