

# Introduction

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## Reproductive Health, Poverty and Development

Reproductive health is widely recognised as an essential aspect of the fight against poverty and of achieving the Millennium Development Goals (MDGs); affecting both well-being generally and poverty reduction specifically. The accessibility of family planning and other reproductive health information and services affects the allocation of resources within the family, providing choices about funding for the education and healthcare of individual family members. Moreover, enabling people to freely decide the number and timing of their children contributes to smaller families and slower population growth, creating opportunities to escape poverty traps and accelerate the economic and social development of communities. In the words of the UN Millennium Project: ‘Investments in sexual and reproductive health are vital to achieving the Millennium Development Goals, and must be included in national development strategies.’<sup>1</sup>

Most developing country governments have signed major agreements calling for increased support for sexual and reproductive health, and the number of governments of Least Developed Countries (LDC) concerned about high population growth has quadrupled since the 1970s.<sup>2</sup> EC development policy also acknowledges that reproductive health and population are crucial components of development and should be considered in all development sectors.

The EC identifies three **cross-cutting issues** – HIV/AIDS, gender and environment – intimately linked with and affected by reproductive health and population: HIV is primarily sexually transmitted or related to pregnancy, childbirth and breastfeeding; women’s and girls’ participation in society is overwhelmingly affected by their reproductive health; and population growth is an indirect driver of environmental degradation. Integrating reproductive health/population issues into development co-operation can help mainstream these cross-cutting issues, while strengthening poverty alleviation and promoting human development.

### What are sexual and reproductive health and rights?

- Provision of family planning services and education to allow couples and individuals to freely decide the number and spacing of their children
- Access to quality health care before, during and after pregnancy to ensure the birth of healthy children and a safe and supportive motherhood
- Adequate and accessible care for newborn children
- Prevention and treatment of sexually transmittable diseases including HIV/AIDS
- Empowering individuals to make responsible and informed decisions about their sexuality and reproduction free from discrimination, coercion and violence, including respect for the integrity of the body.

*(complete definitions in annexes)*

## Foundations of EC development policy on reproductive health and population

EC development policy is based on commitments to major international agreements related to reproductive health and population (see Box EC development policies), including the Programme of Action of the UN International Conference on Population and Development (ICPD) and the Millennium Declaration and Millennium Development Goals (MDGs).

The ICPD Programme of Action was a groundbreaking shift in focus for development from pursuing primarily numbers-driven demographic targets to a rights-based approach, emphasising the right to information, education, services and choice. At the landmark 1994 International Conference on Population and Development held in Cairo, 179 UN Member States pledged to meeting a series of reproductive health and rights targets. The final conference document, the ICPD Programme of Action, commits each country to earmark significant funds from official development assistance (ODA) to population and reproductive health programmes.

Since 1994, assessments have shown that prioritising reproductive health and population leads to great gains in health and quality of life, even in the poorest countries; yet most countries' (both donor and recipient) progress to-date falls short of the commitments made at the ICPD.<sup>1</sup>

The 2000 Millennium Summit, which produced the Millennium Declaration, established eight goals towards ending poverty by 2015. While reproductive health and population issues are distributed among the MDGs, they underpin every MDG in various and complex ways. Governments, the UN and other observers recognise that the MDGs cannot be achieved without improving reproductive health, particularly meeting the unmet need for contraception in countries with high population growth rates.

Significantly, the recent expansion of MDG 5 (improve maternal health) to include reproductive health reflects this growing recognition. MDG 5 originally had only one target (5A), to reduce by three quarters the maternal mortality ratio by 2015, with two indicators to measure progress in its achievement – the maternal mortality ratio and the proportion of births attended by skilled health personnel. In 2008, a second target (5B) was introduced, namely the achievement of universal access to reproductive health by 2015, along with four additional indicators: contraceptive prevalence rate; adolescent pregnancy rate; unmet need for family planning and antenatal coverage at least one and at least four visits.<sup>2</sup>

Indeed, the EC has a well-developed policy framework which devotes considerable attention to reproductive health issues. Yet concerns have been raised from both civil society and governments – at both the European and national levels – that the goals of poverty eradication expressed in the framework do not in themselves ensure effective implementation. As the OECD DAC observed in 2007: “There is a risk that the ambitious, multiple objectives of the consensus, including expanded political ones, could diffuse a focus on development and undermine longer term strategic priorities... [and] that the primary objective of poverty eradication is not always reflected in field delivery.”<sup>3</sup> Ultimately, the question of whether reproductive health receives sufficient attention in EC interventions largely depends on the decisions taken by officials implementing the Commission's policies, including delegation staff.

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<sup>1</sup> For more information, see: <http://www.unfpa.org/icpd/>

<sup>2</sup> For more information, see: [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals) and [www.unmillenniumproject.org/reports/srh\\_main.htm](http://www.unmillenniumproject.org/reports/srh_main.htm)

## EC development policies and reproductive health

- EU Consensus on Development:

“The MDGs cannot be attained without progress in achieving the goal of universal sexual and reproductive health and rights as set out in the ICPD Cairo Agenda. The Community will support the full implementation of strategies to promote sexual and reproductive health and rights and will link the fight against HIV/AIDS with support for reproductive and sexual health and rights.”

*European Consensus on Development (article 94)<sup>4</sup>*

- Development Cooperation Instrument:

“... support actions to improve reproductive and sexual health in developing countries and to secure the right of women, men and adolescents to good reproductive and sexual health and provide financial assistance and appropriate expertise with a view to promoting a holistic approach to, and the recognition of, reproductive and sexual health and rights as defined in the ICPD Programme of Action, including safe motherhood and universal access to a comprehensive range of safe and reliable reproductive and sexual health care and services, supplies, education and information, including information on all kinds of family planning methods...”

*Development Cooperation Instrument (DCI) (paragraph 2/a/ii)<sup>5</sup>*

- Joint EU-Africa Strategy

“Sexual and reproductive health and rights (SRHR) will be promoted with the aim of achieving universal access to reproductive health services by 2015 and to reduce newborn, infant and maternal morbidity and mortality, as set out by the International Conference on Development and Population (ICDP) and the Maputo Plan of Action.”

*-Joint EU-Africa Strategy (article 62)*

- Cotonou Agreement

1. (...) In this context, co-operation shall aim at: (...)

integrating population issues into development strategies in order to improve reproductive health, primary health care, family planning; and prevention of female genital mutilation;

*Cotonou Agreement (Article 25)*

## How can reproductive health services increase gender equality?

- 1) *Healthy women and girls have more opportunities:* ‘Reproductive health problems are the leading cause of women’s ill health and death worldwide.’<sup>6</sup> Reproductive health services improve women’s and girls’ health, which enables them to be productive in their families, communities and economy.<sup>6,7</sup> For example, ‘Access to family planning ... can allow women to balance the size of their family and timing of their children with their need and desire to earn wages.’<sup>7</sup> And, ‘... use of contraception can prevent unwanted adolescent pregnancies, thereby facilitating completion of studies and access to better paying work.’<sup>7</sup>
- 2) *Men’s involvement in reproductive health decisions improves gender relations:* ‘Involving men has been a prominent part of the shift from family planning to the broader reproductive health agenda ... efforts to involve them in ways that transform gender relations and promote gender equity contribute to a broader development and rights agenda.’<sup>8</sup>
- 3) *Control over fertility and sexuality is a key measure of equity:* Some key indicators of women’s empowerment at the household level include control over sexual relations, and the ability to make childbearing decisions and use contraception. Reproduction is not just a health issue – it has sweeping social and power implications for women and girls.<sup>9</sup>