

## Sexual and reproductive health and rights in the evolving post-2015 agenda: perspectives from key players from multilateral and related agencies in 2013

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**Abstract:** *This paper reports the views of participants from key multilaterals and related agencies in the evolving global negotiations on the post-2015 development agenda on the strategic location of sexual and reproductive health and rights. The research was carried out in June and July 2013, following the release of the report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, and comprised 40 semi-structured interviews with 57 participants and two e-mail respondents. All respondents were responsible for the post-2015 health and development agenda, or the post-2015 agenda more broadly, within their organisations. The interviews provide an insight into the intention to ensure that sexual and reproductive health and rights are integrated into the post-2015 trajectory by key players who sit at the interface of UN and Member State interaction. They reveal both an awareness of the shortcomings of the Millennium Development Goal process and its impact on advocacy for sexual and reproductive health and rights in early post-2015 engagement, as well as the vulnerability of sexual and reproductive health and rights in the remaining phases of post-2015 negotiations. Recent events bear these concerns out. Ensuring sexual and reproductive health and rights are included in the final post-2015 outcome document in the time remaining for negotiations, will be anything but a “doddle”. © 2014 Reproductive Health Matters*

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*“ICPD was anything but a doddle, but it looks like child’s play by comparison to this.”<sup>1</sup>*

The November 2013 edition of *Reproductive Health Matters* examined global planning around the evolving post-2015 development goal agenda, which will lead to the next iteration of the Millennium Development Goals (MDGs) when they expire on 31 December 2015. The explicit inclusion in the post-2015 framework of gender equality, and sexual and reproductive health and rights in particular, is anything but assured with two years of negotiations remaining. Nonetheless, early positioning of sexual and reproductive health and rights in negotiations in 2012 and 2013

was encouraging,\* and their prominence was maintained when the UN sponsored High-Level Panel of Eminent Persons on the Post-2015 Development Agenda (High-Level Panel) proposed 12 illustrative goals that included a goal on gender and a sexual and reproductive health and rights target as one of five targets under the illustrative umbrella health goal (Goal 4 Ensure

\*The first phase of post-2015 negotiations was led by the UN in 2012 through its country consultations (some of which are still ongoing) and 11 Global Thematic Consultations, culminating in the High-Level Panel report of May 2013 and the General Assembly Meeting on the MDGs and post-2015 agenda in September 2013.

Healthy Lives: Target 4D; Ensure universal sexual and reproductive health and rights).<sup>2</sup> The Sustainable Development Solutions Network's counter proposal of 10 Sustainable Development Goals<sup>3</sup> emphasised sexual and reproductive health and rights more forcefully in the targets of two proposed goals relating to environmental sustainability\* and health and well-being.<sup>†</sup> In keeping with the High-Level Panel, the Sustainable Development Solutions Network proposed a separate gender equality goal.

Despite this positive framing within *both* post-2015 processes, sexual and reproductive health and rights commentators insist that advocates remain vigilant right through to the end of the Member-State negotiated post-2015 document.<sup>1,4,5</sup> While it was thought that the International Conference on Population and Development (ICPD) Beyond 2014 was occurring at a fortuitous time, and would fuel momentum for integrating sexual and reproductive health and rights into the post-2015 paradigm,<sup>6</sup> it has in fact triggered serious conservative opposition. This raises questions as to how ICPD Beyond 2014 outcomes will be fed into the post-2015 process.<sup>4</sup>

Based on history, this caution is justified: the outcomes of the broadly endorsed ICPD +5 Review (1999) were not incorporated into the MDGs by their drafters.\*\* Although commentators claim the eight MDGs were a technical synthesis of the major UN Summit and Conference outcomes of the 1990s,<sup>7,8</sup> clearly this was not the case. The content of the ICPD Programme of Action in Cairo in 1994, for instance, was sidelined.<sup>9</sup> Furthermore, the 1995 Beijing Platform of Action's 12 areas of concern were integrated into the MDGs "in a way that reduced their critical edge and left out the holistic approach of the Platform of Action".<sup>10</sup>

\*Goal 2 Achieve Development Within Planetary Boundaries (Target 2C: Rapid voluntary reduction of fertility through the realization of SRHR in countries with total fertility rates above three children per woman and a continuation of voluntary fertility reductions in countries where total fertility rates are above replacement level).

†Goal 5 Achieve Health and Well-being at all Ages (Target 5A: Ensure universal access to primary health care that includes sexual and reproductive health care...).

\*\*The drafters of the MDGs were a select cluster of technocrats from UN and other multilateral agencies, mainly the International Monetary Fund, World Bank, and Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC).

Despite the MDG review in 2005 acknowledging the "centrality of sexual and reproductive health and rights in ending poverty", the formal addition of a reproductive health target in 2007 ("Target 5B: Achieve, by 2015, universal access to reproductive health"), within the MDGs depended on a huge advocacy effort.<sup>11</sup> At the same time, critics had highlighted "the complete inadequacy of the targets and indicators associated with MDG 3 in capturing the goal of women's empowerment".<sup>12</sup>

Up to this writing, the open nature of post-2015 planning has created a very different and more favourable negotiating landscape for sexual and reproductive health and rights advocates; the antithesis of the closed planning period preceding the MDGs. Marked differences are evident through the highly participatory nature of the "global conversation" surrounding early post-2015 negotiations,<sup>13</sup> and the shift in post-2015 decision-making from the UN to the Member States. Further, unlike the human development paradigm underscoring the MDG agenda, the post-2015/Rio+20 Sustainable Development Goal paradigm has three pillars (social, economic and environmental),<sup>14</sup> with Jeffrey Sachs, Director of the Sustainable Development Solutions Network, outlining a fourth governance pillar.<sup>15</sup> While variants of the economic and environmental pillars received prominence within the MDG framework, the social pillar (grounded in achieving social inclusion and overcoming social discrimination and inequitable state practices) is obviously important for post-2015 sexual and reproductive health and rights advocates.

This qualitative study examines the strategic location of sexual and reproductive health and rights in the post-2015 dialogue in mid-2013 through in-depth interviews with participants from key multilaterals and related agencies working on health in the post-2015 development agenda, some of whom are specifically tasked with advancing sexual and reproductive health and rights in the post-2015 paradigm. The interviews provide an insight into the intention to ensure that sexual and reproductive health and rights are integrated into the post-2015 trajectory by key players who sit at the interface of UN and Member State interaction. They reveal both an awareness of the shortcomings of the MDG process and its impact on advocacy for sexual and reproductive health and rights in early post-2015 engagement, as well as the vulnerability of sexual and reproductive health and rights in the remaining phases of post-2015 negotiations.

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