

Population, Reproductive Health and the Millennium Development Goals



Messages from the UN Millennium Project Reports

June 2005

Population, Reproductive Health and the Millennium Development Goals

Messages from the UN Millennium Project Reports

June 2005

Report produced under the direction of Stan Bernstein

Copyright © 2005
by the United Nations Development Programme
All rights reserved

Photos: Front cover, top to bottom and left to right, Christopher Dowswell/UNDP, Giacomo Pirozzi/Panos Pictures, Liba Taylor/Panos Pictures, Jørgen Schytte/UNDP.

This book was edited, designed, and produced by Communications Development Inc., Washington, D.C.

The UN Millennium Project was commissioned by the UN Secretary-General and supported by the UN Development Group, which is chaired by the Administrator of the United Nations Development Programme. The report is an independent publication. This publication does not necessarily reflect the views of the United Nations, the United Nations Development Programme, or their Member States.

<http://www.unmillenniumproject.org>

Table of contents

Foreword **iv**

Introduction **vi**

Part One Millennium Development Goals **1**

Part Two Sexual and Reproductive Health and *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals* **3**

Part Three Sexual and Reproductive Health and the UN Millennium Project Task Force Reports **8**

Part Four Two-page spread in Chapter 5 of *Investing in Development*, “Sexual and reproductive health—essential for reaching the Goals” **14**

Part Five Proposed SRH Targets and Indicators for Monitoring the MDGs **19**

Part Six A Guide to the Key SRH References in the UN Millennium Project Documents **21**

Foreword

The world has an unprecedented opportunity to improve the lives of billions of people by meeting the Millennium Development Goals (MDGs), the international community's time-bound and quantified targets for addressing extreme poverty in its many forms. At the request of UN Secretary-General Kofi Annan, the UN Millennium Project has identified practical strategies to meet the MDGs, emphasizing the scaled up investments required in human capital and infrastructure and environmental sustainability, alongside efforts to promote gender equality.

The UN Millennium Project, an independent advisory body to the Secretary-General, has been a unique undertaking. Its 10 Task Forces have brought together a broad array of participants from academia, government, UN agencies, international financial institutions, nongovernmental organizations, donor agencies, and the private sector, creating a worldwide network of development practitioners across a wide range of disciplines.

It is therefore particularly striking that diverse groups of experts from different sectors clearly and consistently recognized that expanded access to sexual and reproductive health services and protection of reproductive rights are essential to the achievement of the MDGs. The health-related goals (reducing child mortality; improving maternal health; reversing HIV/AIDS, tuberculosis and malaria) are most clearly and directly affected. But access also has important impacts on poverty and hunger, on gender equality and the empowerment of women, on educational attainment, on environmental sustainability, and on the quality of life of slum dwellers.

Dramatic disparities in access to comprehensive reproductive health information and services are both a symptom of and a contributor to poverty and gender inequality. Until the poor and marginalized—including youth and rural

populations—gain access to voluntary family planning, safe motherhood services, and protection from sexually transmitted diseases, gender violence and harmful traditional practices, and until all women reap the benefits of participation and equality, progress against poverty will be handicapped.

The required interventions for sexual and reproductive health are clear, as detailed in the UN Millennium Project's reports, and they need to be urgently implemented. They need to be sensitive to local cultural realities while following the experience collected from population and reproductive health programs over the past 40 years. Monitoring progress and achieving universal access to sexual and reproductive health services is essential to the attainment of the MDGs.

Jeffrey D. Sachs
Director
UN Millennium Project

Introduction

The UN Millennium Project is the independent advisory body commissioned by the UN Secretary-General to propose the best strategies for meeting the Millennium Development Goals (MDGs). The MDGs are the world's targets for reducing extreme poverty in its many dimensions by 2015—including income poverty, hunger, disease, exclusion, lack of infrastructure and shelter—while promoting gender equality, education, health and environmental sustainability. The Project's analytical work has been carried out by ten thematic task forces comprising more than 250 experts from around the world, including development practitioners, national and international policymakers, as well as civil society and private sector representatives.

Although there is no formal MDG outlining targets for sexual and reproductive health (SRH), the MDGs cannot be achieved in low-income countries without attention to population issues and access to SRH services. By placing such emphasis on SRH issues in its recommendations, the UN Millennium Project hopes these issues will become properly entrenched in programs to achieve the MDGs.

