

**Forum:** Social, Humanitarian and Cultural Committee (GA3)  
**Issue:** Ensuring Universal Access to Reproductive Health-Care Services  
**Student Officer:** Charikleia Chatzistamatiou  
**Position:** Co-chair

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## PERSONAL INTRODUCTION

Dear delegates,

My name is Charikleia Chatzistamatiou and I will be serving as your Co-chair in the Social, Humanitarian and Cultural Committee (GA3) of the 12<sup>th</sup> Platon School Model United Nations Conference. I am currently 16 years old and a student in the 11<sup>th</sup> grade at Athens College (HAEF).

This will be my first time as a Student Officer and my 9<sup>th</sup> conference overall. After participating in multiple conferences, I realized how important MUN is and especially the GA3 committee. Not only are delegates given the opportunity to acquire knowledge about controversial topics and current affairs, but they are also challenged to discuss with other delegates and find resultful measures to solve crucial societal issues.

In the GA3, delegates are called upon to debate on important topics related to the protection of human rights, living conditions of refugees, racism, gender equality and other important social topics. The agenda for this year's conference includes three issues of vital importance that society must grapple with.

This study guide discusses the issue of "Ensuring Universal Access to Reproductive Health-Care Services". It will introduce you to the main aspect of the issue and provide you with insightful information to fully comprehend the topic. I would strongly suggest including it in your in-depth research on the topic. However, this guide serves solely for introductory purposes and further research is required to understand your country's position on the topic. Should you have any questions concerning the topic or the conference in general, feel free to contact me through my email address at [cchatzistamatiou@athenscollege.edu.gr](mailto:cchatzistamatiou@athenscollege.edu.gr).

I am looking forward to meeting you all and having a fruitful debate at the first live PSMUN conference after the COVID-19 pandemic!

Sincerely,

Charikleia Chatzistamatiou

## TOPIC INTRODUCTION

Reproductive health refers to the condition of human reproductive systems during all life stages and is considered an inalienable human right.<sup>1</sup>

The importance of reproductive health is undeniable yet, nowadays, many people are still deprived of their reproductive health rights and do not have access to the necessary facilities and healthcare services. Ensuring universal access to reproductive health care services is a fundamental health concern which besets society. While many sexually transmitted diseases and reproductive health disorders prevail, such as cervical cancer and endometriosis, society has to deal with numerous other reproductive health concerns as well. Unsafe abortions, maternal deaths, sexual violence, access to family planning and other infertility services, lack of newborn and post-abortion care are only some of the many issues that should be addressed in order to achieve universal access. Many systems aimed at reproductive health across the world are inadequate and not delivered in an acceptable manner. Thus, they fail to cover the aforementioned aspects of reproductive health and well-being. In addition to this, the legal frameworks that are related to these systems mostly favor individuals with high income, leaving a large percentage of the population without adequate coverage.

Equality in reproductive health is a greatly important issue and a matter of ongoing debate. Inequalities in access to reproductive health services are apparent in many regions of the world. Therefore, it's an undeniable fact that tackling these social and economic barriers to ensuring universal access to reproductive healthcare services requires collaboration in many different aspects.

## DEFINITION OF KEY TERMS

### Reproductive health

“Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.<sup>2</sup> Reproductive health implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so.”<sup>3</sup> This refers, for example, to the ability of all individuals who want to be tested for Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) to be able to

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<sup>1</sup> “Reproductive Health.” *National Institute of Environmental Health Sciences*, U.S. Department of Health and Human Services, [www.niehs.nih.gov/health/topics/conditions/repro-health/index.cfm](http://www.niehs.nih.gov/health/topics/conditions/repro-health/index.cfm).

<sup>2</sup> “Sexual & Reproductive Health.” *United Nations Population Fund*, [www.unfpa.org/sexual-reproductive-health#:~:text=Good%20sexual%20and%20reproductive%20health,how%20often%20to%20do%20so](http://www.unfpa.org/sexual-reproductive-health#:~:text=Good%20sexual%20and%20reproductive%20health,how%20often%20to%20do%20so).

<sup>3</sup> “Reproductive Health.” *World Health Organization*, World Health Organization, [www.who.int/westernpacific/health-topics/reproductive-health](http://www.who.int/westernpacific/health-topics/reproductive-health).

do so free of stigma and discrimination, or all women who want to delay pregnancy to have access to a range of contraceptive options.

### Reproductive systems

The tissues, glands, and organs involved in producing offspring (children) are part of the reproductive system. The female reproductive system includes the ovaries, the fallopian tubes, the uterus, the cervix, and the vagina. The male reproductive system includes the prostate, the testes, and the penis.<sup>4</sup>

### Reproductive Disorders

“Reproductive disorders are diseases involving the reproductive system, including reproductive tract infections, congenital abnormalities, cancers of the reproductive system and sexual dysfunction.”<sup>5</sup>

### Reproductive health care services

“These services cover a spectrum of care, including maternal and newborn care, the prevention and treatment of HIV or other sexually transmitted infections, access to ante and postnatal care, access to contraception and family planning, clinical management of rape survivors and intimate partner violence, management of abortion-related complications, prevention and treatment of fistula, screening, and treatment of cervical cancer.”<sup>6</sup>

### Universal Access

Universal access is achieved when all individuals have the ability to physically access a good and the financial stability to afford it. In the case of reproductive healthcare services, the main goal is to ensure that everyone, especially refugees, forcibly displaced people, citizens of Less Economically Developed Countries (LEDCs) where healthcare services are inadequate, adolescents etc., can maintain good reproductive health.

### Sexual and Gender-based Violence

“Any harmful act, which includes physical, emotional, or psychological and sexual violence, and denial of resources or access to services, that is perpetrated against one’s will and is based on gender norms and unequal power relationships is described as an act of sexual and gender-based violence (SGBV). SGBV includes rape, domestic violence, sexual exploitation, trafficking, forced pregnancy, forced sterilization, forced abortion, forced prostitution and female genital mutilation.”<sup>7</sup>

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<sup>4</sup> “NCI Dictionary of Cancer Terms.” *National Cancer Institute*, [www.cancer.gov/publications/dictionaries/cancer-terms/def/reproductive-system](http://www.cancer.gov/publications/dictionaries/cancer-terms/def/reproductive-system).

<sup>5</sup> *Nature News*, Nature Publishing Group, [www.nature.com/subjects/reproductive-disorders](http://www.nature.com/subjects/reproductive-disorders).

<sup>6</sup> United Nations High Commissioner for Refugees. “Sexual and Reproductive Health.” *UNHCR*, UNHCR, The UN Refugee Agency, [www.unhcr.org/reproductive-health.html](http://www.unhcr.org/reproductive-health.html).

<sup>7</sup> “Sexual and Reproductive Health.” *World Health Organization*, World Health Organization, [www.afro.who.int/health-topics/sexual-and-reproductive-health](http://www.afro.who.int/health-topics/sexual-and-reproductive-health).

