Sexual & Reproductive Health & Rights: What Does an Essential Package of Policies and Programs Look Like?

Universal access to reproductive health is vital to the effective implementation of population, health and development policies and to the success of the Millennium Development Goals (MDGs). At the 1994 International Conference on Population and Development (ICPD), nations agreed on the need to secure universal access to reproductive health, protect reproductive rights, and promote gender equality and endorsed an essential policy and program package to prevent unwanted pregnancies, sexually transmitted infections (STIs), and deaths due to childbirth and unsafe abortion.

This brief describes in practical terms the justification for and components of the essential policy and program package. Companion briefs describe pathways to integrating sexual and reproductive health services and the components of comprehensive sexuality education.

What Does the Sexual and Reproductive Health and Rights (SRHR) Essential Policy Package Consist Of?

The policy package has three parts, each of which is necessary for the advancement of people’s sexual and reproductive health and rights:

- a core group of integrated and universally accessible sexual and reproductive health services; buttressed by
- comprehensive sexuality education programs for adolescents in and out of school; and
- the implementation of laws and policies that protect the human rights of all persons, including their sexual and reproductive rights.

What Are the Core Sexual and Reproductive Health (SRH) Services?

The core integrated services for achieving universal access to reproductive health are:

- contraceptive services and supplies, including female and male condoms, a full array of temporary and long-lasting methods, and emergency contraception;
- safe and accessible abortion and the humane treatment of complications from unsafe abortion;
- maternal care, including antenatal care, skilled attendance at delivery, emergency obstetric care, post-partum, and newborn care; and
- prevention, diagnosis, and treatment of sexually transmitted infections (STIs) including HIV/AIDS and human papilloma virus (HPV), as well as cancers of the reproductive system, infertility, and other sexual and reproductive disorders.

The integration of services means that people who are seeking information or health care for one purpose are able to have their other needs met simultaneously, preferably
at the same time in the same location, but otherwise by effective referral. Service integration, which emphasizes prevention and early recognition and treatment of potentially harmful conditions, has been shown to be a cost-effective and efficient use of health system resources.\(^4\)

**WHY IS COMPREHENSIVE SEXUALITY EDUCATION PART OF THE ESSENTIAL POLICY PACKAGE, AND WHAT IS IT?**

Around the world, many adolescents begin their sexual lives without having the information and skills they need to make safe, informed, and voluntary decisions (adult women and men often lack this information as well). Comprehensive sexuality education, combined with access to core SRH services, protects adolescent girls’ and boys’ sexual and reproductive health and encourages them to take responsibility for themselves and their partners. International guidelines\(^5\) recommend that sexuality education programs should:

- be comprehensive in scope, with written curricula that encompass specific methods of preventing STIs/HIV and unintended pregnancy (not only abstinence) as well as other topics such as human sexuality, puberty, the reproductive system, and relationships;
- start early, before adolescents become sexually active, and continue throughout the educational process and in other venues and modalities accessible to out-of-school young people;
- develop decision-making skills and the capacity for adolescent girls and boys to take responsibility for their own health and that of their potential partners; and
- promote human rights, gender equality, appreciation of diversity, and mutual respect.

**WHAT DOES THE HUMAN RIGHTS POLICY COMPONENT CONSIST OF?**

International human rights agreements and recommendations articulate a broad array of social, economic, political, and cultural rights. Governments are expected to harmonize their national laws and policies with these rights. Of special relevance to the sexual and reproductive health and rights essential policy package are the following:

- the right to decide freely and responsibly on matters relating to one’s sexuality, including one’s sexual and reproductive health, free of coercion, discrimination, and violence;
- the right to decide freely and responsibly on the number and spacing of children, if any;
- the right to marry only of full age and with free and full consent;
- the right to enjoy the highest attainable standards of health, including sexual and reproductive health, and to the information and services required to do so;\(^6\) and
- equal rights of women and men in all aspects of economic, social, political, and cultural life and within the family and community, without prejudice or discrimination.