Indeed, strong SRH-relevant messages and recommendations appear throughout key UN Millennium Project documents—including the Millennium Project Task Force reports, the report on the UN Millennium Project's main findings and recommendations, entitled *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, and its summary Overview document. These reports were launched on 17 January 2005 and can be downloaded at <http://www.unmillenniumproject.org>.

This document outlines how the UN Millennium Project reports incorporate and promote sexual and reproductive health issues. This document also provides a guide to finding the relevant SRH text in these reports.

Part One

Millennium Development Goals

Goal 1 Eradicate extreme poverty and hunger

Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.

Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2 Achieve universal primary education

Target 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3 Promote gender equality and empower women

Target 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Goal 4 Reduce child mortality

Target 5 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Goal 5 Improve maternal health

Target 6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6 Combat HIV/AIDS, malaria and other diseases

Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Goal 7 Ensure environmental sustainability

- Target 9** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- Target 10** Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.
- Target 11** Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.

Goal 8 Develop a global partnership for development

- Target 12** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development and poverty reduction—both nationally and internationally).
- Target 13** Address the special needs of the Least Developed Countries (includes tariff- and quota-free access for Least Developed Countries' exports, enhanced programme of debt relief for HIPC's and cancellation of official bilateral debt and more generous ODA for countries committed to poverty reduction).
- Target 14** Address the special needs of landlocked countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the twenty-second General Assembly provisions).
- Target 15** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.
- Target 16** In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.
- Target 17** In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
- Target 18** In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies.

Note: See Part Five for Task Force comments on Target 6.

Part Two

Sexual and Reproductive Health and *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*

Below are six key findings and recommendations on population and sexual and reproductive health (SRH) in the UN Millennium Project's report on its main findings and recommendations, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, and its summary Overview document. Also included are select citations from the text that exemplify these messages. [For a complete guide to SRH text in this report, please refer to Part Six of this document.]

Ensuring universal access to sexual and reproductive health information and services, including voluntary family planning, is essential for achieving the MDGs

The Overview and Chapter 3 discuss poverty traps and areas of specific policy neglect, such as gender equality and ensuring access to sexual and reproductive health: “Also common are gender biases in public investment and social and economic policies, maternal health and sexual and reproductive health. Adolescents are also widely underserved for life skills, nutrition information, education and employment opportunities and sexual and reproductive health information and services. Throughout the developing world and even in middle-income countries, maternal mortality rates remain appallingly high.”

Chapter 3—Box 3.1 (“Essential inputs for reaching the Goals”) highlights other important international development objectives that are not included as one of the MDGs, but that are crucial to the achievement of the Goals. This box highlights the importance of ensuring access to sexual and reproductive information and services in the achievement of the MDGs.

Chapter 5—Box 5.5 (“Sexual and reproductive health—essential for reaching the Goals”) is a two-page spread that highlights the key reasons why ensuring universal access to sexual and reproductive health information and services is necessary for achieving the MDGs. “The current situation shows how devastating the neglect of sexual and reproductive health can be. The differences in reproductive health—between the rich and the poor and within and between countries—are larger than in many other areas of healthcare...Sexual and reproductive health services should be integrated into a strengthened health system.”

Recommendations

The Overview contains *Ten Key Recommendations*, which includes the bullet point: “Focus on women’s and girls’ health (including reproductive health) and education outcomes, access to economic and political opportunities, right to control assets and freedom from violence.”

Chapter 5—Box 5.1 lists “Quick wins—solutions to implement now” which contains the following bullet point: “Expand access to sexual and reproductive health services, including family planning and contraceptive information and services, and close funding gaps for supplies and logistics.”

Gender equality is essential for achieving the MDGs

“Specific interventions to address gender inequality should be an intrinsic part of all MDG-based investment packages. They should also address systematic challenges such as protection of sexual and reproductive health and rights (including access to information and family planning services), equal access to economic assets such as land and housing, increased primary school completion and expanded access to post-primary education for girls, equal labor market opportunities, freedom from violence and increased representation at all levels of governance. One essential step to addressing these systematic challenges is the collection of gender-disaggregated data for monitoring progress.”

A demographic-related poverty trap exists

Chapter 3—Box 3.2 (“The poverty-demography trap”) details the multiple linkages between extreme poverty and high fertility. It also highlights key policy priorities for the voluntary reduction of fertility levels.

The Overview and Chapter 3 also highlight the linkages between poverty and high fertility as follows: “Impoverished people living in rural areas have the highest fertility rates and the largest families. Rapid population growth and shrinking farm sizes make rural poverty worse. Poor people (in rural and urban areas) have less access to information and services to space or limit their pregnancies in accord with their preferences.”

