**Visionary Development Goal on Sexual and Reproductive Health & Rights**

Sexual and reproductive health and rights (SRHR) are inter-linked to all key development agendas and are central to human health and development: gender equality, human rights, poverty, migration, health, education, climate change and environmental sustainability, population dynamics, food security, sustainable economies and employment, access to resources, education and peace and security.

Development policies and programmes aim to raise the quality of life for the citizens and welfare of the planet and aspire to eradicate poverty, through developing sustainable fair patterns of consumption and production, encouraging human resource development, and guaranteeing human rights. Integral to these goals are the development objectives of creating greater health equity, gender equality and socio-economic parity.

These are dependent on reducing maternal mortality and morbidity and ensuring quality sexual and reproductive health services, including family planning services to enable women to choose the number, timing and spacing of their pregnancies, as well as ensuring physical security, bodily integrity and mobility.

The Rio+20, ICPD Beyond2014 and Beijing Fourth World Conference on Women processes must be integrated with the post-2015 framework. It is critical that there is one overriding framework for international development which comprehensively addresses the social, economic and environmental pillars of sustainable development, including the influence of both population- and consumption-related factors. Recognition of the nexus between population dynamics, SRHR, gender equality and sustainable development will create synergies and coherence which will achieve more effective outcomes. **Integrate the Rio+20, ICPD Beyond 2014 and Beijing Fourth World Conference on Women processes with the post-2015 framework.**

The development goal on SRHR is inspired by and based on decades of commitment to the SRHR agenda by the women’s movement, the youth movement, the reproductive health community, the public health community and builds on the various milestones that have been achieved so far. These milestones include internationally agreed upon resolutions/conventions highlighting the importance of a human rights-based approach to population and development that embody government commitments to fulfilling the SRHR of women, young people and other marginalized population groups. Governments must be held accountable for progress (or the lack of it) toward meeting these commitments.
These resolutions/conventions include:

- UN Universal Declaration of Human Rights (1948)
- The Alma-Ata Declaration adopted at the International Conference on Primary Health Care (1978)
- UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)
- International Conference on Population and Development, Programme of Action (1994) and the Key Actions for the Further Implementation of the Programme of Action of the ICPD (1999)
- UN Millennium Declaration (2000)
- 2001 Declaration of Commitment on HIV/AIDS and subsequent recommitments in the 2006 and 2011 Political Declarations on HIV and AIDS
- 2005 World Summit Outcome Document
- UN Millennium Development Goals (MDG) Summit Outcome Document (2010)
- UN Secretary-General’s Global Strategy for Women’s and Children’s Health (2010)
- UN Human Rights Council Resolution on Sexual Orientation and Gender Identity (2011)
- ICPD Global Youth Forum Declaration ("Bali Declaration") (2012)

Human rights, especially sexual and reproductive rights need to underpin the post-2015 Development Framework to ensure that the new health goal(s) are framed in terms of equity and equality for all groups. Health and SRH goal(s) and targets must remain part of the new post-2015 development framework and should explicitly include reproductive rights. The new Development Framework cannot backtrack from current global commitments, particularly the unmet MDGs and other global targets. Reporting against progress should include measurable targets and indicators which can be evaluated and reported on at national and global levels.
Despite these high level commitments, the sexual and reproductive health and rights agenda continues to lack priority in funding and implementation. SRHR was initially left out of the Millennium Development Goals framework; MDG 5b, “Achieve universal access to reproductive health” was only added as a goal in 2005, and indicators were only assigned in 2007. In comparison to other MDGs, MDG 5b only entered the development framework 7 years later. Currently MDG 5 is considered off-track from realising progress, and hence investment in this goal needs to be continued in order to maintain and accelerate progress. Therefore, in the lead-up to the new development framework in the post-2015 era, we, as civil society organizations dedicated to realizing SRHR, call early for the inclusion of a specific SRHR goal, including the outcome and process (e.g., service provision) indicators set out in this document, and around important anniversaries of key UN conferences including Rio+20, Cairo+20, Beijing+20, among others. This Sexual and Reproductive Health and Rights Development Goal is applicable to all population groups, including those with diverse and distinct gender identities and in all settings, including conflicts and emergencies. This SRHR Development Goal also functions as a vision for the SRHR community, that in the coming years we can be united in our common asks, and are able to strategise more efficiently and effectively together, inserting some/ all/ different aspects of this goal in the upcoming years within the ICPD review, MDG review, Sustainable Development Goals and Beijing review, processes as well as with the human rights mechanisms such as the HRC and CEDAW as applicable.
What is the SRHR agenda?

