Policy Recommendations for the ICPD Beyond 2014:

Sexual and Reproductive Health & Rights for All

High-Level Task Force for **ICPD**

RIGHTS, DIGNITY & HEALTH FOR ALL

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The High-Level Task Force for the International Conference on Population and Development (ICPD) envisions a world where all women and men, adult and young, have equal opportunities, freedoms and choices to forge their own life aspirations and destinies.

The High-Level Task Force for the ICPD is a group of eminent and distinguished leaders acting in their individual capacities, with a record of service as heads of state, ministers and parliamentarians, civil society, private sector and philanthropic leaders. Co-chaired by former Presidents Joaquim Chissano of Mozambique and Tarja Halonen of Finland, the Task Force was established to provide a bold, progressive voice for advancing sexual and reproductive health and rights, gender equality and the empowerment of women and young people, especially for those living in poverty and otherwise marginalized. Its mission is to galvanize political will to close gaps in ICPD implementation, advance a forward-looking agenda and ensure that these issues are secured as priorities in the Post-2015 Development Agenda.

The ICPD at Twenty: An Unfinished Agenda

The visionary and groundbreaking Programme of Action adopted by 179 governments at the International Conference on Population and Development (ICPD) held in Cairo in 1994 placed the human rights of women, including their reproductive rights and health, at the center of population and sustainable development.

Nearly twenty years later, the urgency and relevance of ensuring full implementation of the Cairo goals still stand. The Programme of Action has inspired policies and programmes in many countries that have improved millions of lives, but critical gaps and emerging issues that perpetuate discrimination, exclusion and inequality remain unresolved. Forging a forward-looking agenda for the fulfillment of sexual and reproductive health and rights for all is paramount to securing the human rights and dignity, freedoms and well-being of individuals, families, communities and nations across the world. Failure to accelerate implementation and move forward on the ICPD promise continues to undermine efforts to reduce poverty and achieve equitable social, economic and environmental development.

Stark Realities - Health & Lives at Stake

The case for investing in sexual and reproductive health and rights has been made for decades. Yet despite considerable progress, sexual and reproductive health problems continue to needlessly afflict the lives of millions of women, men and young people. Meanwhile, most of these are entirely avoidable through proven, high impact and cost-effective measures.

The facts speak for themselves:

- **Every day, 800 women die due to preventable pregnancy and childbirth-related complications** at the prime of their lives, mostly in Africa and South Asia.[1] For each woman who dies, 20 more suffer serious injuries or permanent disabilities.[2]
- An estimated **222 million women in the developing world are not using a modern method of contraception** but would like to prevent pregnancy—resulting in 80 million unintended pregnancies, 30 million unplanned births and 20 million unsafe abortions.[3] Globally, the contraceptive prevalence rate for use of modern methods is 57%, while in the least developed countries it is as low as 30%.[4]
- **One in three girls in developing countries will be married without their consent** before they are 18 years old.[5]
- **Every year, 16 million adolescent girls give birth.**[6] **Maternal mortality is the leading cause of death** for this age group in low and middle-income countries.[7]
- Despite progress, **34 million people are currently living with HIV or AIDS, with 2,400 young people infected every day.**[8]
- An estimated **499 million new cases of curable sexually transmitted infections** occur annually.[9]
- **As many as 7 in 10 women experience physical and/or sexual violence in their lifetimes,** and the first sexual experience of up to one third of them is forced.[10]
- **Adolescent girls and young women are especially at risk of violence.** Up to 50% of sexual assaults are committed against girls under 16;[11] 60 million girls are child brides;[12] and 140 million women and girls have undergone female genital mutilation, which is most often practiced before the age of 15.[13]

Sexual and reproductive health and rights are a matter of social justice, equality and equity: the gravest costs and consequences fall disproportionately on women and adolescent girls, and communities living in poverty. These problems perpetuate cycles of poverty and exacerbate social and economic inequalities, representing a significant share of the global burden of disease for women.[14] Furthermore, beyond the personal and emotional anguish to individuals and families, out-of-pocket costs for health care and productivity losses that stem from the neglect of these rights and health issues also push poor families deeper into poverty.[15]

Women, young people and especially marginalized groups pay the highest price for existing inequities. Pervasive gender discrimination and violence against women and girls violates their human rights and limits their freedoms and decision-making in public and private life—even to make decisions about their own bodies. The ability of young people—especially adolescent girls—to make informed, responsible and healthy choices about their lives and to know their rights are severely constrained. Social taboos and norms about sexuality and gender prevent young people from obtaining the necessary information and services for their self-care and well-being, for avoiding violent situations, and for their personal development.

