

**The importance of Sexual and Reproductive Health
across all eight Millennium Development Goals**

Goal 1: Eradicating extreme poverty and hunger

- High fertility levels contribute directly to poverty, reducing women's opportunities, diluting expenditure on children's education and health, precluding savings, and increasing vulnerability and insecurity.
- In developing countries, 25-40% of economic growth is attributable to the effects of declining fertility and decreased mortality.

Goal 2: Achieve universal primary education

- Girls in developing countries are often pulled out of school to care for siblings and by early marriage and pregnancy.
- Girls in small families are less likely to drop out of school due to their mother's pregnancy, or to be pulled out due to the costs of schooling or the indirect costs of foregone household labor if a child attends school.

Goal 3: Promote gender equality and empower women

- Guaranteeing sexual and reproductive health and rights ensures that girls and women lead longer and healthier lives.
- When encouraged and provided with opportunities, men seek out reproductive healthcare, thus increasing the possibility for better health outcome for themselves, their partners, and families.

Goal 4: Reduce child mortality

- Maternal behavior and fertility are important determinants of child health and survival.
- In pregnancies spaced at least three years apart, infant mortality rates drop by 24%; and under-five mortality rates drop by 35%. Annually, pregnancy spacing could save the lives of 3 million children under age five.

Goal 5: Improve maternal health

- Women in developing countries are more than 45 times more likely to die from pregnancy-related complications than women in the developed world.
- For every woman who dies in pregnancy or childbirth, approximately 30 others (15 million women annually) suffer injuries, infection and disabilities.
- Access to and correct, consistent use of family planning and emergency obstetric care can significantly reduce maternal morbidity and mortality.

Goal 6: Combat HIV/AIDS, malaria, and other diseases

- Ensuring universal access to sexual and reproductive health would help combat HIV/AIDS by encouraging consistent and effective use of condoms; influencing sexual behavior through education, counseling and risk reduction; preventing mother-to-child transmission of HIV; reducing the prevalence of STIs and helping guarantee women in malaria-endemic areas receive effective anti-malarial drug treatments during their pregnancy.

Goal 7: Ensure environmental sustainability

- The past century of population growth has put increasing pressure on natural resources as the scale of human needs and activities has expanded.
- By 2025, with the projected future population growth, between 2.4 and 3.2 billion people may be living in water-scarce situations.

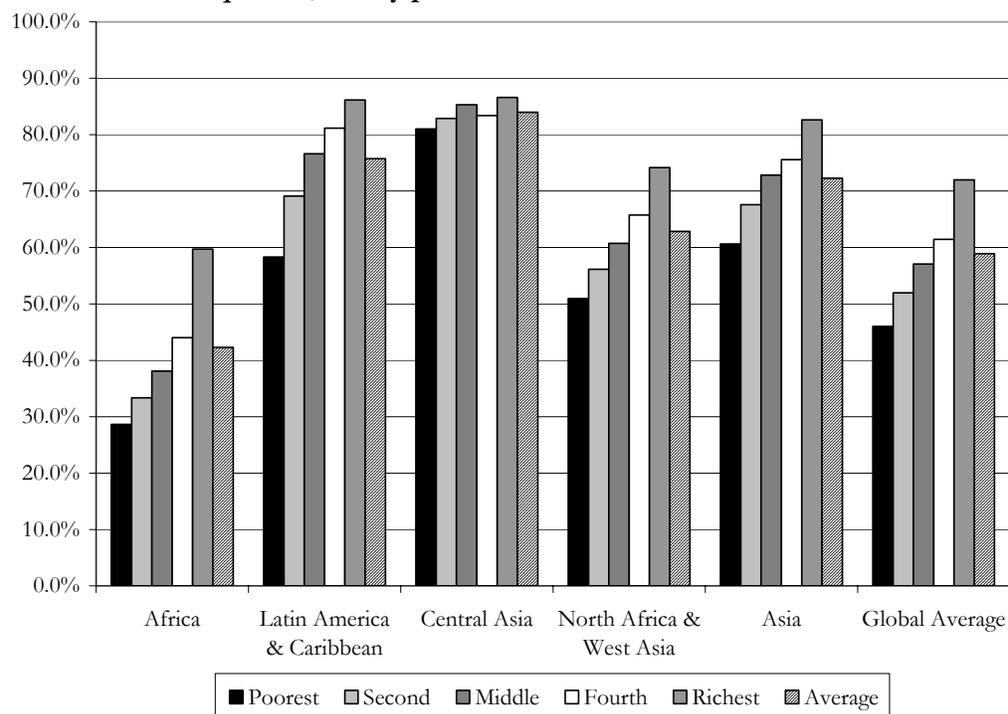
Goal 8: Global partnerships

- Global partnership is required to provide adequate financing for the effective provision of reproductive health drugs and supplies.
- New resource estimates indicate that US \$36 billion per year is needed by 2015 to provide the necessary sexual and reproductive health services around the world.