Recommendation

“[Overcoming the poverty trap] is helped by a voluntary reduction in fertility, which promotes greater investments in the health, nutrition, and education of each child. We thus strongly support programs that promote sexual and reproductive health and rights, including voluntary family planning.”

Strong health systems are needed to ensure universal access to basic health services

Equitable, well-functioning health systems are essential for achieving the Millennium Development Goals, especially the maternal health goal. A fundamental shift in the approach to health systems is needed.

Recommendation

MDG planning frameworks should be designed around seven public investment and policy clusters. The third investment cluster includes “health systems to ensure universal access to essential health services.” It further states that “Health interventions are best provided through an integrated district health system centered on primary care and first-level referral hospitals with special measures to ensure that the health system reaches all groups in the population, including the poor and marginalized.”

Conflict, poverty and demography linkages exist

Chapter 3—Box 3.4 (“The poverty-conflict nexus”) proposes reasons for the strong bidirectional linkages between poverty and conflict, including demography and social structures. “Poorer countries are more likely to have demographic regimes marked by high fertility and high mortality, resulting in low adult-to-child ratios. Such demographic profiles are also associated with greater conflict risks. Indeed since 1945 almost every instance of massive one-sided violence (genocide or politicide) has occurred in countries with more than a two-to-one child-adult ratio.”

Partnering between government, donors, civil society organizations and the private sector is essential

“National strategies to achieve the Goals will not succeed without [civil society organizations’] active engagement... Private businesses are important partners in achieving the Goals.”

Recommendation

Governments need to work with civil society and the private sector to achieve the Goals. The Overview states that “To achieve the Goals, governments must work actively with all constituencies, particularly civil society organizations and the private sector. Civil society organizations can help design national strategies, deliver services, defend human rights and supervise government in the fight against corruption and misrule.”

SRH-relevant interventions recommended for scaled-up investment

Appendices 1 and 2 of *Investing in Development* include a variety of SRH-relevant interventions under health, gender equality as well as in other areas. Examples include universal access to sexual and reproductive health services and information (including family planning, safe motherhood as well as prevention, treatment and care of STIs including HIV/AIDS), age-appropriate education and services, attention to men's involvement, adolescent reproductive health and other life skills and education needs, parental education, ensuring contraceptive choice, improving counseling, combating gender violence, discouraging of early marriage, eliminating female genital mutilation and other harmful traditional practices, expanding access to safe abortion (where permitted by law) and reviewing of such legislation to protect women's health.

Part Three

Sexual and Reproductive Health and the UN Millennium Project Task Force Reports

Below are the key findings and recommendations on population and sexual and reproductive health in the UN Millennium Project Task Force Reports. Also included are select references from the text that exemplify these messages [For a complete guide to SRH text in these reports, please refer to Part Six of this document.]

Task Force on Hunger

Halving Hunger: It Can Be Done

Gender equality is central to achieving the hunger goal. “Women are disproportionately vulnerable to hunger. At the same time, women are responsible not only for the bulk of agricultural production, but often for managing household nutrition and the household economy. Ensuring gender equality, therefore, will not only improve women’s own nutrition, but also that of their children and society as a whole.”

HIV/AIDS is exacerbating vulnerability to hunger in millions of chronically hungry households. “The interactive threats of hunger and HIV/AIDS in parts of the world are leading to complex humanitarian crises, whereby people affected by AIDS are unable to grow food or work for a living. Moreover, malnourishment weakens the immune system and strength of those with HIV/AIDS, making them succumb more quickly to the disease.”

Recommendations

Access to SRH services, especially for birth spacing, is needed to improve the nutritional status of women and children. “Ensuring universal access to reproductive health services is essential for improving the nutritional status of pregnant women and their children, in particular through the proper spacing of births.”

Supplemental nutrition programs are needed for vulnerable groups (including pregnant women, nursing mothers and children). “The Task Force recommends supplemental feeding programs for underweight pregnant women and nursing mothers. They also recommend exclusive breastfeeding for up to six months to ensure optimal nutrition for newborns. Finally, comprehensive school-based feeding programs may be an excellent platform to improve schools, keep children healthy, and may serve as vehicle for reaching the community, particularly pre-school children and pregnant or lactating mothers.”

