

OVERARCHING CONCERN

Policy progress has been made as many new reproductive health policies and programs reflect a broader human rights approach. There has been a notable shift from population control to a more comprehensive reproductive health goal although some policies and programs continue to emphasize population reduction and encourage small families (South Asia and Indonesia) or restrict couples to one or two children (China).

GAINS

Four countries--China (2002), India (2000), Pakistan (2000) and Indonesia (2004)-- have developed new population policies since the conference in Cairo while other countries have retained existing ones. In India for example, all family planning incentives and disincentives were removed in 1996. The 1997 Reproductive Health and Child Health Programme abolished all demographically determined targets and adopted "a client-centered, demand driven and quality service approach". Meanwhile, China's policy clearly states that citizens' reproductive rights include the right to informed contraceptive choice and to receive free basic services.

GAPS

- High rates of maternal mortality and morbidity, women's lack of access to safe and legal abortion, and young people's lack of access to sexual and reproductive health and rights remain as persisting health issues.
- Government commitments have not mitigated the high rates of HIV/AIDS transmission, the high cost of treatment and general stigmatisation, especially for women and young people.
- Monitoring mechanisms are not in place to oversee the implementation of government commitments to BPFA and United Nations General Assembly Special Session addressing issues of women and HIV/AIDS.

EMERGING ISSUES

- Health sector reforms and the global gag rule negatively impact on women's access to quality services and their right to health. Other critical issues include the continuing lack of political will and commitment, persistent gender inequality and discrimination, widespread poverty and uncertainties brought about by globalisation.

- Countries have lagged behind in recognising and upholding adolescents' sexual and reproductive health and rights despite numerous international agreements affirming these entitlements. Adolescents now form 1.2 billion of the world's population --the largest generation in history.

RECOMMENDED LANGUAGE

Beijing Platform of Action C.1 para 62; C.5 para 72

By Governments:

- Uphold prime governmental responsibility for the provision and regulation of primary healthcare services; prioritise resources given to public sexual and reproductive health services.
- Monitor, audit, and assess budget allocations at all levels, for impact on health status and health service uptake. Health reports should be made public.
- Remove user fees for priority sexual and reproductive health services such as antenatal care, delivery, emergency obstetric care, abortion, and family planning services for all women.
- In countries where social insurance has been introduced, coverage must include sexual reproductive health services and extended to the informal sector.
- Include gender-based vulnerabilities and differences in Disability Adjusted Life Years (DALYs) so the methodology does not marginalize Sexual Reproductive Health Rights (SRHR); involve SRHR activist NGO groups in priority setting processes.
- Ensure mechanisms to promote accountability of public-private partnerships in the provision of integrated sexual and reproductive health services.
- The decentralisation of health services must be done without compromising national sexual and reproductive health policies. Decentralisation must better address local sexual and reproductive health priorities and needs, and include genuine participation of NGO's and civil society.

BPFA Para 108 k

By Governments, Institutions, and Civil Society Organizations:

- Implement rights-based and gender-sensitive programs and services for young people, especially for the marginalised. Conduct research and generate data on the impact of health sector reforms on young people.
- Evaluate sexual and reproductive health services more closely (including young people's feedback) to identify barriers to health. Improve the availability of services and policy makers' commitment to take action.
- Conduct evidence-based advocacy and promote non-interference by conservative interpreters of government family planning programs who undermine a rights-based approach in meeting young people's expressed needs.
- Build the capacity of young sexual and reproductive health advocates to create networks or utilise existing ones to advance young people's agenda.

BPFA C.1 para 106 s

By Governments and Institutions

- Ensure women's right to a level of health care that will enhance the likelihood of their surviving pregnancy and childbirth.
- Ensure skilled attendance at birth by providing qualified staff able to prevent, detect, and manage major obstetric complications, together with the necessary equipment, drugs, and other medical supplies.
- Increase local and national budgets for emergency obstetric care (EmOC) to ensure geographic access to and appropriate use of EmOC, as well as to provide trained personnel, essential equipment, supplies and drugs to improve maternal health outcomes.
- Strengthen the primary health care system to provide comprehensive emergency obstetric care (EmOC) services as per WHO recommendations.
- Provide EmOC free to low income women and include this service in social and private insurance packages
- Expand antenatal and postnatal coverage, and encourage husbands and relevant male relatives to accompany pregnant women for these check ups
- Broaden the safe motherhood package to include nutritional supplements, safe delivery, EmOC, and quality family planning services.

BPFA para 108 k

By Governments, United Nations, Civil Society, and Scientific Community:

- Develop indicators to monitor gender responsiveness of HIV/AIDS programs and policies. Undertake evaluation research to determine 1) resource allocation for HIV-AIDS; 2) impact on women's lives; and 3) implementation of commitments to the BPFA and UNGASS Declaration of Commitment.
- CEDAW reporting should include national implementation of strategies, programs and policies that bring about reduction of infection and mitigation of the impact of HIV/AIDS among women.
- Governments, civil society, and the scientific community must support research initiatives on microbicides and other female-controlled prevention methods with greater political commitment.
- Ensure balanced allocation of resources for care, treatment, and prevention. Priority should be given to HIV-positive women and their children.
- Redesign HIV interventions using gender-based indicators to ensure women's empowerment, especially for women with high vulnerabilities (i.e, women migrants, sex workers, intravenous drug users, young girls and housewives).
- Promote and ensure greater involvement of women living with HIV/AIDS in the development and implementation of policies.
- Strengthen awareness and consciousness-raising among women, especially in issues related to sexuality, gender and reproductive health and rights.
- Involve men and young boys in programs that address women's vulnerability to HIV/AIDS.

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(ARROW)