"Woods and Trees"
The 2030 Agenda for Sustainable Development,
sexual and reproductive health and rights
and proposed indicators

1. Introduction

When on 25 September 2015 the UN General Assembly adopted the 2030 Agenda for Sustainable Development, including its 17 Sustainable Development Goals (SDGs) and their 169 targets, Secretary-General Ban Ki-moon hailed the agenda as a universal, integrated and transformative vision for a better world. The Population and Sustainability Network (PSN) was delighted by the Secretary-General's reference to "integration". PSN wants to ensure, now attention is turning to the finalisation of the targets' indicators (which were not simultaneously adopted and will help measure progress towards meeting the targets) that the indicators in their final form, and the way in which the indicators are used, will support the Secretary-General's vision.

2. Executive Summary

At PSN our mission is to achieve "*A world where everyone can decide freely whether, when, and how many children they want, for the benefit of all people and the planet*" and so our work spans many of the SDGs and their respective targets. Whilst reaching target 3.7 (universal access to sexual and reproductive health (SRH) services) and target 5.6 (universal access to SRH and reproductive rights) are the core targets to achieve our mission, the SDGs and their targets are interconnected and so our work focusses on many other targets besides.

Integrated challenges are best solved with integrated solutions. Achieving the targets ending poverty (goal 1), achieving food security (goal 2), ensuring health (goal 3), achieving gender equality (goal 5), ensuring sustainable consumption (goal 12) and taking urgent action to combat climate change (goal 13) will all be substantially less challenging if everyone has access to quality voluntary family planning information, rights and services: in other words, successfully reaching targets 3.7 and 5.6. To reach all the deeply interwoven SDGs, we must remember not to lose sight of the wood (the SDGs) for the trees (the targets and indicators).

In this paper we comment on some of the indicators which have been proposed under the targets most directly relevant to our mission and highlight the importance of the development sector not having an excessively narrow indicator driven view because, like the Secretary-General, we strongly believe in integration.

3. Our response to the proposed indicators under target 3.7

Target 3.7 states, "*By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.*" The reference to family planning is particularly welcome. We comment below on the two proposed indicators.

3.1. Proposed indicator: Demand satisfied with modern contraceptives

The proposed indicator states "*Percentage of women of reproductive age (15-49 years) who*

have their need for family planning satisfied with modern methods." This indicator should not only be disaggregated by age, gender and geographic location but also by ethnicity, race, disability, health status, educational level, socio-economic status (such as income quintile)[i] and contraceptive method. However, to truly reflect the extent of choice, the indicator should be further disaggregated by preferred method, therefore gaining understanding on whether the demand satisfied corresponds to women's preferred contraceptive method(s).

Countries such as the UK and USA have raised reservations regarding the language of the proposed indicator, as stated in the 25 September 2015 list of member and observer comments (on the 11 August 2015 draft indicators). The UK's proposed alternative is "*demand for family planning satisfied with modern methods*" (our emphasis). The difference between need and demand is of critical importance when the final phraseology of this indicator is settled. There are many parts of the world where lack of demand is due to lack of knowledge. Measuring demand does not take into account those people who are unaware of family planning choices. One cannot demand services that one does not know exist.

3.2. Proposed indicator: Adolescent birth rate

The proposed indicator states, "*Adolescent birth rate (10-14; 15-19) per 1,000 women in that age group*". This indicator would not correctly reflect the increased health risks of the lower end of the age spectrum and should be more meaningfully measured with the following breakdown: 10-14, 15-17, 18-19. The risk of dying from childbirth related complications is 5 times higher for 10-14 year olds than for women in their 20s, and early child bearing is often rooted in traditional cultural practices such as child or forced marriage, and/or related to sexual violence; 15-17 year olds account for the majority of unplanned and unwanted pregnancies, while a higher share of pregnancies in the 18-19 category are within a union or marriage and therefore more likely to be planned.

3.3. No proposed indicator: national strategies and programmes

The "*integration of reproductive health into national strategies and programmes*" was rightly deemed important enough to include in target 3.7, yet neither proposed indicator addresses how countries should measure progress in this regard. Whilst we appreciate that there are limitations on the number of indicators which can be measured, the likely absence of any form of indicator on this element of target 3.7 highlights the danger of an overreliance on looking merely at two indicators when assessing progress to reach any particular target.