Task Force on Education and Gender Equality

Towards Universal Primary Education: Investments, Incentives and Institutions and Taking Action: Achieving Gender Equality and Empowering Women

Gender equality is essential for achieving the MDGs and can be reached through seven priorities for action, which have been identified by the Task Force. These seven priorities include: strengthen opportunities for postprimary education, while simultaneously meeting commitments to universal primary education; guarantee sexual and reproductive health and rights; invest in infrastructure to reduce women’s and girls’ time burdens; guarantee property and inheritance rights; eliminate gender inequality in employment by decreasing women’s reliance on informal employment, closing gender gaps in earnings, and reducing occupational segregation; increase women’s share of seats in national parliaments and local governmental bodies; and combat violence against girls and women.

Gender equality cannot be achieved without guaranteeing women’s and girls’ sexual and reproductive health and rights. “Increasing women’s and adolescents’ access to a broad range of sexual and reproductive health information and services is one of the seven priorities for action identified by this Task Force.”

Barriers to girls’ education need to be overcome to make schools more accessible and secure for this population. “Given the particular barriers to girls’ education, specific interventions are needed to make schools more accessible and secure for this population.”

Recommendation

Additional SRH-relevant indicators should be used to monitor Goal 3—proportion of demand satisfied and adolescent fertility rate (see Part Five for detailed discussion).

Task Force on Child Health and Maternal Health

Who's Got the Power? Transforming Health Systems for Women and Children

Unwanted pregnancies contribute directly to maternal mortality. One of every four pregnancies is unwanted or mistimed. This fuels recourse to abortion, often under unsafe conditions, or leads to pregnancies carried to term with less access to ante-natal care or delivery care than for wanted pregnancies. “Put simply, if a woman does not get pregnant, she will not die in pregnancy or childbirth. Therefore, increasing access to methods to control fertility can have a significant impact on the number of maternal deaths, by reducing the number of times that a woman runs the risk that a fatal obstetric complication will occur.”

Adolescents, particularly girls, are particularly vulnerable to ill-health, and attention needs to be given to their sexual and reproductive health needs. “For both biological and social reasons, adolescents, particularly adolescent girls, are a vulnerable group...Despite the importance of adolescents, their reproductive and sexual health needs have long been ignored and their views silenced by decisionmakers influencing health and education policy and programs.”

Equitable, well-functioning health systems (including access to emergency obstetric care) are essential to reducing maternal mortality, and a fundamental shift in the approach to health systems is needed. “Perhaps more than any other major child health or maternal health condition—or any major communicable disease for that matter—maternal mortality reduction depends on a facility-based health system that functions.”

Recommendations

Full access to sexual and reproductive health information and services is needed for the health of women and children, and a rights-based approach for this should be included in initiatives such as the Global Fund and the 3 by 5 Initiative. “A functioning district health system is critical for ensuring full access to sexual and reproductive health information and services, which, together with good nutrition, form the foundation of good health for women and children. This includes access to contraception, since control over the number and spacing of children can have profound impact on the health and well-being of both women and their children. It also includes safe abortion services, where legal, as well as information and services for preventing and treating sexually transmitted infections, including HIV/AIDS.”

An additional SRH-relevant target and indicators should be used to monitor various MDGs (see Part Five for details).

Task Force on HIV/AIDS, Malaria, TB and Access to Essential Medicines

Combating AIDS in the Developing World and Prescription for Healthy Development: Increasing Access to Medicines

Special vulnerability of women and girls to HIV/AIDS exists and must be addressed. “Prevention and care programs will fail if they ignore the underlying determinants of the epidemic: poverty, gender inequality, and social dislocation. At a minimum HIV/AIDS programs must take these sources of social vulnerability into account; in the longer run they must be tied to efforts to reduce them.”

Investments in health systems are essential for achieving the HIV/AIDS goal. “The Task Force believes that the greatest barrier to meeting the goal of widespread access to treatment is the deplorable state of health systems in most of the hardest hit countries.”

Universal access to SRH services and information are an integral part of the AIDS response. “The fight against HIV/AIDS and the broader struggle for reproductive health should be mutually reinforcing. National governments should incorporate universal access to reproductive and sexual health services and information as

an integral part of their AIDS responses. In addition, there should be greater integration of HIV and other reproductive health services, including pMTCT, VCT, family planning, and safe motherhood.” Note that the Glion and New York declarations are cited.

Recommendation

Strengthened links between family planning and HIV/AIDS programs and services are needed. “The great majority of HIV infections are transmitted sexually or during pregnancy, childbirth, or breastfeeding. The prevention, diagnosis, and treatment of sexually transmitted infections is a core reproductive health concern as well as important HIV prevention intervention. Moreover, family planning programs have developed considerable knowledge and tools for conveying information and influencing sexual behavior. Thus there are abundant reasons to foster strong links between reproductive health and HIV/AIDS programs and services.”

