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## **Three decades of Beijing Platform for Action: A Closer Look at Sexual and Reproductive Health and Rights of Women and Girls**

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\* The views expressed in this publication are those of the author(s) and do not necessarily represent those of UN-Women, the United Nations or any of its affiliated organizations.

## **1. Introduction**

The 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women were pivotal in shaping the global agenda for sustainable development, gender equality, and women's empowerment. The resulting ICPD Programme of Action and Beijing Platform for Action (BPfA) established a people-centred and gendered approach to development, emphasizing the dignity and rights of individuals, specifically women, girls, and diverse populations. Both agendas recognize that women's ability to exercise their reproductive rights, including controlling their fertility, is central to enjoying other rights. The 2030 Agenda for Sustainable Development carries these agendas forward by calling for universal access to sexual and reproductive health and reproductive rights (SRHR).

Sexual and reproductive health and rights are critical to achieving Sustainable Development Goal (SDG) 5 on Gender Equality and SDG 3 on Health and Well-being. Lack of SRHR services and poor reproductive outcomes can exacerbate poverty and negatively affect overall health, education, and household well-being. Access to comprehensive SRHR services, including contraception, maternal healthcare, and comprehensive sexuality education, enables women and girls to make informed decisions about their bodies and futures, leading to improved health, economic opportunities, and education. Despite progress, challenges such as pushback on rights, crises, and changing demographics threaten these gains. The BPfA's 30-year review is an opportune time to review the gains made in SRHR and the remaining challenges.

This brief examines the intersection between the ICPD PoA and BPfA, specifically the centrality of SRHR to advancing gender equality. It sheds light on key issues in SRHR through the lens of the Beijing+30 Review's three themes: Accountability, Recommitment, and Resources. Section 2 examines progress and inequalities in SRHR; section 3 discusses how megatrends impact SRHR; section 4 addresses resourcing SRHR; and section 5 offers recommendations.

## **2. Accountability: Taking stock of progress in sexual and reproductive health and rights over the last three decades**

*Over the last thirty years, remarkable progress has been made in core areas of sexual and reproductive health.* The global maternal mortality rate has fallen by 34 percent, largely attributed to improved access to skilled and emergency obstetric care. The uptake of modern contraception has doubled; there has been a 19 percent reduction in the rate of unintended pregnancy; a 33 percent reduction in births among girls aged 15 to 19 years old and the percentage of girls subjected to female genital mutilation has decreased substantially. There is greater recognition of the scale

and impact of gender-based violence leading to reduced acceptance and increased reporting. A historic 162 countries have passed laws against domestic violence.<sup>1</sup>

*The adoption of the 2030 Agenda, particularly indicator 5.6.1 has reshaped the discourse on reproductive health and rights.* Indicator 5.6.1 measures women’s ability to exercise bodily autonomy, and has reshaped the discourse on reproductive health and rights. Analyses, based on data from 69 countries for 2007 to 2022, indicate that 56 per cent of married or in-union women aged 15 to 49 years make their own decisions regarding SRHR. This highlights the growing recognition that restrictions on women's autonomy have consequences for all of society.<sup>2</sup>

*Despite progress, women and girls continue to face limited reproductive choices.* Maternal deaths have plateaued and inequalities in access to SRHR services persist. An estimated 44 per cent of partnered women are unable to make their own decisions over health care, contraception or sex. Globally, one woman or girl is killed every 10 minutes by their intimate partner or family member<sup>3</sup> while one in every five girls is formally married or in an informal union, before reaching age 18.<sup>4</sup> Each day, more than 12,000 girls are at risk of FGM, while there are over 200 million FGM survivors.<sup>5</sup> A woman dies every two minutes due to pregnancy or childbirth.<sup>6</sup>

*Inequalities abound in sexual and reproductive healthcare.* Despite overall progress in reducing maternal mortality, the rate of decline has stagnated, with an estimated 800 women dying daily from preventable childbirth-related causes. Alarming, maternal deaths have increased in parts of North America, Europe, Latin America, and the Caribbean between 2016 and 2020, offsetting reductions elsewhere. These disparities are deeply intertwined with race and geography. In Sub-Saharan Africa, women are 130 times more likely to die from pregnancy or childbirth complications than women in Europe or North America. Furthermore, women and girls of African descent across the Americas are more likely to experience obstetric mistreatment, compared to non-Afrodescendent women and girls, excluding indigenous women and girls<sup>7</sup> contributing to disproportionately poor maternal health outcomes for this population. Inequalities also extend to gender-based violence, with disparities based on age, sexuality, race, and ethnicity contributing to years of life lost due to intimate partner violence.<sup>8</sup>

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<sup>1</sup> UNFPA. 2024. State of the World Population Report 2024. See <https://www.unfpa.org/swp2024> (accessed 10/15/2024).