**HOW DOES THE SRHR PACKAGE ADDRESS POPULATION GROWTH AND HIGH FERTILITY?**

The SRHR policy package encompasses three policy options for lowering high fertility.\(^7\)

- *Reduce the number of unintended and unwanted births:* Two-fifths of the estimated 186 million pregnancies among women in the developing world in 2008 were unintended.\(^8\) In Bolivia, Colombia, Haiti, Namibia, the Philippines, and Swaziland, from one-quarter to one-third of all births were unwanted at the time of conception.\(^9\) These numbers can be reduced with comprehensive sexuality education and with
core SRH services ensuring universal access to reproductive health, including effective contraceptive methods, and to safe legal abortion.

- **Modify the demand for large families**: High fertility including unwanted births will contribute about 12 percent of future population growth in developing regions, including China. Women want six to eight or more children on average in high-fertility countries such as the Democratic Republic of Congo, Mali, Niger and Nigeria. Investing in girls’ education and employment, and challenging customs that discriminate against girls and women, as well as reducing child mortality and providing old age security, can reduce the demand for large families.

- **Slow the momentum of population growth**: With more than one billion adolescents (ages 10-19) in the world today, “demographic momentum” will contribute about 56 percent of future population growth in developing countries. We must ensure that these young people stay in school, receive comprehensive sexuality education, find gainful employment, postpone marriage and childbearing beyond their adolescent years, and access the SRH information and services they need.

**WHO IS RESPONSIBLE FOR IMPLEMENTING THE POLICY PACKAGE?**

The SRHR essential policy package requires leadership across sectors at the highest levels of government and the collaboration of international development partners, professional associations, and civil society. National bodies, such as planning commissions, are needed to ensure that all elements are funded under the revenue budget, and that responsibilities for implementation, oversight, and accountability are clear. Responsibilities of health and population ministries include:

- the delivery of good quality core sexual and reproductive health services through public, private and/or non-governmental organizations (NGOs);
- the promotion of, and inputs for, comprehensive sexuality education in collaboration with ministries of education and of youth as well as NGOs and youth groups; and
- the protection of human rights in health services, particularly sexual and reproductive rights, and the implementation of broader relevant human rights laws and policies, in line with international instruments and agreements.

**HOW MUCH DOES THE DELIVERY OF UNIVERSALLY ACCESSIBLE CORE SRH SERVICES COST?**

Costing of core SRH services in the world’s developing regions, including prevention efforts and applied research, is a complex task involving estimates for countries with diverse health systems, population characteristics and income levels. Because the individual services (HIV, family planning, maternal health) are typically funded and delivered vertically, the following estimates do not reflect the efficiencies or health benefits to be gained from integration.

- Ensuring universal access to the core group of SRH services in low- and middle-income countries is estimated to cost approximately US$68-70 billion per year.\(^\text{13}\)
- Two-thirds of the costs of current SRH services are borne by sources within developing countries, including governmental and non-governmental sources and individual consumers.\(^\text{14}\) One-third is borne by external donors, including multilateral agencies, bilateral donors, and foundations.\(^\text{15}\)
- External donors contributed $10.4 billion to family planning, maternal and newborn care, STIs/HIV prevention and treatment, and research in 2008, less than half of the donor share of US $22 billion that is needed every year to reach the Millennium Development Goals (MDGs) target of universal access to reproductive health.\(^\text{16}\)
WHAT INTERNATIONAL HEALTH INITIATIVES SUPPORT THE SRHR POLICY PACKAGE?

Five major international initiatives support the SRHR policy package, particularly the core services, including the International Health Partnership; the World Bank’s Health Systems Funding Platform; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations Global Strategy for Women’s and Children’s Health and the United States Government’s Global Health Initiative, which now encompasses the U.S. Presidents’ Emergency Plan for AIDS Relief (PEPFAR).

All emphasize health system strengthening, sustainability, and support for country-led health plans.

WHAT MORE NEEDS TO BE DONE?

While the SRHR package best serves women and adolescents, and governments have recognized it as essential for the achievement of the MDGs, obstacles exist at both the international and national levels. Skilled advocacy as well as appropriate monitoring and evaluation to track progress are required to ensure continued commitment to, and investment in, the ICPD approach as a reproductive health, population and development strategy.

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April 2012