SRH supplies need to be included on essential medicines lists. “National essential medicines lists must contain the UNFPA/WHO–recommended core medicines and devices for reproductive health.”

Task Force on Environmental Sustainability

Environment and Human Well-Being: A Practical Strategy

Population growth is a key indirect driver of environmental degradation. “...And, indeed, fertility is highest in the poorest countries as well as among the poorest people in these and middle income societies. It is clearly then no surprise that these same places have the highest levels of unmet need for family planning and reproductive health services, which, in concert with other health, education and gender equality issues, must be addressed with policies and programs to slow population growth and realize synergistic improvements.”

Natural population growth is an important driver of urbanization. “...Population growth, with continued levels of fertility higher than people say they desire contributes both to natural growth in urban areas and to the factors pushing migration from rural areas to urban areas and new rural settlements.”

Task Force on Improving the Lives of Slum Dwellers

A Home in the City

Stark intra-urban health disparities exist, especially in terms of SRH outcomes.

“Poor urban women also have worse sexual and reproductive health outcomes than other urban women, and at times, their outcomes rival those of rural residents...Poor urban women are also much less likely to use contraception than other urban women, and again in some regions their usage rates resemble that for rural women.”

High prevalence of sexually transmitted infections, including HIV/AIDS, exists in urban settings.

“The anonymity of city life, more permissive social and sexual norms, the presence of sex workers along with other factors have contributed to the high prevalence of STDs and HIV/AIDS in urban settings.”

Part Four

Two-page spread in Chapter 5 of *Investing in Development*, “Sexual and reproductive health—essential for reaching the Goals”

Sexual and reproductive health is essential for reaching the Goals. It entails healthy, voluntary and safe sexual and reproductive choices—voluntary choices of individuals and couples about family size and family formation, including early marriage and other exposures to sexual risks. Reproductive health issues thus deal with vital (and frequently sensitive) concerns including sexuality, gender roles, male and female power relations and social and personal identity.

The current situation shows how devastating the neglect of sexual and reproductive health can be. The differences in reproductive health—between the rich and poor, both within and between countries—are larger than in many other areas of healthcare (Gwatkin and others 2003; Bernstein 2004). Maternal mortality takes some 529,000 lives a year. Of those deaths, around 68,000 are due to unsafe abortion [totaling 13% of maternal deaths], a sign of the need for better access to higher quality family planning services to prevent unwanted pregnancies and (where permitted by law) to safe abortion services.

Levels of unplanned or ill-timed fertility are high in many countries. The unmet need for family planning comprises women at risk of pregnancy who do not desire another birth (limiting desires) or who wish to space their birth at least two years (spacing desires) but who are not using a method of family planning. An estimated 29% of women in developing countries have an unmet need for modern contraception. The highest proportion is in Sub-Saharan Africa, where 46% of women at risk of unintended pregnancy are using no method. Adding those using traditional methods to those with unmet need for modern methods brings to 63% the proportion of Sub-Saharan women and couples who have unmet limiting and spacing desires (Singh and others 2004).

But promoting reproductive health requires more than simply delivering services and information to prevent disease and reduce risk. It includes:

- Family planning, including access to modern contraceptives and informed and voluntary choice of family planning methods.
- Safe motherhood, including antenatal, postnatal and normal delivery services and emergency obstetric care.
- Postabortion care and access to safe abortion, where permitted by law.
- A continuum of prevention, treatment and care for HIV/AIDS and other sexually transmitted infections.
- Prevention, surveillance and care for gender-based violence.
- Action against harmful traditional practices, such as female genital mutilation and early and/or coerced marriage.
- Information and services for underserved populations, including diverse groups of adolescents, people in emergency situations and men (Singh and others 2004).

Each of these elements affects progress toward the Goals. Some examples:

- Goal 1: *Eradicate extreme poverty and hunger*. Smaller families and longer birth intervals, a result of contraceptive use, allow families to invest more in each child's nutrition and health. That can reduce poverty and hunger for all members of a household. At the national level, voluntary reduction of birth rates may enable faster social and economic development.
- Goal 2: *Achieve universal primary education*. Families with fewer children, and children spaced further apart, can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority than that of boys in the family. In addition, girls who have access to contraceptives are less likely than those who do not to become pregnant and drop out of school.
- Goal 3: *Promote gender equality and empower women*. Controlling whether and when to have children is a critical aspect of women's empowerment. Women who can plan the timing and number of their births also have greater opportunities for work, education and social participation outside the home.
- Goal 4: *Reduce child mortality*. Prenatal care and the ability to avoid high-risk births (such as those to very young women and those spaced

closely together) help prevent infant and child deaths. Children in large families are likely to have reduced healthcare, and unwanted children are more likely to die than wanted ones.