## Antenatal care

Antenatal care, often referred to as pregnancy care, involves prenatal and postnatal care. Prenatal care is the healthcare pregnant women receive during their pregnancy. “Postnatal care is defined as the care given to the mother and her newborn baby immediately after the birth of the placenta and for the first six weeks of life.”<sup>8</sup> Antenatal care in general consists of treatments and training to ensure a healthy pre-pregnancy, labor, and delivery of the baby.

## Perinatal care

“Perinatal health relates to the care women and babies receive before, during, and after birth.”<sup>9</sup>

## Contraception

“Birth control, or contraception, is the use of medicine, devices, or surgery to prevent pregnancy. There are many different types of contraception, some of which are reversible, while others are permanent. Some types of contraception can help prevent sexually transmitted diseases (STDs).”<sup>10</sup>

## Maternal Mortality

“Maternal mortality refers to deaths of pregnant women due to complications from pregnancy or childbirth. 94% of all maternal deaths take place in low and lower-middle-income countries.”<sup>11</sup>

## Millennium Development Goals

“The United Nations Millennium Development Goals (MDGs) are 8 goals that UN Member States have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000, commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration. Each MDG has targets set for 2015 and indicators to monitor progress from 1990 levels. Several of these relate directly to health.”<sup>12</sup>

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<sup>8</sup> Wudineh, Kihinetu Gelaye, et al. “Postnatal Care Service Utilization and Associated Factors among Women Who Gave Birth in Debretabour Town, North West Ethiopia: A Community- Based Cross-Sectional Study - BMC Pregnancy and Childbirth.” *BioMed Central*, BioMed Central, 19 May 2020, [bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-2138-x](https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-2138-x).

<sup>9</sup> “Division of Disease Prevention.” *Perinatal Health - Children with Special Health Needs - Division of Disease Prevention - Maine CDC: DHHS Maine*, [www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/](https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/).

<sup>10</sup> “Birth Control | Contraception | Contraceptives.” *MedlinePlus*, U.S. National Library of Medicine, [medlineplus.gov/birthcontrol.html](https://medlineplus.gov/birthcontrol.html).

<sup>11</sup> “Maternal Mortality.” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/maternal-mortality](https://www.who.int/news-room/fact-sheets/detail/maternal-mortality).

<sup>12</sup> “Millennium Development Goals (Mdgs).” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/millennium-development-goals-\(mdgs\)](https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-(mdgs)).

## BACKGROUND INFORMATION

### The five aspects of reproductive health care

The issue of ensuring universal access to reproductive health care services could be divided into five core aspects: improving antenatal, perinatal, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections including HIV, reproductive tract infections, cervical cancer and other gynecological morbidities; and promoting sexual health.<sup>13</sup>

#### Improving antenatal, perinatal, postnatal, and newborn care

Improving antenatal, perinatal, postnatal and newborn care includes the provision of care and support during pregnancy, labor and after delivery. These also include taking immediate care of both the mother and the infant right after it is born.

Over 6,500 newborn deaths occur daily worldwide, the majority of which take place during childbirth or the postpartum period. The postpartum period begins when the infant is delivered and ends six to eight weeks afterwards. During the first 24 hours after the delivery of the baby, mothers are expected to undergo postnatal examination and are not allowed to be discharged from the hospital. It is of vital importance that during the first 24 hours after the birth of the baby, medical personnel deliver the appropriate support and guidance, since there may be complications and changes in the mother's or the baby's condition. After the first 24 hours and during the postpartum period, mothers experience physiologic changes related to pregnancy and may face severe medical issues. Hence, it is important that mothers receive the appropriate care even after the baby is born.

Back in 1990, the number of neonatal deaths, or newborn deaths, was 5 million per year. Thirty years later, in 2020, the number declined to 2.4 million, marking substantial progress in child survival.<sup>14</sup> Nevertheless, the number of infant deaths remains alarmingly high. In addition to this, 303,000 women per year lose their lives during pregnancy or after delivery due to pregnancy-related complications.<sup>15</sup> Depending on the country an infant is born, the chances of survival differ. While the infant mortality rate in Europe in 2021 was 3.1 per 1,000 live births, in Sub-Saharan African countries the neonatal mortality rate exceeded 27 deaths per 1,000 live

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<sup>13</sup> *Sexual and Reproductive Health Fact Sheet*. [www.afro.who.int/sites/default/files/2020-06/Sexual%20and%20reproductive%20health-%20Fact%20sheet%2028-05-2020.pdf](http://www.afro.who.int/sites/default/files/2020-06/Sexual%20and%20reproductive%20health-%20Fact%20sheet%2028-05-2020.pdf).

<sup>14</sup> "Newborns: Improving Survival and Well-Being." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality](http://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality).

<sup>15</sup> "Why Do Women Still Die Giving Birth?" *The Guardian*, Guardian News and Media, 24 Sept. 2018, [www.theguardian.com/global-development/2018/sep/24/why-do-women-still-die-giving-birth](http://www.theguardian.com/global-development/2018/sep/24/why-do-women-still-die-giving-birth).

births.<sup>1617</sup> In central and southern Asia, the neonatal rate is also quite high, with 23 deaths per 1000 live births <sup>18</sup>. Inferentially, there is a higher chance that a child born in sub-Saharan Africa will die than a child born in a developed country. Most of these deaths could have been avoided if adequate care was provided to the expectant mothers during and right after their pregnancy. The lack of funds, specialized equipment and the necessary facilities combined with the inexperienced personnel hinder the provision of the necessary health care. Especially in sub-Saharan African countries where the mortality rate is the highest, healthcare facilities and the experience of the healthcare personnel are far from adequate.

In order for the necessary health care to be provided during pregnancy, labor and after delivery, lower-level facilities should be upgraded, and unskilled personnel replaced with experienced doctors and nurses. Should these measures be implemented, women living in less economically developed countries (LEDCs) will also have access to adequate health care.

#### High-quality services for family planning, including infertility services

Over 1.1 billion women of the reproductive age group (15-49 years) are in need of adequate family planning services. Family planning allows people to decide when and if to have children, using the information, means and methods they need to do so. <sup>19</sup> It involves information and assistance on infertility treatment and on how to become pregnant when it is wanted. Contraceptives are an integral part of family planning; pills, implants, intrauterine devices, surgical procedures that limit fertility and barrier methods e.g., condoms are some of the various types of contraceptives related to family planning. The pills, if used correctly, and the implants are more than 99% effective in preventing pregnancies.<sup>20</sup> Out of all these contraception methods, only condoms protect both from the transmission of sexually transmitted infections and from unwanted pregnancies. Access to contraception methods advances one of the inalienable human rights; the right to determine the number and spacing of children. Thus, access to contraception and family planning should be available to all.