Many other groups across the world face especially acute risks to their well-being and dignity, including their sexual and reproductive health, due to structural inequities, neglect, threats, abuse and violence, merely due to aspects of their identity and lesser power in society. These risks are faced by people living with HIV/AIDS or disabilities, migrants, domestic workers, girls and women victims of trafficking, unmarried mothers, widows, those belonging to ethnic, linguistic or other minority groups, because of their choice of occupation in the sex industry to make a living, or because of their sexual orientation or gender identity, among other groups. Entrenched gender discrimination and stereotypes, violence and inequality, as well as distortion of social, religious and cultural values, are all underlying causes of poor sexual and reproductive health that thwart progress, but which remain largely unaddressed.

"...too many people around the world still do not have the ability and right to have control over basic facets of their lives. These fundamental freedoms and human rights should be enjoyed equally by everyone everywhere."

Simply put, twenty years since the adoption of the ICPD Programme of Action, too many people around the world still do not have the ability and right to have control over basic facets of their lives. These fundamental freedoms and human rights should be enjoyed equally by everyone everywhere. This unjust and unacceptable situation needs to guide the global community as it looks to close gaps in implementation and craft a forward-looking ICPD agenda. A vision of inclusive development for all that is genuinely rooted in equality, dignity and social justice demands nothing less.

Key Recommendations for Action

As the international community takes stock of implementation of the ICPD Programme of Action and marks its twentieth anniversary, the High-Level Task Force for the ICPD calls for intensified political will and investments to make sexual and reproductive health and rights a reality for all, with a focus on these crucial areas of the 'unfinished Cairo agenda':

1. Respecting, protecting and fulfilling sexual and reproductive rights for all through enabling public education and legal and policy reforms
2. Achieving universal access to quality, comprehensive and integrated sexual and reproductive health information, education and services
3. Ensuring universal access to comprehensive sexuality education for all young people
4. Eliminating violence against women and girls and securing universal access to critical services for all victims/survivors of gender-based violence

What are sexual and reproductive rights?

Sexual and reproductive rights are fundamental human rights. They are the rights of everyone to make free, informed and responsible decisions and have full control over very basic aspects of one's private life—one's body, sexuality, health, relationships, and if, when and with whom to marry and have children—without any form of discrimination, stigma, coercion or violence. This includes rights to enjoy and express one's sexuality, be free from interference in making personal decisions about sexuality and reproductive matters, and to access sexual and reproductive health information, education and services.

Sexual and reproductive rights embrace human rights that are already recognized in international, regional and national legal frameworks, standards and agreements. They include the rights of all to:

- life, liberty, and security of the person;
- equality and non-discrimination before the law;
- freedom from torture and from cruel, inhumane or degrading treatment or punishment;
- bodily integrity;
- information and education;
- privacy;
- the highest attainable standard of health and the benefits of scientific progress;
- marry and to do so with the free and full consent of the intending spouses;
- found a family, and to equality within marriage and the family;
- decide the number, timing and spacing of one's children; and,
- freedom of opinion and self-expression.

1. Respecting, protecting and fulfilling sexual and reproductive rights for all through enabling public education and legal and policy reforms

Sexual and reproductive health and rights are human rights first and foremost. They are also essential foundations for building just, healthy and vibrant societies and economies. Worldwide, however, these essential aspects of human rights and human dignity are too often ignored, neglected or violated, or met outright with abuse, violence or persecution.

Key actions to further equality and the protection and fulfillment of these fundamental human rights include:

- **Supporting community mobilization and public education campaigns on human rights and laws related to sexual and reproductive rights,** with a view to fostering understanding of human sexuality as a positive aspect of life and creating a culture of acceptance, respect, non-discrimination and non-violence. This involves eliminating gender stereotypes and discrimination in relation to sexuality and reproduction; raising awareness of the consequences and root causes of harmful practices, such as early and forced marriage and female genital mutilation; and engaging men and boys as positive agents of change for achieving gender equality, sexual and reproductive health and rights and ending violence against women and girls. Policy-makers, parliamentarians, law enforcers, educators, health providers, employers and the private sector, and journalists, among others, all have key roles to play in creating an enabling environment for the equal protection and enjoyment of these rights.

- **Amending, enacting or repealing laws and policies to respect and protect sexual and reproductive rights** and enable all individuals to exercise them without discrimination on any grounds, regardless of age, sex, race, ethnicity, class, caste, religious affiliation, marital status, occupation, disability, HIV status, national origin, immigration status, language, sexual orientation or gender identity, among other factors.

Key measures recommended are:

- ***Criminalizing sexual violence and ending impunity of perpetrators,*** whether in peacetime or as a tactic of warfare in conflict situations, including rape, date rape, marital rape, child sexual abuse and incest, and human trafficking, as well as that perpetrated against especially vulnerable groups, such as domestic workers, migrants and sex workers, or based on real or perceived sexual orientation or gender identity.