- Goal 5: *Improve maternal health*. Preventing unplanned and high-risk pregnancies and providing care in pregnancy, childbirth and the postpartum period save women's lives.
- Goal 6: *Combat HIV/AIDS, malaria and other diseases*. Sexual and reproductive health care includes preventing and treating sexually transmitted infections, including HIV/AIDS. In addition, reproductive health care can bring patients into the healthcare system, encouraging diagnosis and treatment of other diseases and conditions.
- Goal 7: *Ensure environmental sustainability*. Providing sexual and reproductive health services, and avoiding unwanted births, can help stabilize population numbers in rural areas, slow urban migration and balance natural resource use with the needs of the population.
- Goal 8: *Develop a global partnership for development*. Affordable prices for drugs to treat HIV/AIDS and a secure supply of contraceptives would greatly advance reproductive health programs in all developing countries.

Reproductive health approaches give heightened priority to strengthening prevention efforts while recognizing the importance of a full spectrum of prevention, treatment and care to improving the linkages between these service systems.

Action in sexual and reproductive health also encompasses an analytic and programmatic framework, based on a human rights approach, rooted in stronger health systems, supported by communities and accompanied by complementary interventions in other sectors. Promoting reproductive health thus requires a broad range of interventions that facilitate access to information and services, increase gender equality and empowerment, involve communities and cultural leaders, strengthen health delivery systems at multiple levels, create effective referral systems and improve logistics and management.

There are numerous channels to integrate sexual and reproductive health services in a strengthened health system. For example, maternal and child health

services can provide an opportunity for family planning information programs, referrals and services. Integrated maternal health, family planning and child healthcare services should add appropriate personnel and increase referral capacities. HIV/AIDS prevention can be better linked with other reproductive health information and service interventions. Health system contacts for abortion, where permitted by law, and for treating postabortion complications also provide entry points for family planning service delivery should include a range of contraceptive options to meet the needs of specific populations and accommodate choice and appropriate method-switching.

A large cohort of adolescents—1.3 billion, mostly in less developed countries—will require new approaches to information and service delivery, as 14 million births are to adolescent girls (12.8 of which are in developing countries). Youth-friendly services will require separate facilities addressing a complex of life skill needs—including productive and entrepreneurial skills for employment, literacy and numeracy training and nutrition and health information, including that for reproductive health. They will also require specially trained staff sensitive to the needs of the young. Curriculum reform must be undertaken to make age-appropriate materials, acceptable in the local context, available in school systems.

Promoting gender equality and respect for human rights together with building skills (including self-esteem, self-confidence and negotiation skills, particularly for young women) is important for protecting young people and developing their capacities. Mass media, folk media, and other information outreach approaches must be expanded to reach the large number of out-of-school young. Working with existing institutions, parents, parent groups and cultural leaders can make information and services more effective for young people.

Male reproductive health needs and the role of men in supporting women's reproductive health is another area for priority attention (Greene and others 2005). Local efforts have produced significant improvements in antenatal care, in using skilled birth attendants and in contraceptive acceptance. They demonstrate the potential of scaling up these efforts. Service delivery to men (and their families) in the military and police forces has also been important in scaling up

many national reproductive health programs. Additional programs addressed to men and boys are needed to encourage them to be responsible in their behaviors and to end violence against women.

Civil society and nongovernmental organizations are often the main providers of reproductive health information and services, especially for the poor (chapter 8). In scaling up access to sexual and reproductive health services, governments should seek partnerships with NGOs to test new approaches, to identify culturally appropriate interventions, and to build an evidence base for scale-up. Investments to strengthen such partner organizations and their monitoring and evaluation capacities can lead to faster increases in quality and coverage.

Part Five

Proposed SRH Targets and Indicators for Monitoring the MDGs

The Task Force on Child Health and Maternal Health and the Task Force on Education and Gender Equality have recommended the following additional SRH-relevant target and indicators for monitoring the MDGs.

Task Force on Child Health and Maternal Health

Recommended SRH Target:

- Universal access to reproductive health services by 2015 through the primary health care system, ensuring the same rate of progress or faster amongst the poor and other marginalized groups (Modeled on the target endorsed by the global community during the ICPD and ICPD+5 conferences, with the additional modification to ensure that, as with the other maternal and child health targets, priority is given to the critical issue of equity).