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<sup>16</sup> Published by D. Clark, and Sep 21. "Infant Mortality Rate in Europe 2021." *Statista*, 21 Sept. 2022, [www.statista.com/statistics/1258353/infant-mortality-rate-in-europe/](https://www.statista.com/statistics/1258353/infant-mortality-rate-in-europe/).

<sup>17</sup> "Newborn Mortality." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-mortality-report-2021#:~:text=Sub%2DSaharan%20Africa%20has%20the,36%25%20of%20global%20newborn%20deaths](https://www.who.int/news-room/fact-sheets/detail/levels-and-trends-in-child-mortality-report-2021#:~:text=Sub%2DSaharan%20Africa%20has%20the,36%25%20of%20global%20newborn%20deaths).

<sup>18</sup> "Mortality Rate, Neonatal (per 1,000 Live Births) - South Asia." *Data*, data.worldbank.org/indicator/SH.DYN.NMRT?locations=8S.

<sup>19</sup> "Family Planning." *UNFPA ESARO*, 9 Jan. 2023, [esaro.unfpa.org/en/topics/family-planning](https://esaro.unfpa.org/en/topics/family-planning).

<sup>20</sup> *NHS Choices*, NHS, [www.nhs.uk/conditions/contraception/which-method-suits-me/#:~:text=Contraceptives%20that%20are%20more%20than,female%20sterilisation%20\(permanent\)](https://www.nhs.uk/conditions/contraception/which-method-suits-me/#:~:text=Contraceptives%20that%20are%20more%20than,female%20sterilisation%20(permanent)).

About 260 million women who want to avoid any unwanted pregnancies do not have access to safe and effective family planning services.<sup>21</sup> The lack of information, the necessary services and support from their community and their partners are some of the reasons why women nowadays are not using adequate family planning methods. Unequal access to family planning puts at risk the future and health of unprotected women since they cannot control and prevent any unwanted pregnancies.

In East and Southern Africa, approximately 50 million women retaining active sexual relations cannot access modern contraception or sufficient family planning services.<sup>22</sup> Even though a decline in the total fertility rate was observed from 5.9 children per woman in 1994 to 4.2 in 2021, birth rates remain relatively high across the African region.<sup>23</sup> Bearing in mind that over half of the 50 million women deprived of adequate family planning services are young, adolescent pregnancy rates in Africa exceed 90 births per 1000 girls.<sup>24</sup> Depending on the age, education level, financial status or region, reproductive health services and especially family planning are not accessible to everyone.

Constant supply of high-quality contraceptives, improvement of national health systems and advocacy of policies that support and promote family planning are some of the measures that could be implemented to ensure full and equal access to family planning services.

The United Nations Population Fund (UNFPA) works collaboratively with governments and other Non-Governmental Organizations (NGOs) to abolish any barriers to equal and full access to reproductive health care services, including family planning.

### Combating unsafe abortions / improving post-abortion care

Abortions, or terminations of pregnancy can only take place in National Health System hospitals (NHS) or a licensed clinic by skilled and strained healthcare providers. Two types of abortions exist; medical abortion, which is carried out only with drugs, and surgical abortion. Abortion is considered a fundamental healthcare need for numerous women worldwide. In 2020, according to the Center for Disease Control and Prevention (CDC), 620,327 abortions were carried out in 49 reporting areas.<sup>25</sup> However, there are still many women who cannot access safe and legal abortion

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<sup>21</sup> "Nearly Half of All Pregnancies Are Unintended-a Global Crisis, Says New UNFPA Report." *United Nations Population Fund*, [www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report](http://www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended-global-crisis-says-new-unfpa-report).

<sup>22</sup> "Family Planning." *UNFPA ESARO*, 9 Jan. 2023, [esaro.unfpa.org/en/topics/family-planning](http://esaro.unfpa.org/en/topics/family-planning).

<sup>23</sup> "Indicator Metadata Registry Details." *World Health Organization*, World Health Organization, [www.who.int/data/gho/indicator-metadata-registry/imr-details/123](http://www.who.int/data/gho/indicator-metadata-registry/imr-details/123).

<sup>24</sup> *Who | World Health Organization*.

[apps.who.int/iris/bitstream/handle/10665/68754/WHO\\_RHR\\_04.8.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/68754/WHO_RHR_04.8.pdf?sequence=1).

<sup>25</sup> "Data and Statistics - Reproductive Health." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 17 Nov. 2022, [www.cdc.gov/reproductivehealth/data\\_stats/index.htm](http://www.cdc.gov/reproductivehealth/data_stats/index.htm).



services. Any abortion carried out after the appropriate time limit i.e., the 24<sup>th</sup> week of the pregnancy in an environment where the necessary facilities and equipment are not provided or by someone lacking the necessary knowledge and skills to conduct such a procedure, or both is considered unsafe. The personnel, expertise, and medical standards vary in medical and surgical abortion depending on the duration of the pregnancy and the scientific and technical advances accessible. This means that a woman who is 24 weeks pregnant has different needs and requires a different type of care than a woman who only carries a baby for 3-5 weeks. Thus, post-abortion care should cover every woman's needs despite the duration of the pregnancy, or other secondary factors.

Barriers still exist in many countries, which ultimately means they do not allow women access to safe abortion services. Consequently, since access to safe abortion services or effective contraception is limited, they seek out unsafe methods. Some of the barriers which restrict women's access to safe abortions are restrictive laws, unavailability of services, high cost, stigma, objection of healthcare providers, third-party authorization, and medically unnecessary tests. In at least 13 states in the US laws that ban or limit the abortion services provided to pregnant women exist.<sup>26</sup> Restrictive laws regarding the access of women to abortion services, instead of just reducing the number of abortions that take place, increase the number of unsafe abortion methods. The percentage of unsafe abortions in countries with strict legislation and restrictive laws regarding access to abortion is higher than in countries with weaker frameworks.

Each year approximately 22 million unsafe abortions are carried out, 97% of which are in LEDCs, leading to 47,000 deaths.<sup>27</sup> In addition to this, abortions conducted under unsafe conditions are the third leading cause of maternal deaths, while over 3 million women who suffer from complications provoked by abortions do not have access to post-abortion care.<sup>28</sup>

In More Economically Developed Countries (MEDCs), the mortality rate from unsafe abortions is 30 women per 100,000 unsafe abortions.<sup>29</sup> Meanwhile, in LEDCs this rate increases dramatically. With 220 deaths per 100,000 unsafe abortions, LEDCs account for an enormous percentage of all unsafe abortions.<sup>30</sup> More specifically, the rate in

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<sup>26</sup> The New York Times. "Tracking the States Where Abortion Is Now Banned." *The New York Times*, The New York Times, 24 May 2022, [www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html](https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html).

<sup>27</sup> "Abortion." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/abortion](https://www.who.int/news-room/fact-sheets/detail/abortion).

<sup>28</sup> *Preventing Unsafe Abortion - World Health Organization*.  
apps.who.int/iris/bitstream/handle/10665/112321/WHO\_RHR\_14.09\_eng.pdf.