<sup>2</sup> Ibid.

<sup>3</sup> UN Women and UNODC. 2025. Femicides in 2023: Global Estimates of Intimate Partner/Family Member Femicides (United Nations publication, 2024).

<sup>4</sup> “Child Marriage”. UNFPA. See <https://www.unfpa.org/child-marriage> (accessed 10/15/2024).

<sup>5</sup> “International Day of Zero Tolerance for Female Genital Mutilation”. 6 February 2024. UNFPA. See <https://www.unfpa.org/events/international-day-zero-tolerance-female-genital-mutilation> (accessed 10/15/2024).

<sup>6</sup> “A woman dies every two minutes due to pregnancy or childbirth: UN agencies”. 2023. UNFPA. (accessed 10/15/2024).

<sup>7</sup> UNFPA. 2024. State of World Population report 2024. *Interwoven Lives, Threads of Hope: Ending inequalities in sexual and reproductive health and rights*. See: <https://www.unfpa.org/swp2024> (accessed 10/15/2024).

<sup>8</sup> Ibid.

*UNFPA research suggests that gains have primarily reached those already within reach of SRH programmes, exacerbating inequalities.* However, focusing only on the most accessible populations will hinder achieving the ICPD, BPfA, and SDG agendas. And, the 2024 State of the World Population Report, *Interwoven Lives, Threads of Hope*, advocates for a more tailored approach to public health, focusing on reaching those with the least access to services. This includes understanding and addressing the reasons why some women avoid giving birth in healthcare facilities, such as facing disrespect, abuse, lack of access, transportation, or resources.<sup>9</sup>

*National data ecosystems are critical to address inequalities.* While global data systems have grown stronger since 1994, several national data ecosystems remain under-resourced. Data systems must generate and analyse disaggregated data by crucial factors like age, race, ethnicity, and disability status to address existing inequalities.<sup>10</sup> The will and capacity of governments to collect and analyse these data will be essential to addressing the inequalities that hinder the full achievement of the ICPD, BPfA and SDG agendas.

### **3. Recommitment: Mega trends impacting sexual and reproductive health and rights**

*Global demographics are changing rapidly* leading to population anxieties and policies aimed at controlling fertility rates. Two thirds of people are living in low fertility contexts, while eight countries<sup>11</sup> will account for half the projected growth in global population by 2050, dramatically reordering the world's ranking of most populous countries.<sup>12</sup> Most countries have population policies and programmes to influence fertility levels<sup>13</sup>. These approaches often undermine human rights and focus on women's reproductive capacity, framing their bodies as both the problem and the solution. Policymakers should focus on empowering individuals and respecting their reproductive rights.

*Humanitarian crises have adverse effects on the SRHR of women and girls.* As the world grapples with increasing humanitarian crises, integrating SRH and GBV programming in all phases of humanitarian responses is critical. Community based programming that provides increased support for local and women-led organizations should be prioritized. And effective crisis

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<sup>9</sup> Ibid.

<sup>10</sup> UNFPA. 2024a. The Future of Population Data Systems. See <https://www.unfpa.org/publications/future-sexual-and-reproductive-health-and-rights> (accessed 10/15/2024).

<sup>11</sup> Democratic Republic of the Congo, Egypt, Ethiopia, India, Nigeria, Pakistan, the Philippines, United Republic of Tanzania.

<sup>12</sup> “UNFPA Report Identifies Rising Population Anxiety, Urges Radical Rethink of How Countries Address Changing Demographics.” 2023. UNFPA Türkiye. <https://turkiye.unfpa.org/en/swop-2023-press-release> (accessed 1/14/2025).

<sup>13</sup> UN DESA. 2021. World Population Policies: Policies Related to Fertility. See <https://www.un.org/development/desa/pd/content/world-population-policies-2021-highlights> (accessed 1/14/2025).

preparedness requires pre-positioning supplies to meet SRHR needs, including those of marginalized groups.<sup>14</sup>

*Digitalization in SRH brings opportunities and challenges.* New technologies can expand access to contraception and address infertility but also require bridging the digital divide and mitigating the risks of disinformation and technology-facilitated gender-based violence.<sup>15</sup>

*Threats to human rights and gender equality, fuelled by opposition, conflict and climate change are pushing vulnerable communities further to the margins.* The pushback on gender equality is transnational, undermining progress in areas like bodily autonomy, SRH, education, and protection from violence. The denial of comprehensive sexuality education limits young people's rights to information and education, disproportionately harming those with limited resources who lack alternative avenues to accurate information. And the denial of SRHR is further marginalizing vulnerable communities such as refugees, migrants, persons with disabilities, and minority and indigenous communities, and escalating discrimination and violence against LGBTIQ+ persons.<sup>16</sup>