Recommended SRH Indicators:

- Contraceptive prevalence rate (Goal 6, recommended to Goal 5).
- HIV prevalence among 15-24 year old [pregnant] women (Goal 6).
- Proportion of births attended by skilled birth attendants (Goal 5).
- Proportion of demand for family planning satisfied (Goal 3 and 5).
- Adolescent fertility rate (Goals 3 and 5).
- Availability of emergency obstetric care (Goal 5).

Task Force on Education and Gender Equality

Recommended SRH Indicators:

- Adolescent fertility rate (Goal 3).
- Proportion of demand for family planning satisfied (Goal 3).

Finally, numerous task forces have echoed the message that universal access to sexual and reproductive health information and services (including voluntary family planning) is essential for achieving the MDGs—as detailed throughout this document.

Initial subsequent discussion responding to the Task Force recommendations suggests that Proportion of demand for family planning satisfied will be associated with Goal 3 and Adolescent fertility rate with Goal 5.

Part Six

A Guide to the Key SRH References in the UN Millennium Project Documents

Below is a guide to the key population and reproductive health references in the UN Millennium Project documents—*Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, its summary Overview document, and the UN Millennium Project Task Force Reports. The references are listed according to the key message they support.

Investing in Development: A Practical Plan to Achieve the Millennium Development Goals

Ensuring access to SRH information and services, including voluntary family planning, is essential for achieving the MDGs

Overview in section “Why progress is so mixed?”; Chapter 5 in section “Health systems: ensuring universal access to essential health services”; Chapter 5 in Box 5.5; Chapter 11 in regional descriptions; Appendix 1 “MDG interventions by area”; Appendix 2 “MDG interventions by target.”

Gender equality is essential for achieving the MDGs

Overview in section “Why progress is so mixed?”; Overview in section “Gender equality: investing to overcome pervasive gender bias”; Chapter 3 in section “Areas of specific policy neglect”; Chapter 5 in introductory section; Chapter 5 in section “Rural development: increasing food output and rural incomes”; Chapter 5 in section “Education: ensuring universal primary education and expanding postprimary and higher education”; Chapter 5 in section “Gender equality: investing to overcome pervasive gender bias”; Chapter 5 in Box 5.1; Chapter 5 in Box 5.7; Appendix 1 “MDG interventions by area”; Appendix 2 “MDG interventions by target.”

A demographic-related poverty trap exists

Overview in section “Poverty traps”; Chapter 2 in section “How regions are progressing toward the MDGs”; Chapter 3 in section “Poverty traps”; Chapter 3 in Box 3.1.

Health systems are needed to ensure universal access to health services

Overview in section “Health systems: ensuring universal access to essential services”; Chapter 5 in introductory section; Chapter 5 in section “Health systems: ensuring universal access to essential health services”; Chapter 11 in regional descriptions; Appendix 1 “MDG interventions by area”; Appendix 2 “MDG interventions by target.”

Linkages exist between conflict, poverty and demography

Chapter 3 in Box 3.2.

Partnering with government, donors, civil society organizations and the private sector is essential for achieving the MDGs

Overview in Box 4; Overview in section “Four reasons for shortfalls in achieving the Goals” and Chapters 7, 8 and 9.

Task Force on Hunger

Halving Hunger: It Can Be Done

Gender equality is essential for achieving the hunger goal

Executive summary in section “Causes of hunger”; Executive summary in section “Vulnerability”; Executive summary in recommendation sections 2 and 4; Chapter 1 in section “Socioeconomic and political access and inequalities”; Chapter 3 in section “Mainstreaming gender equality”; Chapter 5 in introductory section and section “Promote an integrated policy approach to hunger reduction” and “Empower women and girls”; Chapters 7 and 11.

HIV/AIDS is exacerbating vulnerability to hunger in millions of chronically hungry households

Executive summary in section “Causes of hunger”; Executive summary in section “Vulnerability”; Executive summary in recommendation section 4; Chapter 1 in

section “HIV/AIDS”; Chapter 3 in “Mainstreaming gender equality”; Chapter 7, especially section “Reduce infectious diseases that contribute to malnutrition”; Chapter 11.

Access to SRH services, especially for birth spacing, is needed to improve the nutritional status of women and children

Executive summary in section “Causes of hunger”; Executive summary in section “Vulnerability”; Executive summary in recommendation sections 2 and 4; Chapter 3 in “Mainstreaming gender equality”; Chapter 5 in “Empower women and girls”; Chapters 7 and 11.