**Five Strategic Interventions for Attaining the Millennium Development Goals
via Sexual and Reproductive Health:**

1. Population and sexual and reproductive health must be integrated into national poverty reduction strategies. As part of this process, key population groups must be identified to target interventions in order to reach people most in need.
2. Sexual and reproductive health services must be integrated into strengthened health systems. Such systems must be client-focused and able to support a continuum of care throughout the client's life. Planning and monitoring of these systems must be realistic and specific, and the management of trained, competent staff must be flexible.
3. In order to plan, monitor, and evaluate effective management and ensure accountability, data must be systematically collected and databases result-oriented.
4. Coordinated efforts to allocate sufficient national and international financial resources for commodities, supplies, and logistics to spur health improvements within a relative short timeframe are urgently needed.
5. Addressing populations that are in special need of sexual and reproductive health services is crucial for development. Adolescents, post-partum women, and people facing humanitarian crisis have higher health risks and require targeted attention. Similarly, men as partners, agents of change, and clients must be more integrated in reproductive health programs.

Figure 1: Proportion of family planning desires satisfied for all contraceptive methods, by wealth quintile, survey period 1996-2004



Source: Data compiled from DHS STATcompiler 2005

The poorest have the lowest proportion of their demand for family planning services satisfied. They are least likely to translate their desires to limit their family size or better space their births into effective family planning action.

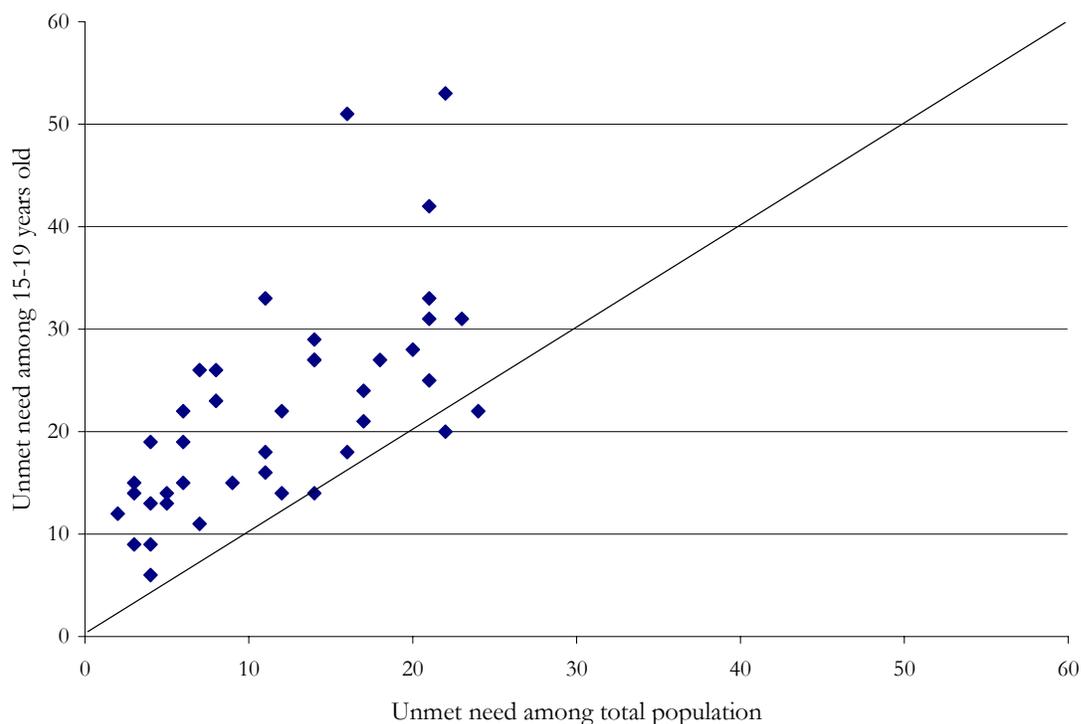
Table 1: Projected costs of meeting unmet need for family planning and resulting savings in maternal and newborn care (2005-2015)

	<i>Bangladesh</i>	<i>Cambodia</i>	<i>Ghana</i>	<i>Tanzania</i>	<i>Uganda</i>
Family planning	62	26	13	13	67
Other maternal and newborn health	-103	-56	-28	-45	-266

Source: Data from Vlassoff, M. and S. Bernstein. 2006. *Resource Requirements for a Basic Package of Sexual and Reproductive Health Care and Population Data in Developing Countries: ICPD Costing Revisited*. Background paper prepared for the UN Millennium Project

Additional investments to provide family planning services to those with unmet need will result in savings in prenatal, maternal, and newborn health expenditures.

Figure 2: Unmet need for spacing among young people compared with the total population, in 40 low-and middle-income countries



Source: Data compiled from DHS STATcompiler 2005

Contraceptive use among adolescents has been increasing, but their unmet need is more than two times higher than that of the general population in developing countries.

Table 2: Mother’s age and infant mortality

Age of mother	All countries	Infant death per 1,000 live births		
		Low-income countries	Middle-income countries	High-income countries
Less than 20	100	135	96	62
20-29	72	99	68	45
30-39	74	97	72	48
40-49	94	111	90	68

Source: Data from AGLI. 2002. “family Planning Can Reduce High Infant Mortality Levels”, *Issues in Brief*, 2002 Series, No. 2. New York and Washington DC: The Alan Guttmacher Institute

Delaying births among younger women could reduce infant mortality.