<sup>29</sup> "Sexual and Reproductive Health and Rights." *OHCHR*, [www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights](https://www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights).

<sup>30</sup> *ibid*



sub-Saharan African countries reaches 520 deaths per 100,000 unsafe abortions, while 29% of all unsafe abortions are performed in the African continent.<sup>31</sup>

Women with a lower income or in LEDCs are the ones who seek out unsafe abortions more often. Bearing in mind the high cost of safe abortion services, many women's financial status does not allow them to cover such a costly healthcare need.

Unsafe abortions might result in many complications which threaten women's health. Some of the most dangerous complications provoked by unsafe abortions are hemorrhage, infection and injury to the genital tract and internal organs. Only skilled personnel can deal effectively with such complications and provide life-saving medical care to every woman suffocating from abortion complications. Inaccessibility of quality abortion care violates numerous women's human rights, including the right to life, the right to the enjoyment of the highest attainable standard of physical and mental health, the right to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights and the right to not receive punishment and treatment with torture, cruelty and inhumanity.<sup>3233</sup>

Other than the health sector, carrying out unsafe abortions have detrimental consequences to the financial and social sectors as well. In 2006 about \$680 million were spent on the treatment of some of the consequences of unsafe abortions. In addition to this, approximately \$370 million would be required to treat women suffering from the complications of unsafe abortions.<sup>34</sup>

There are some ways, however, in which unsafe abortions can be prevented. The cornerstones in ensuring equal access to safe abortion services, combating unsafe abortions, and improving post-abortion care are respecting human rights, which includes establishing a framework that supports safe abortion services; making information accessible to everyone; and setting up a well-functioning, low-cost and equally accessible health system which supports abortion services. Improving sex education is one of the first measures that should be implemented in order to inform the public, and especially young people, how safe abortions should be performed and why pregnant women should always opt for abortions carried out under safe conditions. Furthermore, ameliorating the efficiency of the already existing contraception methods can contribute to reducing the number of unintended pregnancies. Without unintended pregnancies, abortions will rarely take place. Lastly,

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<sup>31</sup> *ibid*

<sup>32</sup> *ibid*

<sup>33</sup> *Office of the United Nations High Commissioner for Human Rights.*  
[www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf](http://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf).

<sup>34</sup> *ibid*, 32.

any legal barriers which obstruct the full and equal access of pregnant women to safe and legal abortions should be abolished.

### Eliminating reproductive disorders

Reproductive disorders are rather common in LEDCs. They include reproductive sexually transmitted diseases, tract infections, some types of cancer (cervical cancer), sexual violence and other gynecological morbidities.

Sexually transmitted infections (STIs), or else sexually transmitted diseases (STDs), are infections that can be transmitted from one person to another through sexual contact.<sup>35</sup> Some STIs might also be passed from pregnant women to their babies during pregnancy.

In some of these diseases, like syphilis and chlamydia, a cure has been discovered which allows the infected patients to limit the spread of the disease. However, infections like hepatitis B, Human Immunodeficiency virus (HIV) and Human papillomavirus (HPV), are incurable. Approximately the same number of men and women are infected with STIs every year. Nevertheless, consequences and complications due to STI infections might be more detrimental for women. Especially pregnant infected women and their newborns are at risk of suffering from serious health problems. Such consequences include fetal and neonatal death and cervical cancer, which is a type of cancer found in the cervix of women's reproductive systems caused by HPV.

The amount of STIs transmitted every day surpasses 1 million.<sup>36</sup> The lack of adequate STI prevention and treatment services is the reason the situation has deteriorated. Effective contraceptive methods, vaccination against incurable diseases and the promotion of sex education could contribute to combating the issue. The only contraceptive method which offers protection from STI transmission is the male condom. Diseases such as HIV or HPV can be prevented when condoms are used. However, condoms do not always reduce the risk of acquiring STIs that cause extra-genital ulcers, such as syphilis and genital herpes.

Other than effective contraception, vaccination can also contribute to reducing the transmission of STDs. Vaccines for hepatitis B and HPV have already been released and have greatly benefited the medical community. Further research is undertaken hoping

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<sup>35</sup> "Sexually Transmitted Diseases | STD | Venereal Disease." *MedlinePlus*, U.S. National Library of Medicine, [medlineplus.gov/sexuallytransmitteddiseases.html](https://medlineplus.gov/sexuallytransmitteddiseases.html).

<sup>36</sup> "Sexually Transmitted Infections (Stis)." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)#:~:text=More%20than%201%20million%20STIs%20are%20acquired%20every%20day.](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)#:~:text=More%20than%201%20million%20STIs%20are%20acquired%20every%20day.)

to discover vaccines against genital herpes and HIV. Such a discovery will provide major advances for STI prevention and the field of medicine as a whole.

Other than effective prevention, access to adequate treatment services is also important. In MEDCs, diagnostic tests for STDs have been developed with the use of molecular technology and are available to the public. These tests have proven to be rather beneficial for diagnosing infections with no symptoms, such as chlamydia. In contrast to this, in LEDCs where access to such services is limited, an enormous number of people suffer from STIs. In the African region, HIV is one of the leading causes of death. In addition to this, approximately 25.7 million people in the African continent are infected with HIV.<sup>37</sup> Even if in some LEDCs diagnostic tests are available, they are often too expensive and not easily accessible to all. The poor provision of services does not allow the people of less economically developed countries to have access to life-saving treatments and vaccines which can prevent the spread of such diseases.

### Promoting sexual health

Promoting sexual health refers to allowing people to control their sexual health depending on what their needs and abilities are. In order to achieve that, people have to be fully informed about their physical and psychological health. This includes various elements, namely education, society and culture, healthcare and economics.

An effective way to have accurate and adequate knowledge about sexual health is sex education, provided either by the school for adolescents or the community for adults who want additional information on some topics. Sex education programs include anatomy, physiology, adolescent development, pregnancy, reproduction etc. Implementing such programs can have profound benefits in the behavior of not only adolescents but also adults, such as increasing the use of contraception. Social norms and values are also strongly tied to sexual health. Promoting the appropriate and “healthy” role models who respect the right to sexual self-expression and the sexual orientation of all individuals can be crucial in reducing abuse and sexual violence. Making healthcare services more accurate, affordable, and ensuring that everyone has access to them is also of vital importance for the promotion of sexual health. Lastly, the reproductive health individuals receive should not be linked with their socioeconomic status. Worldwide many people do not have access to many amenities and healthcare services because of their financial and social status. However, there have been efforts to promote socio economic equity.

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<sup>37</sup> “HIV/AIDS.” World Health Organization, World Health Organization, [www.afro.who.int/health-topics/hivaids](http://www.afro.who.int/health-topics/hivaids).