- ***Eliminating early and forced marriage and female genital mutilation within a generation,***[16] including through advocacy and awareness-raising campaigns, by educating parents, family members, communities, local and religious leaders and girls and boys about the harmful consequences of these practices and the importance of keeping girls in school, and by ending gender disparities in the legal age of marriage and raising and enforcing the minimum legal age of marriage where needed.

- ***Revising laws and policies and removing barriers that undermine the reproductive rights of women and adolescent girls,*** in particular by prohibiting the following:
  - denial of sexual and reproductive information and health care;
  - laws requiring the consent of parents, spouses or medical practitioners that limit women's and adolescent girls' access to health services;
  - employment discrimination based on pregnancy or motherhood;
  - the expulsion of girls from school due to pregnancy, motherhood or marital status;
  - forced sterilization and forced abortion, including of women living with HIV, indigenous women, or women with disabilities; and,
  - mandatory testing for pregnancy or HIV.

- ***Repealing laws containing punitive measures against women and girls who have undergone illegal abortions,*** including removing requirements for health providers to report women suspected of having undergone illegal abortion in order to ensure they are not deterred from seeking life-saving care; ending imprisonment of women and health personnel and applying a moratorium on the application of criminal laws to women and adolescent girls who have sought post-abortion health care. Restrictions on public funding for legal abortion should be removed where they exist. In addition, providers, as well as those who aid women in finding services, should be protected from harassment, threats and violence.[17]

- ***Revising policies and legislation to make abortion safe, accessible and legal*** to protect the human rights of women, to reduce maternal mortality and morbidity and to mitigate violence against women and its consequences.[18]

- ***Protecting the human rights of people living with HIV,*** by explicitly prohibiting discrimination based on HIV status or perceived status; ending restrictions for travel and work; preventing and eliminating violence against people living with HIV or AIDS; and repealing laws that criminalize HIV transmission, exposing others to HIV or not disclosing HIV status, including provisions that criminalize transmission during pregnancy and childbirth. All these measures only push the problem underground and keep people from accessing services, to the detriment of prevention efforts.[19]

- ***Revoking laws and banning practices that criminalize consensual adult sexual behaviors and relationships,***[20] including sexual relations outside of marriage, and by removing provisions criminalizing same-sex relations and voluntary adult sex work.

- ***Guaranteeing equality before the law and non-discrimination for all people, regardless of their sexual orientation and gender identity,*** in the exercise of their social, cultural, economic, civil and political rights, including in accessing social benefits and health services, educational and employment opportunities, in forming a family, in having their sexual and reproductive health and rights respected and protected, in fulfilling their right to self-expression, to seek and impart information, to freedom of organization and assembly, and to freedom from bullying, harassment and violence.[21]

Saving Women's Lives

The need for abortion will not go away. Unsafe abortion will continue to be a killer of women and adolescent girls, especially of those living in poverty who lack the financial means to seek a safe procedure. Even in circumstances where it is not against the law, abortion is too often not accessible, affordable or safe. For victims of rape and incest, the prospect of being forced to bear the offspring of their aggressors can be intolerable.

Women, Girls Imprisoned

Women and teenage girls, including mothers of young children, are punished and put in prison for doing nothing more than seeking care that can save their lives. Others are the silent victims of rape and incest, whose pregnancies are the result of sexual assault or domestic abuse. Many have unwanted pregnancies because they did not have access to a service as basic as contraception, including emergency contraception; others simply due to contraceptive failure.

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At the ICPD, the world promised not to remain silent about the public health impact of unsafe abortion. As country experiences show, legislation that expands access to abortion does not increase the recourse to abortion—but it can save lives.

2. Achieving universal access to quality, comprehensive and integrated sexual and reproductive health information, education and services

Despite considerable achievements towards reaching the goal of universal access to sexual and reproductive health, this critical objective remains unfulfilled and a major element of the 'unfinished agenda' of the ICPD.

The provision of integrated sexual and reproductive health services through the primary health care system remains a distant prospect. Service delivery has become fragmented, with the 'silos' for family planning, maternal health or HIV care often offered separately, rather than within the comprehensive, integrated approach originally envisioned in the Programme of Action. This is a disservice to the individuals and couples who need holistic, convenient 'one stop' access for their basic information and health needs. It also undermines health system effectiveness and efficiencies: Research shows that integrated services—in addition to improving health outcomes—can introduce cost-saving measures and encourage better use of health services.[22]

The **limited availability and/or affordability of basic services** is still a major challenge. Among many examples, contraceptives can be found out of stock for months at a time, especially in rural and remote areas, or with only limited options available.[23] Emergency contraception, a low-cost measure to prevent unwanted pregnancy and unsafe abortion,[24] is still far from being universally available or accessible.