The SRHR agenda is derived from a paradigm of focusing on the needs and rights of individuals and that having control over their sexuality and fertility allows people to choose how to live their lives. Key aspects of the SRHR agenda are derived from the ICPD Programme of Action and Beijing Platform for Action, which include the following:

- Contraception and family-planning
- Safe abortion services including post-abortion care
- Maternal health services including ante-natal, delivery and post-partum care
- Sexual rights
- Adolescent and youth-friendly SRH information & services including comprehensive sexuality education
- Services addressing maternal morbidities
- Prevention, screening and treatment of reproductive cancers, Reproductive Tract Infections (RTIs), Sexually-Transmitted Infections (STIs) and HIV/AIDS
- Access to reproductive technologies
- Violence, including gender-based violence and sexual violence
- Voluntary sexual and reproductive decision-making without discrimination or stigma

The above applies equally to all people whether rich or poor, urban or rural, young or old.
Visionary Development Goal: Universal Access to Sexual and Reproductive Health and Rights

**Target 1: Achieve, by 2030, universal access to Sexual and Reproductive Health with specific attention to accelerating progress for those currently underserved**

**INCREASE MATERNAL HEALTH AND REDUCE MATERNAL MORTALITY AND MORBIDITY**

- Maternal Mortality Ratio (indicator: MMR, number of maternal deaths per 100,000 live births; disaggregated by age, marital status, wealth, education, geographical region, urban/rural, and/or specific marginalised groups within countries)
- Mortality and Morbidity due to unsafe abortion (indicators: % of maternal deaths due to unsafe abortion; contrasted by legal status of abortion, unmet need, morbidity rates from scientific studies)
- Availability of trained and equipped abortion providers (where abortion is legal)
- Proportion of births attended by skilled health personnel (indicator in itself; disaggregated by age, wealth, education, geographical region and/or specific marginalised groups within countries)
- Availability of EmOC services (indicators: The recommended level is minimum of one comprehensive EmOC facility for every 500,000 people, and four basic EmOC facilities per 500,000 people)
- Coverage of post-partum care within 48 hours of delivery (indicator: probably be % of new mothers/newborn attended by skilled provider within 48 hours after birth.)
- Antenatal Care Coverage (indicators: 4 ANC visits and BP taking because of the rise in deaths from eclampsia)

**ACCESS TO CONTRACEPTIVES & FAMILY PLANNING**

- Contraceptive Prevalence Rates (indicators: CPR, elaborate whether it includes unmarried; age disaggregated CPR; disaggregated by sex, marital status, wealth, education, geographical region, urban/rural, and/or specific marginalised groups within countries)
- Range of contraceptive methods (indicator: thorough method mix, including short and long-acting and permanent methods, as compared to qualitative data showing what women desire; Increased availability of new methods, including
multi-purpose prevention technologies and disaggregated by female-controlled and male-controlled

• Male contraceptive use as a proportion of all contraceptive use,

• Availability of emergency contraception (indicators: ever-use in DHS, over the counter status, price)?