### Sexual or Gender-Based Violence (SGBV)

Another major reproductive disorder is sexual or gender-based violence (SGBV). People of all genders, sexual orientations and ages can be victims of sexual violence. However, children, women, elderly people, minority groups and people with disabilities are more likely to experience any form of sexual violence. In the past year, many SGBV cases have taken place online. Online sexual violence includes posting sexual pictures of someone without their approval. The consequences of SGBV for the victims are psychical and psychological, both of which are detrimental to their health and well-being. The consequences the victims endure include bruises, pregnancy, depression, and suicidal thoughts. Some of them might even be chronic, such as post-traumatic stress disorder or permanent health issues. Other than the physical and psychological consequences, sexual violence impacts the financial stability of a region. Each victim of sexual violence, and specifically rape, spends over \$120.000 to cover needs, such as medical costs and criminal justice activities <sup>38</sup>.



Figure 4: Percentages of victims of sexual health and estimated lifetime cost of rape

Sexual violence can be perpetrated by anyone, such as a coworker, neighbor, friend, or family member. Intimate partner violence is a term used to describe specifically sexual violence provoked by a current or former partner. Even though the necessary legislation which protects men and women from any type of sexual violence exists, specifically the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the number of SGBV victims remains high.

### Reproductive Healthcare and the Sustainable Developments Goals (SDGs)

Ensuring universal access to sexual and reproductive health and rights (SRHR) is linked to achieving Sustainable Development Goals 3 (Good health and well-being) and 5 (Gender equality). More specifically, target 5.6 focuses notably on universal access to sexual and

<sup>38</sup> "Fast Facts: Preventing Sexual Violence | Violence Prevention|injury Center|CDC." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 22 June 2022, [www.cdc.gov/violenceprevention/sexualviolence/fastfact.html](https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html).

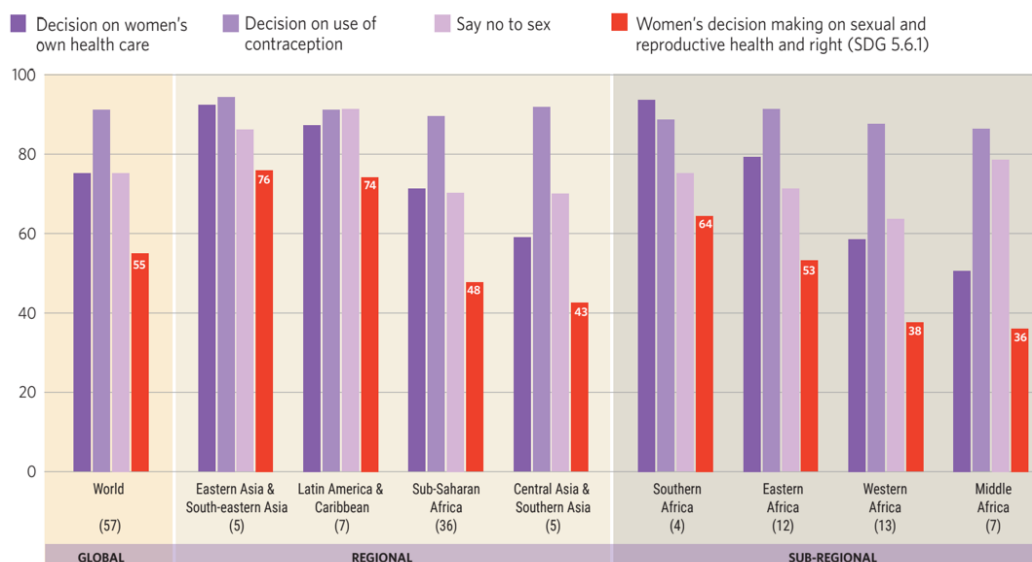


Figure 1: Percentages of women who make their own choices on matters regarding their reproductive health

reproductive health and reproductive rights and is measured by two indicators designed to complement each other; women's decision-making and establishing the necessary legislation.

These two indicators combined demonstrate adequately the key dimensions of reproductive health. Addressing two of those indicators can contribute to tackling the issue at hand. The lack of the necessary legislation along with the fact that women are not sufficiently informed and cannot make their own decisions on matters related to their reproductive health, such as contraceptive use or reproductive health care, are some of the issues that hinder access to reproductive health care services and need to be addressed.

### Women's decision-making

Ensuring universal access to reproductive healthcare services requires making sure that people, especially women, are adequately informed about their reproductive rights and can make their own decisions in such matters. Only women who assert that they make their own decisions in three key areas are considered to have autonomy in reproductive health decision-making and are empowered to exercise their reproductive rights.<sup>39</sup> The three key areas are reproductive health care, contraceptive use, and sexual relations. More precisely, this means that only women who can make decisions on their own about their health care, women who are free to decide when and if they should use contraception and women that can control their sexual relations are considered autonomous and informed. Nowadays, many women worldwide are either not informed at all about their reproductive health or are not free to make decisions on their own in such matters. Age, level of education, financial and social status, exposure to media and place of residence are some of the factors that intervene within women's decision-making and do not allow them to make their own informed decisions. Informed women are more likely to be able to take the necessary

<sup>39</sup> United Nations Population Fund. [www.unfpa.org/sites/default/files/pub-pdf/UNFPA-SDG561562Combined-v4.15.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-SDG561562Combined-v4.15.pdf).

measures to prevent HIV or other sexually transmitted diseases, have the number of prenatal visits suggested by the World Health Organization, and have their babies delivered under safe conditions and by a skilled attendant. Ensuring that women are adequately informed has also a tremendous impact in achieving gender equality. Informed women appear to be more likely to own their home, work under decent working conditions and have health insurance coverage and less likely to have experienced any form of partner violence.

Evaluating the results of a survey conducted in 2020, in which 57 countries participated (the majority of which were sub-Saharan African countries), much important information was brought to light and helped the society comprehend the issue. Based on the results of this survey, only 55 per cent of married or in-union women from 15 to 49 years old can freely make their own decisions on issues regarding their reproductive health and rights (including the three aspects mentioned before).<sup>40</sup>

### Legislation

Another indicator that burdens the access of many people to reproductive health care services is the lack of the necessary legal and regulatory framework and the existence of legal barriers that interfere with equal access to specific services. Many countries have still not adopted the necessary laws and regulations which guarantee the full and equal access of both men and women to reproductive health care. Laws, or barriers, which criminalize, obstruct, or undermine an individual's or a group's access to health facilities, services, goods, and information are also rather common in many regions of the world.<sup>41</sup> Those barriers include the requirement for third-party authorization that forces individuals to obtain consent from a party beyond their healthcare provider, such as a parent, spouse, judge or medical committee. Other restrictions can be age, marital status, or gender of the citizens. The set of laws and regulations that ensure full and equal access to health care services can be divided into four sub-categories: maternity care, contraception services, sexuality education, Human immunodeficiency viruses (HIV) and Human papillomaviruses (HPV) counseling and test services.

