



September 2016

Theme Guide

Reproductive Health Equity

Multifaceted | Universal | Momentous



What is Reproductive Health Equity?

This theme guide is intended to help delegates better understand the theme of Reproductive Health Equity (RHE). RHE is multifaceted in its complexity, universal in its scope, and momentous in its timing.

The World Health Organization defines reproductive health within the following capacity:

“Reproductive health... implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”¹

Below are the sub-themes that have been identified as pertinent lenses through which delegates should address RHE. Though RHE is an expansive theme, delegates are kindly asked to adhere to the following sub-themes in order to prevent resolutions from becoming too broadly focused.

¹ http://www.who.int/topics/reproductive_health/en/



Family Planning

Family planning is perhaps one of the most relevant and effective methods of promoting RHE. It refers specifically to the ability of women and couples to attain their desired number of children and determine the spacing of pregnancies through the use of contraception and treatment of infertility. Deficiencies in family planning are particularly prevalent in developing countries, where an estimated 225 million women would like to delay or prevent pregnancy but are unable to access or effectively use quality, functioning contraception.² Additionally, almost all of the 22 million unsafe abortions that occur annually take place in developing countries.³ An unmet global need for contraceptives, lack of access to local healthcare providers, continued demand for reproductive education, and cultural or gender-based opposition are all barriers that diminish the full potential benefits of family planning.

Health Workforce and Access to Healthcare Services

RHE is built on a foundation of effective training and allocation of the healthcare workforce and adequate access to healthcare services. Access includes both the ability to reach and afford healthcare services. The recent WHO Progress Report on Health Workforce Education reinforces the need to increase the number of healthcare workers in order to reach the Millennial Development Goals and, now, the Sustainable Development Goals.⁴ In the context of RHE, there must be an increase in the number of trained midwives, particularly in rural areas, to simply guarantee that a trained attendant is present at every birth. Availability and equitable dispersion of necessary medical procedures, counseling and information is necessary to ensure adequate support at every stage of reproductive health.

Sexual Health Education

A correlation between education level and sexual health outcomes has been well documented in scientific literature. As such, sexual health education is a cornerstone of many initiatives that stride towards RHE. The WHO acknowledges that it is only through comprehensive knowledge of sexuality, potential consequences of sexual activity, and a supportive environment that affirms and promotes that men and women can achieve sexual health.⁵ Educating adolescents and young adults is one of the most effective ways of promoting long-term sexual health, and many WHO initiatives focus on preventing unintended pregnancies and other sexual and reproductive health risks in these younger populations.⁶ Sexual education has also been used in tandem with other issues in RHE, such as the prevalence of violence against women and the promotion of family planning.

² <http://www.who.int/mediacentre/factsheets/fs351/en/>

³ <http://www.who.int/mediacentre/factsheets/fs388/en/>

⁴ http://www.who.int/hrh/documents/education_training_report13-15.pdf

⁵ http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf

⁶ http://www.who.int/maternal_child_adolescent/topics/maternal/reproductive_health/en/



Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) have been identified as a major contributor to the global burden of disease and a serious obstacle to obtaining RHE. It is estimated that approximately one million new STIs are acquired on a daily basis. Furthermore, a large percentage of these infections occurs among adolescents and young adults. In communities where these types of health trends may be concentrated, STIs and related health issues greatly hinder prospects of improving sexual health and achieving RHE. HIV/AIDS in particular is a pandemic of the highest consequence. Agreement to end the AIDS pandemic is a goal that has been accepted at the international level and is part of the 2030 Agenda for Sustainable Development adopted by the UN General Assembly in September 2015. The case of HIV/AIDS poignantly exemplifies the relationship between STIs and the achievement of RHE. With the spread of HIV in mind, the myriad routes of infection, such as mother to child (MTC) transmission and transmission through commercial sex workers (CSWs) and men who have sex with men (MSM), reveal how HIV/AIDS and STIs in general are not only medically but also socio-culturally, economically, and politically related to RHE.^{7,8}

Violence Against Women (VAW)

In the field of RHE, it must be acknowledged that there are certain threats to health that apply predominantly to the female population. The WHO categorizes these threats under the umbrella term of Violence Against Women (VAW). Sex trafficking and female genital mutilation are only two such examples of adverse health effects that primarily concern female victims. At present, there is minimal health information available on victims of sex trafficking due to the industry's elusive nature. The few studies that have been conducted focus primarily on mental and physical abuse of trafficking survivors, and these studies have found that poor mental health is the dominant adverse health effect, as well as significant negative repercussions from social stigma.⁹ The WHO holds a strong stance against female genital mutilation (FGM), calling it a “violation of human rights of girls and women.”¹⁰ FGM holds no health benefits. Quite conversely, FGM interferes with the natural function of the bodies of girls and women, and can result in severe physical and mental complications. RHE is in a unique position to instill relief to current victims and prevent the propagation of VAW through outlets and tools like educational outreach and support programs that offer access to specialized therapy or medical interventions.

⁷ <http://www.who.int/reproductivehealth/news/stis-estimates-2015/en/>

⁸ <http://www.who.int/reproductivehealth/ghs-strategies/en/>

⁹ http://apps.who.int/iris/bitstream/10665/77394/1/WHO_RHR_12.42_eng.pdf

¹⁰ <http://www.who.int/mediacentre/factsheets/fs241/en/>



Indicators of Reproductive Standing

In monitoring reproductive health status at the national and global levels, the WHO endorses 17 population-based indicators that serve as key measurements for international comparison.¹¹ Effective development of reproductive health policy and reproductive health goals requires accurate collection and analysis of these indicators. Indicators measure access to reproductive health care as well as reproductive health outcomes. The indicators include Total Fertility Rate (TFR), Contraceptive Prevalence Rate (CPR), Maternal Mortality Ratio (MMR), Antenatal Care Coverage, Availability of Essential Obstetric Care, Perinatal Mortality Rate (PMR) and Low Birth Weight Prevalence. These indicators are useful in evaluating the efficacy of health policy through evidence-based research.

Sustainability

In light of the United Nations' adoption of the new Sustainable Development Goals in September 2015,¹² sustainability is a key consideration in achieving RHE. Sustainability manifests itself in terms of labor force, the environment, and financing. Execution of policy recommendations must be feasible within the implementer's fiscal means and workforce capabilities, and done so in a manner that avoids environmental degradation. However, we cannot compromise the accessibility or quality of healthcare in this pursuit of sustainable reproductive health policy. RHE ensures sustained longitudinal health by investing in the health of each subsequent generation, thereby reflecting the importance of sustainability in policy-making itself.

Stakeholders

In global governance, it is imperative to consider all actors, institutions, and norms in order for policy-construction to be inclusive and broadly applicable. Access to the global health table is expanding to include both state and non-state actors; we must account for funders, policy constructors, and policy implementers. A sustainable and equitable approach to attaining RHE must include all stakeholders, from the public and private sectors to the recipients of healthcare services themselves.

¹¹http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/global/whos-short-list-of-reproductive-health-indicators-for-global-monitoring

¹²<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>