*A powerful wave of activism is rising to counter the attacks on SRHR.* Indigenous women are leading the fight for environmental justice, recognizing its connection to reproductive health and autonomy. Young activists are campaigning for climate justice making the link with reproductive justice.<sup>17</sup> The severe erosion of women's rights in places like Afghanistan has galvanized a diverse coalition of activists, human rights defenders, politicians, and legal experts to push for the recognition of gender apartheid as a crime against humanity.<sup>18</sup>

*Restrictions to SRHR in policies and laws:* The backlash against gender equality often manifests in online harassment, restrictive legislation, and the defunding of organizations supporting women's rights. In many parts of the world there are increasingly restrictive laws and policies along with misinformation and stigma, which in turn is endangering women's health and agency. The need to ensure that women's rights remain a priority in these difficult political, social and economic times is imperative. There is a need for greater solidarity and coordinated strategy across all stakeholders working on gender equality to counter the backlash and accelerate progress. It is crucial to actively engage with feminist organisations and broader social justice movements, including reproductive justice, to accelerate efforts in closing inequality gaps and advancing equality. Strategic engagement with international human rights mechanisms, including treaty bodies, special procedures and the universal periodic review of the Human Rights Council, provide

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<sup>14</sup> UNFPA 2024b. Humanitarian Action 2024. See <https://www.unfpa.org/HAO2024> (accessed 10/14/2024).

<sup>15</sup> UNFPA 2024a. The Future of Population Data Systems. See <https://www.unfpa.org/publications/future-sexual-and-reproductive-health-and-rights> (accessed 10/15/2024).

<sup>16</sup> UNFPA 2024b. Humanitarian Action 2024. See <https://www.unfpa.org/HAO2024> (accessed 10/14/2024).

<sup>17</sup> McGovern, Terry et al, 2022. Sexual and Reproductive Justice as the Vehicle to Deliver the Nairobi Summit Commitments. High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. See <https://www.nairobisummitcpd.org/publication/sexual-and-reproductive-justice> (accessed 10/15/2024).

<sup>18</sup> UNFPA. 2024. State of World Population report 2024. <https://www.unfpa.org/swp2024> (accessed 10/15/2024).

important platforms for multi-stakeholder dialogue, advocacy and strengthened accountability of States to meet their international human rights obligations in law, policy and action.

#### **4. Resourcing: Key issues in financing for sexual and reproductive health and rights**

*Investment in SRHR is one of the most powerful accelerators of human progress, delivering strong returns to economies and societies through lasting benefits for individuals and families.* UNFPA estimates that for every dollar invested in family planning and maternal health in developing countries, the return on investment to families and societies is US\$8.40. And further estimates that from 2022 to 2030 countries will need to spend an additional US\$79 billion to end unmet need for family planning and preventable maternal deaths. If these additional investments are made, it would generate US\$660 billion in economic benefits by 2050<sup>19</sup>. Additionally, another UNFPA study conducted in 12 Arab States showed that every dollar spent on family planning and preventing maternal deaths between 2022 to 2030 would yield US\$5 in economic returns by the year 2050. Every dollar spent on ending child marriage in 7 high burden countries in the region would yield more than US\$35 by 2050.<sup>20</sup>

*Current health finance remains inadequate in realizing universal health coverage.* Risks of cuts in domestic resources, both for national health systems and in terms of official development assistance, are greatest in countries where SRHR is contested.<sup>21</sup> And increasing numbers of people in vulnerable situations due to climate migration or conflict will place new demands on financing.<sup>22</sup> Health care finance needs to be carefully managed, and increased domestic financing for SRHR is crucial. Placing SRH care in the minimum package of essential health services and progressively situating comprehensive SRHR within universal health coverage benefit packages will enhance sustainable financing.<sup>23</sup> Public-private partnerships can fund innovations and bridge gaps, and new innovations in finance, such as development and social impact bonds, should be explored. More efficient and effective investment strategies and better coordination of donor funding are also essential, such as through multi-partner or pooled funds aimed at national health systems and workforce strengthening in line with national health strategies.<sup>24</sup>

*Health information management systems offer an opportunity to improve the management of both health services and financing.* The reform of the international financial system so that it reflects

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<sup>19</sup> UNFPA. 2022. Investing in Three Transformative Results: Realizing Powerful Returns. See [https://www.unfpa.org/sites/default/files/pub-pdf/Investment\\_report\\_8%20Nov\\_FINAL.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Investment_report_8%20Nov_FINAL.pdf) (accessed 10/25/2024).

<sup>20</sup> UNFPA. 2023. Challenges and Prospects Ten Years After the 2013 Cairo Declaration. See <https://www.unfpa.org/press/challenges-and-prospects-ten-years-after-2013-cairo-declaration> (accessed 11/2/2023).