Based on data collected from 75 countries in 2019, 73 per cent of the participant countries have established the legislation needed to secure equal access to reproductive health care services. Specifically, almost 90 per cent of the countries that participated have in place the necessary laws and regulations for HIV treatment and provision of care services, while less than 60 per cent have adopted laws that promote sex education. In addition to this, almost 80 per cent have in place the necessary

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<sup>40</sup> *ibid.*

<sup>41</sup> *ibid.*

regulations that require the full, free, and informed consent of individuals before proceeding to contraceptive use and more than 70 per cent protect pregnant women by providing the necessary maternity care, lifesaving commodities and safe conditions for the conduction of abortions.<sup>42</sup>

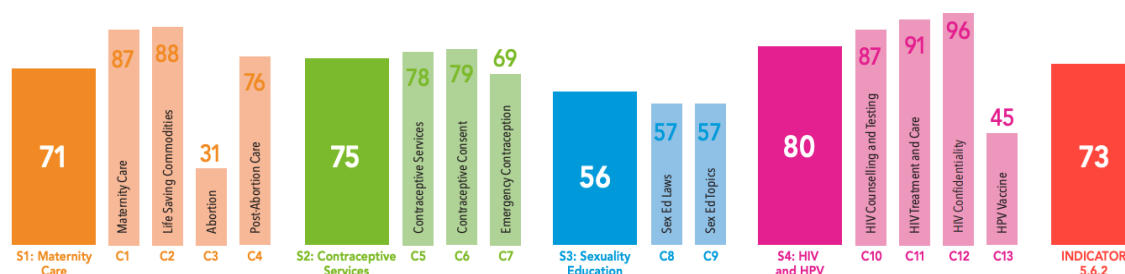


Figure 2: Countries' percentages that have established the relevant laws in each sector

These results reveal that a strong and supportive protection framework has been established in most of the countries that participated. However, there are still some countries where legal barriers and exclusive laws exist. Nevertheless, the establishment of the legal framework is not enough to tackle the issue. Budgets, policies, and actions need to be implemented to transition laws into practice.

### The situation in African countries

Even though limited access to reproductive health care services is prevalent in many regions of the world, in African countries the situation is deteriorating. Unsafe abortions, unintended pregnancies, high maternal and newborn mortality rates, limited access to effective contraception methods and reproductive rights violations, which all result in thousands of deaths that could have been prevented, are evident in the African region. In addition to all these, over 25 million African people are infected with HIV or other STDs.<sup>43</sup>

To begin with maternal mortality rates, the African region accounts for over half of the 536.000 maternal deaths that occur worldwide.<sup>44</sup> Limited access to technology, lack of skilled personnel, medical knowledge and adequate health care services are some of the key factors that result in many maternal deaths. Almost 70 per cent of births are performed by unskilled personnel, while one in thirty-seven women are likely to die during birth due to pregnancy

<sup>42</sup> *ibid.*

<sup>43</sup> *Sexual and Reproductive Health Fact Sheet*. [www.afro.who.int/sites/default/files/2020-06/Sexual%20and%20reproductive%20health-%20Fact%20sheet%2028-05-2020.pdf](http://www.afro.who.int/sites/default/files/2020-06/Sexual%20and%20reproductive%20health-%20Fact%20sheet%2028-05-2020.pdf).

<sup>44</sup> "Reproductive Health in the African Region. What Has Been Done to Improve the Situation?" *United Nations*, United Nations, [www.un.org/en/chronicle/article/reproductive-health-african-region-what-has-been-done-improve-situation](http://www.un.org/en/chronicle/article/reproductive-health-african-region-what-has-been-done-improve-situation).



complications.<sup>45</sup> By 2030, based on reports and estimations, 390 women per 100,000 live births will die during pregnancy. This staggering amount is an alarming rate compared to the 13 deaths per 100,000 live births that took place in Europe in 2017.<sup>46</sup> Newborn mortality rates are also quite high. With 72 deaths per 1000 live births on average, the African continent has the highest infant mortality rates worldwide.<sup>47</sup> In Mali and Somalia, the infant mortality rate exceeds 95 deaths per 1000 live births.<sup>48</sup> Moving on to unsafe abortions, the laws referring to women's right to safe abortion services in the African continent are restrictive. Since women cannot easily access safe and legal abortion services, they opt for unsafe abortions. In countries like Angola, Cape Verde, Sao Tome & Principe and South Africa, legal abortions are provided upon request without needing any form of justification. In contrast to this, in countries like Senegal, Mauritania, Madagascar, Guinea Bissau, Gabon and Congo, access to safe abortions is completely forbidden. Adequate post-abortion, antenatal and newborn care is provided in less than 10% of all healthcare facilities in the African region.<sup>49</sup> STDs are another major medical problem prevailing in the African continent. According to the World Health Organization (WHO), every year 3.5 million cases of syphilis, 15 million cases of chlamydia, 16 million cases of gonorrhea, and 30 million cases of trichomoniasis are reported.<sup>50</sup> Sexual or gender-based violence is also another important issue in the African region. An estimated 37 per cent of women above the age of 15 in LEDCs have been subjected to physical or sexual intimate partner violence.<sup>51</sup> Equatorial Guinea is the country with the highest percentage (44 per cent) of women who have experienced any form of sexual violence.<sup>52</sup> Another major issue of magnificent importance in Africa is Female genital mutilation (FGM). FGM involves the partial or total removal of external female genitalia or other injuries to the female genital organs for non-medical reasons.<sup>53</sup> FGM is a form of sexual violence against women since it provides no health benefits to the female population and can cause severe health problems. In many societies, it is considered an integral part of the upbringing of young

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<sup>45</sup> *ibid*, 44.

<sup>46</sup> "Africa's Advances in Maternal, Infant Mortality Face Setbacks: Who Report." *World Health Organization*, World Health Organization, [www.afro.who.int/news/africas-advances-maternal-infant-mortality-face-setbacks-who-report#:~:text=Among%20the%20most%20difficult%20to,2030%2C%20the%20Atlas%202022%20reports](http://www.afro.who.int/news/africas-advances-maternal-infant-mortality-face-setbacks-who-report#:~:text=Among%20the%20most%20difficult%20to,2030%2C%20the%20Atlas%202022%20reports).

<sup>47</sup> *ibid*, 46.

<sup>48</sup> Barasa, Faith. "Highest Infant Mortality Rates in Africa." *WorldAtlas*, WorldAtlas, 23 May 2018, [www.worldatlas.com/articles/african-countries-with-the-highest-infant-mortality-rates.html](http://www.worldatlas.com/articles/african-countries-with-the-highest-infant-mortality-rates.html).

<sup>49</sup> Bee, Margaret, et al. "Neonatal Care Practices in Sub-Saharan Africa: A Systematic Review of Quantitative and Qualitative Data - Journal of Health, Population and Nutrition." *BioMed Central*, BioMed Central, 16 Apr. 2018, [jhpnp.biomedcentral.com/articles/10.1186/s41043-018-0141-5](http://jhpnp.biomedcentral.com/articles/10.1186/s41043-018-0141-5).