Adolescents and youth have sexual and reproductive rights and related service needs, but they remain a huge underserved demographic group in most countries. Efforts to reach them effectively remain modest, even though they should be a priority for preventive information and services, for their own health and well-being, as well as because they are the world's future.

The realities of older persons' sexual and reproductive health and lives have become more widely understood, but information and services need to be better sensitized and equipped to cater to this expanding population group. As they age, women also experience the life-long effects of cumulative reproductive health problems, especially if they had poor access to health care, multiple pregnancies and inadequate support in childbirth.

Certain groups are especially stigmatized and fearful of the judgment and treatment they might receive if they seek information or services—including adolescents, unmarried young women and mothers, migrants, indigenous communities and those belonging to ethnic or sexual minorities, as well as sex workers, people living with HIV, and men who have sex with men, among others. Specific efforts are needed to reach these groups if services are to be truly inclusive and effective, and individuals need guarantees that their privacy and confidentiality will be respected.

Overly-medicalized or exclusively clinic-based approaches need to give way to a broader approach that helps to generate an enabling environment for people to know about and demand services. Particularly relevant is making services welcoming to women and young people, through community outreach and mobilization to break down stereotypes and related socio-cultural barriers. Services must be 'friendly' to all, in all their diversity, irrespective of their background or who they are.

Key components of the service package have been particularly neglected or increasingly emerged as priorities since the adoption of the ICPD Programme of Action. Millions of women who wish to prevent pregnancy are not using **effective contraception,** and women with unwanted pregnancies are left little recourse. **Unsafe abortion** remains a leading cause of maternal mortality and morbidity—the cause of 13% of all maternal deaths—fatalities which are avoidable with timely, quality health care.[25] Though one of the safest medical procedures, **access to safe abortion remains restricted.** Even where legal, such services may be unavailable, unsafe or too expensive. Even in cases of rape and incest or to save the woman's life, administrative procedures and hurdles oblige women and adolescent girls to experience delays, indignities and death, despite the letter of the law. Breast and cervical cancers have emerged as leading killers of women globally.[26] Given medical advancements, prevention as well as detection and treatment of **breast and cervical cancers** are more plausible today than twenty years ago. **Violence against women and girls** afflicts hundreds of millions of lives around the world. Much remains to be done for sexual and reproductive health services to maximize the significant role they can play in prevention and response.

In fulfilling the Cairo promise of universal access, particular attention should be paid to ensuring the availability, accessibility, affordability and quality of such services throughout the life-cycle, by taking the following actions:

- **Accelerating the provision of an essential comprehensive, integrated package of sexual and reproductive health information and services through the primary health care system.**

Such services should include:

- counseling and services related to family planning and a full range of modern contraceptive methods;
- maternity care, including antenatal care, skilled birth attendance, emergency obstetric and post-partum care;
- prevention, diagnosis, voluntary counseling and treatment of sexually transmitted infections and of HIV/AIDS;
- compassionate counseling and services for the management of unsafe abortion complications;
- access to safe abortion services;
- screening, services and/or referrals for cases of sexual and gender-based violence;
- non-judgmental information on human sexuality;
- prevention, early detection and referrals for diseases of the reproductive system such as breast and cervical cancers, including through access to the HPV vaccine; and,
- information and referrals for assisted reproduction and infertility.

- **Removing barriers to sexual and reproductive health information and services,** by enacting and enforcing explicit legal and regulatory guarantees of access, with full respect for human rights, including rights to privacy, confidentiality, informed choice and voluntary consent in the provision of services, free from discrimination, coercion or violence; the elimination of restrictions based on age, marital status or number of children; and the removal of prohibitions on particular contraceptive methods that have been proven to be safe and effective, including emergency contraception.[27]

- **Ensuring universal access to sexual and reproductive health information and services for all adolescents and youth,** through youth-friendly approaches that respect their right to confidentiality and do not judge or discriminate against them. Efforts should be made to eliminate social, legal and financial barriers to their access, and to be responsive to diverse groups of young people, with special attention to those living in poverty, out-of-school, single young mothers and parents, domestic workers, migrants, as well as those living with HIV or disabilities or in humanitarian and conflict-affected settings. Emphasis should be placed on adolescent girls as a priority group, including in national plans on sexual and reproductive health, maternal mortality reduction and HIV/AIDS. Young people should be meaningfully engaged in the design, implementation, monitoring and evaluation of information and services.