• Provision of informed choice (Informed choice includes information on full range of methods, information on side-effects of all methods and appropriate course of action, information on efficacy of each of these methods - indicator: qualitative, from DHS)

• Improve quality of family planning

• Reduce discontinuation rates

• Unmet need for Family Planning (indicator in itself; disaggregated by marital status, wealth, education, geographical region, urban/rural, and/or specific marginalised groups within countries; and where relevant, in crisis situations)

PREVENTING UNINTENDED PREGNANCIES AND STIs AMONG YOUTH and STIs

• Adolescent birth rate (indicator in itself; disaggregated by wealth, education, geographical region and/or specific marginalised groups within countries)

• Age at marriage

• Proportion of women age 15-19 who have begun childbearing (indicator in itself; disaggregated by wealth, education, geographical region and/or specific marginalised groups within countries)

• Contraceptive prevalence rate (ages 15-19; and 20-24) (indicator in itself, source: UN Population Division; disaggregated by wealth, education, geographical region and/or specific marginalised groups within countries)

• Youth-friendly services (indicators: number and distribution of health facilities with basic adolescent-friendly service capacity per 10,000 adolescents; existence of national situation analysis on adolescent health; the existence of national standard for the delivery of health services to young people; existence of provisions in laws or regulations allowing legal minors to consent to key medical interventions)

• Do family-planning and maternal and child health programmes exclude single women?

• Access to formal and non-formal Comprehensive Sexuality education (indicator: % of schools in which CSE is mandatory in school curricula, consistent with “UNESCO,

Indicator for youth friendly services:

- Percentage of special Youth Clinics have been set up at sub-district level
- Availability of trained health care providers in Youth Friendly health services
- Availability of trained person on counselling
- Access to reproductive and sexual health information to both school going and non school going adolescents and young people

HIV/AIDS

- HIV/AIDS – (indicators: Access to ART/OST/VCCT)
- HIV prevalence among pregnant women aged 15-24 years (indicator in itself source: UNAIDS-WHO-UNICEF)
- Condom use rate of the contraceptive prevalence rate (indicator in itself: source: UN Population Division)
- Condom use at last high-risk sex (indicator in itself, source: UNICEF-WHO)
- Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (indicator in itself, source: UNICEF-WHO)

Target 2: Achieve, by 2030, universal recognition of Sexual and Reproductive Rights
Proposed indicators:

Protection of sexual and reproductive rights:

• Difference between median age at marriage and legal minimum age at marriage to show whether legal age of marriage is adhered to (Indicators: Minimum age of marriage, median age of first birth, % of adolescents giving birth below the legal age of marriage, median age of marriage)
• Expanding grounds under which abortion is legal
• Existence of legislation permitting gay marriage or civil partnership?
• Existence of laws/regulations permitting minors to give informed consent for health-care services according to their decisional capacity

Protection against discrimination and stigma:

• Existence of laws against discrimination and stigma based on sexuality, sexual orientation or gender identity in employment, education, health care or housing
• Existence of laws or policies which encourage forced sterilisation or forced abortion, including against any particular group

Protection from violence:

• Eradication of sexual violence (Laws on rape, marital rape, sexual harassment and groups that it covers e.g. sex-workers, LGBTIQ,)
• Reduce Mortality and Morbidity due to violence against women (Indicator: % of female deaths of reproductive age 15-49 years of age due to violence)
• Availability of services for survivors of violence – (indicators: inclusion of GBV screening/counselling/referral in pre- and in-service training for all relevant cadres of health workers; number of service delivery points that provide counselling and medical services for GBV/100,000 population)
• End FGM: 1) existing law to prohibit FGM and necessary strategy/plan, 2) guidelines and trained staff on appropriate care for women who have undergone genital mutilation (medical and psychological)
• Existence of policies and mechanisms to address sexual harassment within the health system by health providers
**Target 3: Achieve, by 2030, strengthened systems for Sexual and Reproductive Health Financing**

**Proposed indicators:**

- Availability of free basic SRH services at the primary care level in the public sector
- Existence of regulations to control prices of SRH services in the private sector
- Percentage of Government expenditure on health, and percentage of health expenditures for SRH/MNCH (indicator from SRH sub-account in the National Health Accounts)
- Total government health expenditure as % of GDP
- OOP as a proportion of total health expenditure
- Inclusion of essential SRH services (listed above in the first bullet) in the Essential Services Packages for universal coverage
- Integration of minimum standards for responding to the sexual and reproductive health and rights of women and girls survivors of wars, conflict and disaster. (Indicator: implementation of MISP in times of conflict and disaster).