<sup>21</sup> UNFPA. 2024a. The Future of Population Data Systems. See <https://www.unfpa.org/publications/future-sexual-and-reproductive-health-and-rights> (accessed 10/15/2024).

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

a broader spectrum of perspectives and priorities in low- and middle-income countries is fundamental in responding to the megatrends. Advocacy for increasing investments in SRH services is particularly important given its vulnerability to cuts when health-care budgets shrink.<sup>25</sup>

*Investing in women and girls has substantial economic and social benefits.* When girls are empowered to stay in school and avoid child marriage, the economic benefits are substantial.<sup>26</sup> Supporting women’s workforce participation leads to greater individual earnings and contributes to national economic growth.<sup>27</sup> And, businesses that invest in their employees’ sexual and reproductive health see a clear return on investment through higher productivity by up to 15 percent and improved employee retention by as much as 22 per cent.<sup>28</sup>

*Yet, investments are still insufficient.* In 2022, less than 1 percent of global overseas aid went towards stopping gender-based violence. Only 1 per cent of global health-care research is invested in female-specific conditions beyond oncology. And the average annual budget of feminist groups was at US\$20,000.<sup>29</sup> Directing resources to feminist and women-led organizations is crucial, especially in the context of the global pushback against gender equality. Through flexible, core, and multi-year funding approaches, civil society organizations can be enabled to lead initiatives and shape outcomes in bodily autonomy and SRHR advocacy.

## 5. A call to action

The 30th anniversary of the ICPD and BpFA provides an opportunity to focus on common goals, requiring collaboration among diverse stakeholders. To achieve SRHR and gender equality, broad alliances across sectors are needed, while holding health systems accountable, upholding bodily autonomy, and advancing SRH. **Recommendations** for taking this forward:

### Financing

- (a) Significantly increase international financing for SRHR, gender equality, and women's empowerment programmes, leveraging these resources to catalyse greater domestic investment.

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<sup>25</sup> Ibid.

<sup>26</sup> UNFPA .2022. Investing in Three Transformative Results: Realizing Powerful Returns. See: <https://www.unfpa.org/publications/investing-three-transformative-results-realizing-powerful-returns> (accessed 10/15/2024).

<sup>27</sup> “Gender Overview”. October 15, 2024. World Bank Group. See: <https://www.worldbank.org/en/topic/gender/overview#:~:text=On%20average%20across%20countries%2C%20long,social%20outcomes%2C%20and%20strengthen%20institutions> (accessed 1/14/2025).

<sup>28</sup> “ROI-T Invest in her”. UNFPA Asia and the Pacific. See <https://asiapacific.unfpa.org/en/ROI> (accessed 10/15/2024).

<sup>29</sup> Clark, C., Staszewska, K., Dolker, T., Ravindran, T.K.S., 2023. Advocacy for resourcing feminist and women’s rights movements. Sexual and Reproductive Health Matters 31, 2214979. <https://doi.org/10.1080/26410397.2023.2214979>.

- (b) Use national budget processes to ensure full, effective and accelerated implementation of SRHR programmes. This includes gender budgeting and auditing, increasing domestic financing and exploring new, participatory and innovative financing instruments and structures.<sup>30</sup>
- (c) Develop innovative approaches to finance and partner with women-led organizations and feminist movements, including young feminists, recognizing their crucial role highlighted at ICPD30 in advancing SRHR and gender equality.

## **Data**

- (d) Improve collection of data disaggregated by sex, gender, disability, ethnicity, and age and cross analyse it with qualitative research to support more inclusive SRHR programming that can respond to the needs of those furthest behind, building on ICPD30's emphasis on data-driven decision-making.

## **Addressing barriers**

- (e) Ensure universal health coverage that fulfils the SRHR of people at all stages of their lives, and strengthen health systems to meet international standards, in line with ICPD30's commitment to universal access to quality healthcare.
- (f) Empower all women and girls to exercise their right to realize bodily autonomy and SRHR, and live free of GBV and harmful practices, reaffirming the core principles of ICPD30.
- (g) Prioritize those facing the most substantial barriers to SRHR, including marginalized groups identified at ICPD30. Healthcare initiatives must consistently incorporate principles of inclusivity and non-discrimination particularly in humanitarian crisis responses.
- (h) Strengthen support for women-led and feminist organisations advocating for the protection and promotion of SRHR, particularly those at the grass root level.
- (i) Foster evidence-based initiatives that challenge harmful social and gender norms, actively involving men and boys in promoting positive masculinities, to cultivate an environment that supports SRHR and gender equality.

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<sup>30</sup> “Nairobi Statement on ICPD25: Accelerating the Promise”. Nairobi Summit ICPD. See: <https://www.nairobisummiticpd.org> (accessed 1/14/2025).