- **In line with a life-cycle approach, ensuring attention to the specific needs of older women and men,** whose sexual and reproductive health have been largely ignored to date. Though perceived as sexually inactive, they are vulnerable to contracting sexually transmitted infections, including HIV, as well as at risk of physical and sexual abuse. Older women also have increased risks of hormone-related conditions after menopause, such as osteoporosis.[28]

- **Expanding access for all women and adolescent girls to timely, humane and compassionate treatment of unsafe abortion complications and to quality safe abortion services.** Repealing punitive laws on access to abortion, while essential, is not enough to reduce unsafe abortion in the absence of properly equipped and standardized services. Guidance should also be provided to all health, judicial or other personnel responsible for applying the law and protocols so they understand their obligations and can be held accountable for fulfilling them. Key measures include: [29]

  - establishing or revising regulations and standards for the provision of care and services;
  - increasing training and deployment of health care workers;
  - expanding the number and categories of providers that can perform these procedures to include nurses and midwives;
  - removing requirements that are not medically necessary, such as mandatory waiting periods and approvals, or parental or spousal consent; and,
  - ensuring adequate supplies and equipment in health facilities.

- **Ensuring equity in service access.** This can be achieved by prioritizing sexual and reproductive health in the primary health care system, providing adequate geographic distribution and availability of services in both urban and rural areas, and by making services free or affordable, including through universal health care coverage and

Safe Abortion: For Human Rights and Dignity

Access to safe abortion has been increasingly recognized as a matter of human rights and public health, including to reduce maternal mortality and morbidity.

Only a handful of countries in the world prohibit abortion entirely, even when a woman's life is in danger. In almost all countries, the law permits abortion to save the woman's life, and in the majority of them, abortion is allowed to preserve the physical and/or mental health of the woman, and for cases of rape, incest or fetal impairment. In various countries, abortion is permitted without restriction as to the reason, and respected as a woman's decision. In all cases where abortion is legal, it should be safe and readily accessible.

insurance schemes—with particular attention to reaching women, young people and the most impoverished sectors of society for whom costs are a significant barrier to seeking the health care they need.

- **Establishing mechanisms throughout the health system that foster providers' compliance with human rights, ethical and professional standards.** Complaint, redress and accountability systems should exist at institutional and community levels to enable clients to denounce poor quality of care or violations of their rights. Emphasis should be placed on ensuring non-discriminatory, non-judgmental, respectful and humane treatment; prohibiting the denial of information or access to services based on personal biases or beliefs; full disclosure of scientific information about options; and regulatory measures to ensure access to services where providers exercise conscientious objection. Sanctions should be applied for non-compliance and violations of these and other sexual and reproductive rights. Providers should be supported to understand the proper application of standards and protocols and to acquire the skills for rights-based, gender-responsive and youth-friendly counseling and service delivery. They should have learning opportunities and training both before and while in-service. Such standards should form part of performance evaluations.

- **Making and sustaining sexual and reproductive health as a priority of the health sector,** including in efforts toward health system strengthening and as an integral component of national health plans and public budgets.

- **Allocations and expenditures for sexual and reproductive health should be clearly identifiable.** To bolster health systems, key challenges will need to be addressed, including the critical shortages of health care providers and the limitations of existing health data and information management.

3. Ensuring universal access to comprehensive sexuality education for all young people

Today's world has the largest generation of young people under 25 in history, totaling 3 billion, or 44% of the world's population.[30] Almost half (1.2 billion) of these are **adolescents (10-19 years)**[31] **who are already or will be entering the sexual and reproductive stages of their lives.** Many live in developing countries with restricted opportunities and choices, and who are in need of adequate human rights protections, education and services for their informed sexual and reproductive health decision-making and safe passage into adulthood. Adolescent girls are at highest risk of sexual violence, abuse and harmful practices, and of continued neglect of these rights for their health, personal development and lives.

As reflected in the ICPD Programme of Action and subsequent international agreements**, all young people should have access to comprehensive sexuality education and related services in order to enable them to exercise their rights, understand their bodies, make informed decisions about their sexuality and better plan their lives.**[32] Despite achievements in various countries, the quality, reach and scope of comprehensive sexuality education remains limited, lacking the institutionalized and sustained efforts required to enable young people to avoid health problems and potentially life-long consequences.[33] While sexuality education is relevant to people of all ages and across the life-cycle, particular priority must be placed on the younger age groups.

One of the most common and erroneous misconceptions about comprehensive sexuality education is that it 'promotes promiscuity'. Multiple studies have shown that comprehensive sexuality education does not promote promiscuity nor increase levels of sexual activity. Rather, through information and skills development, it empowers young people to make decisions about if and when to become sexually active and how to protect themselves against unwanted pregnancies and sexually transmitted infections, including HIV.[34] In addition, parents may be uncomfortable or find themselves ill-equipped to impart information on these issues, and are often the strongest supporters of sexuality education in order to keep their children safe and healthy.[35]

➤ **The High-Level Task Force for the ICPD recommends that the international community adopt a definition of comprehensive sexuality education,** and improve understanding and good practice on what it entails, in order to provide guidance to national efforts for the benefit of all young people. Such a definition should encompass the following:

Comprehensive sexuality education should be understood as age-appropriate education about human rights, human sexuality, gender equality, relationships, and sexual and reproductive health through the provision of scientifically-accurate, non-judgmental information and the development of decision-making, critical thinking, communication and negotiation skills.