4. Our response to the proposed indicators under target 5.6

Target 5.6 states, "*Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.*"

4.1. Proposed indicator: Proportion of women making their own sexual and reproductive decisions

The proposed indicator states, "*Proportion of women (aged 15-49) who make their own sexual and reproductive decisions.*" We agree with the recommendation of Colombia and the USA, as stated in the 25 September 2015 list of member and observer comments (on the 11 August 2015 draft indicators), that this indicator should not be restricted by age. Irrespective of whether a woman or girl is of reproductive age, she must still be able to make her own sexual decisions.

The UNFPA highlights that this indicator is based on three central elements measuring the empowerment of women. Interviewees would have to provide a "yes" answer to all three

questions in order to count as a woman who makes her own sexual and reproductive decisions. The first question looks at the ability to say no to sexual intercourse as a critical condition of sexual autonomy. The second question measures the woman's decision concerning using or not using contraception. The third question measures the woman's decision about accessing sexual and reproductive healthcare. There are many harmful and largely undocumented practices, such as sexual violence within unions and marriage, severely hampering women's empowerment and agency. Whilst the inclusion of an indicator linked to women's agency is significant, we do not agree with the current limitation as to age.

4.2. Proposed indicator: Proportion of countries with law guaranteeing access to SRH services, information and education

The proposed indicator states, "*Proportion of countries with laws and regulations that guarantee all women and adolescents access to sexual and reproductive health services, information and education.*" Whilst such legislative developments are critical, it neither follows that the existence of laws means those laws are enforced, nor that people are informed or knowledgeable of those laws or the services, information and education the subject of those laws. Therefore, a question regarding evidence of the dissemination and knowledge of laws should be added to Demographic and Health Surveys. Failing to take this into account risks success being measured by the existence of legislation on paper and not the exercise of rights and access to services in reality.

The UNFPA recommends strengthening this indicator by adding "*irrespective of age, marital status and without third party authorisation*" and we support this recommendation.

5. Our response to a proposed indicator under target 3.1

Target 3.1 states, "*By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.*"

In line with the Women's Major Group, we encourage the adoption of an accompanying indicator, disaggregating maternal mortality figures by cause of death. This will reflect how data is reported at the global level to WHO, based on the five leading maternal mortality causes: severe bleeding, infections, high blood pressure, complications during delivery, and unsafe abortion.[ii] Disaggregating data along these lines will have many benefits, including knowing the prevalence of unsafe abortion at country levels, therefore highlighting the topic as a national health concern where appropriate. Currently 6.9 million women in developing countries are treated for complications from unsafe abortion per year.[iii] This target is clearly designed to increase safety, although there is a risk in disaggregating data that certain groups might misuse the data to shift the focus from the need to increase safety (such as by legalising abortion to lessen the reliance on unsafe "back street" abortions) to restricting access to abortion itself.

6. Population and climate change

As an organisation focusing on the linkages between population dynamics and sustainability, we understand the important role that ensuring universal access to rights-based SRH plays in supporting climate change adaptation and resilience actions. Ethiopia, for instance, is one of the most vulnerable countries to the impacts of climate change due to a variety of political, socio-economic and environmental factors. Currently 25% of women in Ethiopia have an unmet need for family planning. A recent study identified Ethiopia's women and children as the country's most vulnerable groups to climate change.[iv] The burden of care placed on women is exacerbated by climate crises as women spend more time on activities such as water collection. As Ethiopia's vulnerability to climate change is marked by drought risk, the persistence of drought-cycles can exacerbate the workload of women, leading them to travel

longer distances to find water. This can subsequently increase their exposure to physical harm and sexual violence and so it is possible for climate change to lead to conditions perpetuating sexual violence.