<sup>50</sup> TE, Gerbase AC; Mertens. "Sexually Transmitted Diseases in Africa: Time for Action." *Africa Health*, U.S. National Library of Medicine, [pubmed.ncbi.nlm.nih.gov/12348788/#:~:text=Sub%2DSaharan%20Africa%20ranks%20first,30%20million%20cases%20of%20trichomoniasis](http://pubmed.ncbi.nlm.nih.gov/12348788/#:~:text=Sub%2DSaharan%20Africa%20ranks%20first,30%20million%20cases%20of%20trichomoniasis)

<sup>51</sup> *ibid*, 43.

<sup>52</sup> *ibid*, 43.

<sup>53</sup> "Female Genital Mutilation." *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

girls and is often linked to religious or social norms. Approximately 95 per cent of women and young girls in Guinea have experienced FGM.<sup>54</sup>

GLOBAL AND REGIONAL ESTIMATES	SECTION 1 MATERNITY CARE				SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV				SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 ♀
	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post-Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine					
World	87	88	31	76	78	79	69	57	57	87	91	96	45	71	75	56	80	73
Northern America and Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Latin America and the Caribbean	86	85	25	60	67	76	50	59	64	85	88	91	41	66	65	61	75	66
Central Asia and Southern Asia	78	85	28	81	75	73	45	40	34	76	84	98	10	66	64	37	67	62
Central Asia	92	77	67	75	87	100	17	50	44	80	100	100	0	76	68	47	70	68
Southern Asia	71	88	11	83	70	63	56	38	31	75	80	97	14	62	63	34	66	60
Eastern Asia and South-eastern Asia	89	83	22	75	91	89	83	88	91	98	98	100	56	67	88	89	88	82
Eastern Asia	92	74	50	67	100	100	100	100	63	100	100	100	33	67	100	81	83	83
South-eastern Asia	88	87	13	79	87	83	75	83	100	97	97	100	67	67	82	92	90	81
Western Asia and Northern Africa	85	85	3	82	77	64	70	30	28	83	88	98	8	63	70	29	69	62
Western Asia	81	89	11	86	88	88	81	50	46	90	98	100	13	67	85	48	75	70
Northern Africa	94	79	-17	75	55	0	42	0	0	70	70	94	0	53	27	0	58	45
Sub-Saharan Africa	83	96	29	75	77	79	76	47	52	85	92	95	48	70	77	49	81	72
Oceania	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Australia and New Zealand	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Landlocked developing countries (LLDCs)	83	94	41	84	78	78	60	59	63	75	85	93	44	75	72	59	75	69
Least Developed Countries (LDCs)	78	94	25	87	75	73	72	45	50	85	88	95	41	71	73	47	78	71
Small Island Developing States (SIDS)	69	86	29	63	42	54	31	46	51	82	85	88	31	60	42	49	71	57

Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

Figure 3: percentages to which each region has established the necessary legal framework that ensures access to reproductive health care

Despite all these, the African region has made little progress in achieving full and equal access to reproductive health care services. The maternal mortality ratio has decreased from 857 maternal deaths per live birth in 2000 to 525 deaths per 1000 live birth in 2017.<sup>55</sup> Contraception use has also been enhanced. From 14.7% in 2000 contraception use grew to 27.9% in 2019.<sup>56</sup> Taking all these into account, many women have received antiretroviral medicine (ARV), a drug that limits the amount of virus in the human body, in order to prevent transmission from the mother to the child during pregnancy. Notwithstanding, equal access to all reproductive health care services is still not achieved in the African region.

Limited access to technology and funding, lack of skilled personnel, medical knowledge and adequate health care services are some of the key factors that have contributed to the

<sup>54</sup> *ibid*, 53.

<sup>55</sup> "Maternal Mortality." *World Health Organization*, World Health Organization, [www.who.int/europe/news-room/fact-sheets/item/maternal-mortality](http://www.who.int/europe/news-room/fact-sheets/item/maternal-mortality).

<sup>56</sup> Tsegaw, Menen, et al. "Modern Contraceptive Utilization and Associated Factors among Married Women in Liberia: Evidence from the 2019 Liberia Demographic and Health Survey." *Open Access Journal of Contraception*, U.S. National Library of Medicine, 15 Feb. 2022, [www.ncbi.nlm.nih.gov/pmc/articles/PMC8857995/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8857995/).

situation. A multi-sectoral strategy in the health, education and protection sector is required to deal with the situation effectively.



Figure 5: Legal status of abortion in each African country as of April 2019

## TIMELINE OF EVENTS

Date	Description of event
1946	The United Nations Commission on the Status of Women is founded.
1969	The United Nations Population Fund is established.
19 June to 2 July 1975	The first World Conference on Women takes place in Mexico.
18 December 1979	The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is signed by the United Nations General Assembly.
14 to 30 July 1980	The Second World Conference on women takes place in Copenhagen.

3 September 1981	The CEDAW is put into force as an international treaty.
15 to 26 July 1985	The Third World Conference on Women takes place in Nairobi, Kenya, aiming to review the achievements of the 1980 Conference.
5 September 1994	The International Conference on Population and Development (ICPD) takes place in Cairo in which a 20-year Program of Action was adopted.
September 1995	The Fourth World Conference on Women takes place in Beijing, China.
September 2000	The United Nations Millennium Declaration is signed.
22 May 2004	Resolution WHA57.12 is adopted.
September 2005	World leaders unite at the World Summit and set the goal of ensuring universal access to reproductive health by 2015 (Target 5B).
October 2007	The General Assembly encompasses Target 5B to the MDG framework as a component of SDG 5.
2010	The World Health Organization holds a technical conference which aims at examining strategies implemented in countries that have made progress in the sector of reproductive health.
2020	620,327 legal abortions were conducted according to the reports from 49 areas.
2022	At least 13 states in the US ban or limit abortion services, following the Supreme Court's decision to overturn Roe v Wade. <sup>57</sup>

## MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

### Afghanistan

In Afghanistan gender inequality is rather prevalent. It accounts for most cases of gender-based or sexual violence, with 35 out of 100 subject to SGBV. Due to the ongoing crisis in the region, hospitals' capacity is not adequate to take care of pregnant women and provide sufficient maternal and newborn care. Lack of equipment, supplies, drugs and healthcare facilities are hindering the full and equal access of Afghan people to reproductive healthcare services. Afghanistan is the country with the highest infant mortality rate.

### Mali

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<sup>57</sup> The New York Times. "Tracking the States Where Abortion Is Now Banned." *The New York Times*, The New York Times, 24 May 2022, [www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html](https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html).

Mali is the African country with the worst health care for women and the second highest infant mortality rate, behind Afghanistan. Many early first births occur, while the standards for maternal health are dreadful. Maternal malnutrition and teenage pregnancy are also common phenomena. Contraceptive use is ineffective and below 5 per cent.<sup>58</sup> Furthermore, there is no legislation against female genital mutilation practices and laws for safe abortion services are strongly restrictive.