A Pressing Need for Young People

Young people's urgent needs for sexuality education and related services are all too obvious. Only 24% of young women and 36% of young men in developing countries know how to prevent HIV, and 2 million girls under 15 give birth every year.

Sexuality education programmes must go beyond basic biology to promote values of respect for human rights, tolerance and gender equality, and impart information on a range of sexual and reproductive health and rights issues, including: contraception, pregnancy, HIV and STI prevention and treatment; violence against women and girls, including harmful practices and harassment; sexual orientation and gender identities; the importance of consent, mutual respect and non-violence in relationships; and responsible parenthood, marriage and equal rights within families.

Recent evidence shows that information is not enough: Sexuality education programmes need to engage children and adolescents in critical reflection and discussion of gender norms and human rights,[36] and address all these issues in a holistic and non-discriminatory manner, with respect for young people's diversity. Programmes should also be respectful of children's and adolescents' evolving capacities to access information and to make choices about their sexual and reproductive lives.

To be effective in facilitating the empowerment of young people, comprehensive sexuality education programmes should:

- Begin at primary school age onwards with age-appropriate contents, using participatory methodologies, including use of modern information and communications technologies (ICTs) and interactive approaches.
- Be implemented in and outside of schools, with supportive policy and legal frameworks in place. They should make a particular effort to reach the most vulnerable children and adolescents, who are often out of school.
- Always be connected and offer referrals to additional information and quality sexual and reproductive health services that respect their privacy and confidentiality and are affordable, including referrals to pharmacies and clinics that provide adolescents and young people with female and male condoms, emergency contraception, and other commodities.
- Be accompanied by appropriate teacher training, supervision and performance review mechanisms.
- Engage parents, community, traditional and religious leaders in fostering a supportive environment for young people to access the information and services they need.
- Actively involve young people in the design, implementation, monitoring and evaluation of sexuality education programmes.

4. Eliminating violence against women and girls and securing universal access to critical services for all victims/survivors of gender-based violence

Violence against women and girls is one of the most pervasive human rights violations in the world. Indeed, an arsenal of forms and manifestations of violence against women and girls exists. These range from domestic and intimate partner violence, femicide, sexual assault, sexual abuse of girls, marital rape, date rape and gang rape, and trafficking, to harmful practices such as early and forced marriage, female genital mutilation, crimes committed in the name of honour, dowry-related violence, acid attacks, son preference, the sale and abduction of girls, as well as sexual harassment and violence in public spaces, health and educational institutions and places of work, among others. In addition, there are violations of sexual and reproductive rights that are internationally-recognized forms of violence—including forced sterilization, forced abortion and forced pregnancy,[37] which also constitute crimes against humanity in the context of conflict situations.[38] These manifestations often represent only the tip of the iceberg. In many contexts, much more invisible forms of control of women's and girls' sexuality, such as restrictions on their mobility, education or participation in economic and public life, all in the name of protecting their chastity, lie at the heart of the disempowerment of women and girls.

Violence against women and girls has increasingly been recognized as a global pandemic of alarming proportions and an urgent human rights and public health priority.[39] Since the adoption of the 1993 General Assembly Declaration on the Elimination of Violence against Women and the subsequent Cairo and Beijing conferences, political will has intensified in recent years. This is reflected in the pace at which national, regional and global agreements and new laws and policies have been adopted, including in the halls of the United Nations General Assembly and the Security Council and as witnessed with the launch of the Secretary-General's *UNiTE Campaign 2008-2015*.[40]

The reality is that much more needs to be done, both for prevention and for response, despite the promising mobilization and intensifying commitments.[41] Too few women and girls around the world have ready access to protection and services when they experience violence—the fact that women are murdered every day, often by their husbands and partners, is indicative of the lack of even minimal standards of safety and protection. Harmful attitudes remain entrenched: Large shares of women, men and young people in various countries still believe violence is 'justified' for reasons such as the woman leaving the home without the husband's permission, or burning the meal she prepared for her family.[42] Recognizing that gender-based violence has devastating social, economic and inter-generational consequences, and that it jeopardizes the sexual and reproductive health and rights of those subjected to it, one of the critical elements of the 'unfinished agenda' is putting an end to this all-too-common and universal violation of human rights.