PSN Network member, the UNFPA, has advocated for many years that investing in family planning and women's education may be two of the most cost effective means of curbing climate change and coping with its now inevitable effects. As stated in the their 2009 report "*Facing a Changing World: Women, Population and Climate*", educated women often choose to have fewer children and are better prepared to help protect their families economically in the face of climate change pressures. We are concerned there will be an overreliance on goal specific indicators when policy makers make decisions relating to the SDGs. Improving education and ensuring universal access to SRH services will make the climate change goal less hard to achieve, but clearly none of the targets or proposed indicators under the climate change goal relate to ensuring inclusive and equitable quality education for all, or ensuring universal access to SRH rights, information and services.

Through advocacy and project engagement, PSN promotes the importance of SRH and rights as a way to achieve sustainable development and build climate resilience. Indeed, PSN will present evidence at the upcoming 21st Conference of the Parties (COP 21) on how addressing population, reproductive health and climatic linkages is a cost-effective yet overlooked adaptation strategy, and a win-win for women and climate compatible development.

7. Integration at community level

At the community level we also know that restricted access to SRH information, rights and services, poor women's rights, limited work opportunities and environmental degradation each compound the other. Implementing programmes focusing on all these areas, however, reverses the cycle by kick-starting a series of positive chain reactions. So called Population, Health and Environment (PHE) programmes address the complex interactions between humans, their health and the environment and the challenges mentioned above. PHE project synergies generate results in the primary project areas (such as environmental protection and/or reproductive health) and in secondary areas (such as poverty alleviation, food security and gender equality). There is a growing body of evidence demonstrating that these integrated programmes have greater outcomes than single sector approaches.[v] As with the point above on climate change, we are concerned that placing an overreliance on measuring only the very limited number of indicators linked to each target will lead to a continuation of the standard international development practice of designing, implementing and funding projects in silos. It is important that an outcome of the targets and indicators is not a continuation of this international norm of siloed funding, given integrated programmes have greater outcomes.

It is noted, with some concern, that the Inter-agency Expert Group on Sustainable Development Goals' 25 September 2015 list of member and observer comments (on the 11 August 2015 draft indicators) no longer includes a column stating the inter-linkages between indicators under different targets. Given the Secretary-General's statement that the SDGs are part of a universal and integrated vision, it is important that actions to reach a specific SDG are not seen in isolation. Actions and solutions impact multiple SDGs and targets. As demonstrated above, universal access to SRH and rights is not only relevant for meeting targets 3.7 and 5.6.

8. Conclusion

The adoption of the 2030 Agenda could be a turning point in international development. We have an ambitious and broadly supported set of goals and targets. It is abundantly clear that

the challenges we face, as set out in the SDGs, interrelate. It is therefore critical that when attention inevitably and imminently turns to working towards reaching those goals that policy makers remember that when the challenges interrelate, so must the solutions. Indicators should do what they set out to do, provide an indication which becomes the basis of public planning and policy on complex development issues. There is a danger that in only focussing narrowly on the handful of indicators linked to each individual target, we slow the process towards the goals, by ignoring how they interrelate.

Thanks to a global network of civil society organisations working on the linkages between population, health and environment, PSN is well placed to lead discussions on integrating SRH and rights issues into national climate change, conservation, food security and nutrition strategies for improved development outcomes. Should you want to exchange with us on any of the issues raised in this paper please contact:

David Johnson
Chief Executive
dj@populationandsustainability.org
+ 44 (0)20 3317 5486

Carina Hirsch
Advocacy and Policy Manager
ch@populationandsustainability.org
+ 44 (0)20 3317 5498

5 October 2015

References

[i] Relative socio-economic status is well estimated in developing countries' Demographic and Health Surveys wealth indices.
[ii] Women's Major Group (August 2015) *Priority Indicator Proposals on Gender Equality and Sexual and Reproductive Health and Rights.*
[iii] Guttmacher Institute (August 19, 2015) *News Release: Each year 6.9 million women in developing countries are treated for complications from unsafe abortion.*
[iv] Rovin, K. et al. (2013*) Linking Population, Fertility, and Family Planning with Adaptation to Climate Change: Perspectives from Ethiopia.*
[v] Bremner, J. et al. (2015) *The Impact of Population, Health, and Environment Projects: A Synthesis of the Evidence*.