Supplemental nutrition programs are needed for vulnerable groups (including pregnant women, nursing mothers and children)

Executive summary in section “Causes of hunger”; Executive summary in section “Vulnerability”; Executive summary in recommendation sections 2 and 4; Chapter 3, especially “Mainstreaming gender equality”; Chapter 7, especially “Promote mother and infant nutrition” and “prenatal nutrition and supplementary feeding programs” and “reduce malnutrition among school-aged children”; Chapter 11.

Task Force on Education and Gender Equality

Toward Universal Primary Education: Investments, Incentives and Institutions and Taking Action: Achieving Gender Equality and Empowering Women

Gender equality is essential for achieving the MDGs

Entire Task Force report on achieving gender equality.

Gender equality cannot be achieved without guaranteeing women’s and girls’ sexual and reproductive health and rights

Entire Task Force report on achieving gender equality (especially Chapter 4).

Seven priorities for action have been identified in order to achieve the goal of gender equality

Entire Task Force report on achieving gender equality.

Barriers to girls' education need to be overcome to make schools more accessible and secure for this population

Entire Task Force report on education.

Recommendation that additional SRH-relevant indicators should be used to monitor Goal 3: adolescent fertility rate and proportion of demand for family planning satisfied

Entire Task Force report (especially Chapter 4).

Task Force on Child Health and Maternal Health

Who's Got the Power? Transforming Health Systems for Women and Children

Universal access to SRH services and information is essential for achieving this goal

Entire Task Force report (especially Executive summary, Chapters 2, 3 and 5).

Unwanted pregnancies contribute directly to maternal mortality

Entire Task Force report (especially Executive summary, Chapters 2, 3 and 5).

Adolescents, particularly girls, are particularly vulnerable to ill-health, and attention needs to be given to their sexual and reproductive health needs

Entire Task Force report (especially Executive summary, Chapters 2, 3 and 5).

Equitable, well-functioning health systems (including access to emergency obstetrical care) are essential to reducing maternal mortality, and a fundamental shift in the approach to health systems is needed

Entire Task Force report.

Investments in health systems (including access to emergency obstetrical care) are essential for reducing maternal mortality

Entire Task Force report (especially Chapters 1, 2 and 4).

Recommendation that additional SRH-relevant target and indicators be used for monitoring various MDGs

Executive Summary and Chapter 5.

Task Force on HIV/AIDS and Access to Essential Medicines

Combating AIDS in the Developing World and Prescription for Healthy Development: Increasing Access to Medicines

Strengthened links between family planning and HIV/AIDS programs and services are needed

Executive summary in section “Integrate prevention and treatment”; Chapter 2, especially sections “Information, education and behavior change campaigns”, “Prevention of mother-to-child transmission”, “Condom distribution” and “Recommendations.”

Universal access to SRH services and information is an integral part of the AIDS response

Executive summary in section “Integrate prevention and treatment”; Chapter 2, especially sections “Information, education and behavior change campaigns”, “Prevention of mother-to-child transmission”, “Condom distribution” and “Recommendations.”

Special vulnerability of girls and women to HIV/AIDS exists and must be addressed

Executive summary in section “Address root causes: empower women and girls”; Chapter 2, especially “Gender and HIV prevention” and “Recommendations.”

Investments in health systems are essential for achieving this goal

Executive summary in section “Ensure equitable access to treatment” and “Invest in health systems as AIDS services are expanded”; Chapter 3.

SRH supplies and commodities need to be included on essential medicines lists

Executive Summary in “Gender” section; Chapter 1 in section “Role of gender and women’s status”; Chapter 1 Box 1.1 on “Essential reproductive health drugs and supplies.”

Task Force on Environmental Sustainability

Environment and Human Well-Being: A Practical Strategy

Population growth is a key indirect driver of environmental degradation

Executive summary in section “Driving environmental change”; Chapter 2 in section “Indirect drivers of environmental change.”

Natural population growth is an important driver of urbanization

Executive summary in section “Driving environmental change”; Chapter 2 in section “Indirect drivers of environmental change.”

Task Force on Improving the Lives of Slum Dwellers

A Home in the City

Stark intra-urban health disparities exist, especially in terms of sexual and reproductive health outcomes

Chapter 4 especially section “Health, water and sanitation services need to reach poor urban dwellers.”

High prevalence of sexually transmitted infections, including HIV/AIDS, exists in urban settings

Chapter 4 especially section “Health, water and sanitation need to reach poor urban dwellers.”