Violence against women and girls is a powerful means by which to control women's freedoms and sexual and reproductive health choices. It has severe consequences for sexual and reproductive health and has fueled the feminization of the HIV/AIDS pandemic.[43] These consequences include: unwanted and early pregnancies and unsafe abortions, resulting from domestic violence and rape, as well as from incest and sexual abuse of girls within the family and community; higher risks of HIV infection and sexually transmitted infections; poor maternal-child health outcomes—including obstructed labour and higher risks of maternal and newborn death in women who have undergone female genital mutilation, and of premature labor, low birth weight, miscarriage and stillbirth resulting from abuse during pregnancy; and obstetric fistulae, the product of brutal sexual violence in conflict-affected settings. Moreover, women who are sexually assaulted or

in abusive and violent situations fear exacerbated violent reprisals and are, therefore, unable to have control over basic decisions about using contraceptives to prevent an unwanted pregnancy or insist on condom use to prevent HIV.[44]

Sexual and reproductive health education, counseling and services have an especially strategic role to play in supporting women and girls subjected to gender-based violence, as well as men and boys who experience sexual assault.[45] Such programmes are a key part of a broader coordinated and multi-sectoral response that should include strong legislation and enforcement to end impunity and national action plans to provide women and girls with effective protection, access to justice and redress, while advancing prevention efforts to stop the violence from occurring in the first place. Sustained social and community mobilization is required that engages young people, men, the media, educators, parents, health providers, traditional and religious leaders and various other actors in transforming the harmful gender norms that make violence against women socially acceptable and tolerated. Women and young people should be empowered with information and skills to claim their right to a life free of violence and to access support and services. An effective response will require adequate and predictable budgets across all key sectors, including health, judicial, security/police, education, housing and labor.

Because of stigma and prevalent attitudes that violence is a private and family affair that women should accept quietly, most women never seek any kind of support. For those who do, health services are one of the most frequently sought recourses—even if they do not name outright the cause of their ailments or injuries. And of all health services, those responsible for sexual and reproductive health are the ones women are most likely to come into contact with, and throughout their lives. These services, therefore, provide a unique opportunity to help break the cycles of violence and mitigate consequences with timely, quality interventions.[46]

In addressing the inter-linkages of gender-based violence and sexual and reproductive health and rights, key high-impact actions for the way forward include:

- **Ensuring that women and girls and all victims/survivors of gender-based violence have immediate access to critical services.** Such information, services and referrals should, at a minimum, include:
  - access to free 24-hour hotlines on where to seek counsel or help;
  - psychosocial support and mental health counseling, and treatment of physical injuries;
  - post-rape care, including post-exposure prophylaxis for HIV prevention, emergency contraception for pregnancy prevention, and diagnosis and treatment of sexually transmitted infections, pregnancy testing and counseling, and referrals on options for women who test positive;
  - access to safe abortion services in all cases of rape and incest, including for women subjected to domestic abuse and marital rape;
  - voluntary and confidential HIV counseling and testing;
  - immediate safety planning and police protection, safe housing and shelter;
  - documentation of cases, forensic services, legal aid and referral to specialized units, women's and other groups; and,
  - training, employment and income-earning opportunities for women, educational and other services for their children, and longer-term support for women's and girls' empowerment.

- **All sexual and reproductive health programmes and services should systematically integrate responses to gender-based violence,** as part of a multi-sectoral, coordinated response. Particularly relevant is ensuring that detection, counselling and referrals are available within emergency, maternal-child health, family planning, and STI and HIV-related services. Such services should be equipped to address not only the most common forms of violence worldwide—sexual violence and domestic abuse—but also pay attention to abuse during pregnancy, which remains an especially neglected form of gender-based violence, despite its serious consequences for women's and children's health.[47]

- **Within the framework of strengthening legislation and enforcement to end impunity, revise laws that exonerate perpetrators of violence against women and girls,** including provisions that allow them to evade punishment if they marry the victim, or if they are partners or husbands of the victims; as well as eliminating sexual violence from amnesty provisions in post-conflict settings, including violence perpetrated by peace-keepers or other uniformed personnel.

Smart Investments, Solutions for Global Challenges

Fulfilling sexual and reproductive health and rights is a human rights and ethical imperative, and key to fully unleashing human potential and developing human capital. Sexual and reproductive health and rights are universally relevant not only for the well-being of individuals, couples and families, but as global solutions for enabling poverty eradication and sustainable development.

Empowering people in these areas is key to resolving many of today's pressing global challenges: reducing poverty and inequality; improving public health, especially women's and children's health, and halting the spread of HIV and other sexually transmitted infections; ensuring that all girls can pursue their education and avoid early marriage and unwanted pregnancy; supporting women to enter and remain in the workforce more effectively and achieve personal and economic security for themselves, as well as their families; enabling individuals and couples to determine the size of their families and invest more per child; and raising savings and productivity and enabling economic growth.[48]

Sexual and reproductive health and rights issues, and the empowerment of women and young people, all interface with how the world's population trends impact on communities and national development. Whether the context is one of population growth, 'youth bulges', ageing, migration, urbanization or environmental degradation and imbalanced production and consumption patterns—sexual and reproductive health and rights issues can play an important role in opening horizons of opportunity for addressing these global challenges and improving prospects for a better future.