### Office of the United Nations High Commissioner for Human Rights (OHCHR)

OHCHR is a part of the Secretariat of the United Nations which aims at ensuring all people have equal rights. In the issue of reproductive health, the OHCHR is much involved. Reproductive health is closely tied to various civil rights, such as the right to life, to be free from torture, to health, to privacy, to education and the prohibition of discrimination. When access to reproductive health care services is not granted to all individuals, all those rights are violated. The OHCHR has proposed many resolutions which support the rights of the victims and helps them gain access to such services.

### United Nations Population Fund (UNPF)

This is the UN agency which focuses on sexual and reproductive health. UNPF supports pregnant women, improves access to modern contraception methods, works to prevent gender-based violence and contributes to the training of the necessary personnel in hospitals and other healthcare facilities. It aims at ensuring that reproductive rights are applicable to anyone and that everyone has access to reproductive health care services.

### World Health Organization (WHO)

WHO, a specialized agency of the UN focusing on public health, has been the leading organization in ensuring universal access to reproductive healthcare services. The organization has submitted various resolutions which propose solutions for solving the issue at hand and has established programs which aim at supporting the inalienable rights and protecting the people who do not have access to basic reproductive health care services. Its work focuses merely on the South-East Asia Region and on Sub-Saharan African countries where access to reproductive health care services is limited. With the help of WHO, major advances in abortion care, adolescent sexual and reproductive health, decreasing newborn and maternal mortality and establishing legislation to make reproductive health care services accessible worldwide.

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<sup>58</sup> "Mali Has the World's Worst Health-Care for Women." *AIDS Analysis Africa*, U.S. National Library of Medicine, [pubmed.ncbi.nlm.nih.gov/12290457/](https://pubmed.ncbi.nlm.nih.gov/12290457/).

## PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

### Resolution WHA57.12<sup>59</sup>

This resolution was adopted in the World Health Assembly in 22 May 2004. In this resolution member states were urged to incorporate reproductive and sexual health in their national planning and budgeting, to improve the quality of their health systems and to ensure full and equal access to sexual and reproductive health care services by all individuals. Furthermore, it calls for all states to report the progress made in reproductive health and contribute to achieving the development goals of the United Nations Millennium Declaration.

### Resolution WPR/RC46.R15<sup>60</sup>

This resolution urges member states to improve and review their reproductive health services and requests providing men and women with the necessary information to help them make decisions concerning their reproductive health. It was adopted on 15 September 1995.

### International Conference on Population and Development (ICPD)<sup>61</sup>

This was convened on 5 September 1994 in Cairo. One of the goals set in this conference was to make reproductive health accessible to all individuals in the next 20 years. However, this goal was not incorporated into the United Nations Millennium Development Goals until September 2005, when world leaders at the World Summit pledged to include this target into strategies implemented to attain other development goals.

### 1995 Beijing World Conference on Women<sup>62</sup>

This was the fourth world conference on women. The three previous world conferences on women were held in Mexico City in 1975, Copenhagen in 1980 and Nairobi in 1985. These conferences aim to secure equality between genders and focus merely on supporting women's rights, including their reproductive and sexual rights. In the 1995 Conference, the *Beijing Declaration and the Platform for Action* was adopted. This declaration is an agenda which strengthens the role of women in society and is usually referred to as the main policy document declaring gender equality worldwide.

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<sup>59</sup> *WHA57.17 Global Strategy on Diet, Physical Activity and Health*.  
[apps.who.int/gb/ebwha/pdf\\_files/WHA57/A57\\_R17-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf).

<sup>60</sup> "Reproductive Health (Resolution)." *World Health Organization*, World Health Organization, 1 Jan. 1995,  
[apps.who.int/iris/handle/10665/360208](https://apps.who.int/iris/handle/10665/360208).

<sup>61</sup> "International Conference on Population and Development (ICPD)." *United Nations Population Fund*,  
[www.unfpa.org/events/international-conference-population-and-development-icpd](https://www.unfpa.org/events/international-conference-population-and-development-icpd).

<sup>62</sup> "World Conferences on Women." *UN Women – Headquarters*, [www.unwomen.org/en/how-we-work/intergovernmental-support/world-conferences-on-women](https://www.unwomen.org/en/how-we-work/intergovernmental-support/world-conferences-on-women).

## 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) <sup>63</sup>

This is also known as the “international bill of rights for women”. It was signed in 1979 by the UN General Assembly and prescribes what gender discrimination, and especially discrimination against women refers to. It also declares an agenda which includes measures to tackle any form of women's discrimination.

## POSSIBLE SOLUTIONS

### Training of healthcare providers

One of the main issues hindering access to the necessary reproductive healthcare services, especially in low- or middle-income countries, is the lack of the necessary personnel. For example, in sub-Saharan African countries, abortions are performed by unskilled personnel and thus many complications are provoked. Healthcare providers should, among others, be able to provide treatment for reproductive diseases, inform patients about effective contraception methods, carry out an abortion effectively without causing any harm to the woman, help in delivering the infants and taking care of the pregnant women right after the pregnancy. The appropriate training which covers all the aforementioned issues should be delivered in order to ensure universal access to reproductive health care services. However, many questions arise when it comes to the training of healthcare providers. Issues, such as the lack of the necessary equipment and facilities in LEDCs and who is going to be responsible for the training of the healthcare providers should be taken into consideration.

### Counseling for victims of sexual or gender-based violence and more

Victims of sexual assault often experience severe psychological consequences, including depression and post-traumatic stress disorders or physical consequences like unwanted pregnancies (for women) and getting infected from STDs. Unwanted pregnancies, especially in less economically developed countries, often lead to unsafe abortions which consequently lead to severe complications in women's health. Other than that, many people still do not have access to basic information concerning their reproductive health rights or are not able to make decisions on their own. Providing the necessary guidance to the victims of SGBV, or in general to people who want to get informed about contraception methods and their reproductive health rights, could be vital in ensuring universal access. Nevertheless, concerns such as who will provide this guidance and ensuring that everyone has access to this type of counseling should be addressed.

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<sup>63</sup> “Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979.” OHCHR, [www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women](http://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women).



### Improving access to family planning and contraceptives

Access to family planning and contraceptives for families that want to prevent or space pregnancies could also be beneficial in addressing the issue. Out of the 1.1 billion women in need of family planning, 842 million have access to effective contraceptives, while 270 million have an unfilled need for contraception. Adequate contraception methods prevent unwanted pregnancies, and thus, the number of unsafe abortions is also minimized. Mostly in countries in the African region, effective contraception methods are not accessible to the public. Consequently, the number of unwanted pregnancies increases. Access to these types of services should be granted if we want to achieve universal access to reproductive health.<sup>64</sup>

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