Tackling the Accountability Deficit

As the ICPD enters the 20th year mark, the international community has the opportunity to address the lack of accountability for making sexual and reproductive health and rights a reality for all in the 21st Century.

Accountability systems should be rooted in principles of human rights, empowerment, participation and transparency. Particular attention should be paid to ensuring equitable access to services and rights protections for the poorest and most excluded sectors of society, as well as ensuring their voices and involvement when decisions are made.[49]

Emphasis lies first and foremost on State accountability, by Governments to their people, as part of their obligation to fulfill sexual and reproductive health and rights under international and regional human rights law.[50] This includes ensuring that essential services, such as contraceptive and maternity care commodities, are increasingly funded from public sources with

Savings from Prevention, Lifting Costly Burdens

Sexual and reproductive problems have proven, cost-effective solutions.

Various country studies show that for every dollar spent on family planning, at least US$4 and as much as US$31 dollars can be saved for public budgets—savings that can be directed for education, other health issues and poverty reduction.

Prevention is the key. Condoms are low-cost and safe abortion is cost-saving. Meanwhile, HIV/AIDS drains health sector systems and budgets, and results in productivity losses and slower economic growth. Up to 50% of hospital budgets for obstetrics are spent on treating complications of unsafe abortions in low and middle-income countries. Each year, households in sub-Saharan Africa pay an estimated $200 million out of their own pockets to treat unsafe abortion complications, and costs to societies run at $930 million—from lost income, death or disability.

Resetting Priorities

Political will translates into resources: In 2011, worldwide military expenditures totaled US$ 1.7 trillion, enough to meet the funding gap for all reproductive, maternal and child health Millennium Development Goals (MDGs) that year in the 49 lowest-income countries – and 121 times over.

specific budget lines, as core human rights obligations. Other key actors who should be held accountable are development cooperation partners, the UN System, development banks and the private sector. Strengthened partnerships and coordination are essential, between governments and civil society and across all organizations involved in the delivery of information, education and services. Civil society organizations, from a diverse spectrum, especially women's and youth groups, must be supported financially and otherwise to spearhead social mobilization, provide community outreach and services, and meaningfully participate in decision-making regarding the design, implementation and monitoring of policies and programmes. Human rights defenders must also be guaranteed safety and protection from threats and retaliation for their valiant efforts to uphold accountability.

Key to strengthened accountability from local to national, regional and global levels is the generation of data disaggregated by age, sex, and other key factors, utilizing indicators from a human rights and equity lens to monitor that no groups are left behind, especially those living in poverty or otherwise marginalized.

A wide range of actors have roles to play in fulfilling sexual and reproductive health and rights, including:

- public authorities, from health workers and teachers, to police and court officials to national women's machineries;
- communities, in sustaining public demand for human rights protections and quality services;
- national human rights institutions, in monitoring and responding to violations of sexual and reproductive rights, and tracking follow-up on implementation of the recommendations of international and regional human rights mechanisms;
- development cooperation and private sector partners, including pharmaceuticals and others involved in delivering commodities and services, in abiding by human rights and ethical standards;
- the mass media, in raising awareness, providing quality coverage of how these issues impact on people's lives, and in reporting on gaps and progress to strengthen accountability;
- parliamentarians, as spokespersons for their constituencies, in influencing policy and budgetary priority-setting, including by promoting the use of gender-responsive budgeting, and making sure that sufficient resources are invested in sexual and reproductive health, women's and young people's empowerment and ending gender-based violence.

Within Reach

Sexual and reproductive health problems can be prevented. Maternal mortality can be reduced dramatically when it is made a public health priority: It has been done before. A new generation of young people free of HIV is within reach. Teenage pregnancy can be reduced, especially when girls are given life opportunities for schooling and to flourish into their full potential.

The Future We Want:
Realizing Human Rights & Fundamental Freedoms for All

Sexual and reproductive health and rights are fundamental human rights. Sustained political leadership and strategic investments can promote and protect these human rights, thereby bolstering human capabilities and resilience and generating more inclusive and equitable development, both within and among countries. The High-Level Task Force for the ICPD urges countries and the international community to build and capitalize on what has already been accomplished through the ICPD Programme of Action and to reinvigorate the commitments made twenty years ago in Cairo. Sexual and reproductive health and rights, and the empowerment of women and young people, lie at the heart of sustainable development and should therefore be central pillars of the new post-2015 global agenda.[51] Prioritizing and acting upon these commitments is fundamental to achieving social, economic and environmental justice for the world we want for all.

Endnotes

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