

High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

Policy Brief: Priorities for the Post-2015 Development Agenda

The High-Level Task Force for the International Conference on Population and Development (ICPD)* envisions a world where all women and men, adult and young, have equal opportunities, freedoms and choices to forge their own life aspirations and destinies. This would be the outcome of a globally just, sustainably developed world, where human progress is gauged by the fulfillment of equal rights for all, based on principles of non-discrimination, participation and inclusiveness.

To realize this vision, **sexual and reproductive health and rights, the empowerment of women and gender equality, and the rights and empowerment of adolescents and youth must be placed at the heart of sustainable development.** They are essential priorities for a sound and effective post-2015 global agenda, rooted in human rights and dignity; and prerequisites for building the resilience of individuals and communities, as foundational pillars of vibrant, healthy, productive and prosperous societies. They are important ends in themselves, State's obligations to fulfill, and key to eradicating poverty and achieving social and economic development. In recent decades, important achievements have been made - for example, in closing gender gaps in education, reducing maternal and child mortality, and increasing access to treatment of HIV and AIDS¹- but progress has been uneven and has not reached everyone. The international community now has the opportunity to build on these gains and advance strategic commitments, by ensuring that these three inter-related pillars receive the highest order of prioritization in the post-2015 development agenda, as goals, targets and indicators. Investment in these areas is not only an ethical imperative, but also a mechanism to catapult nations' sustainable economic growth and social stability.

Sexual and reproductive health and rights are essential elements of human dignity and human development, and a core basis for social and economic progress. These are the most intimate and fundamental of human rights, as they relate to making informed decisions about basic aspects of life - one's body, sexuality, health, relationships, marriage and having children. Achieving poverty eradication, educational, health, economic and sustainable development objectives² hinge on the fulfillment of these rights for all women, men and young people. Overall, women and adolescent girls who have control over decisions regarding their sexuality and the number, timing and spacing of their children are healthier, better able to complete their education, enter the workforce more prepared, and balance their productive and reproductive lives, with improved livelihood and income-earning prospects for themselves and their families.³ Healthier families are also more resilient and better able to thrive when facing crises or environmental challenges. In addition, combined with changes in unsustainable production and consumption patterns, smaller families can help relieve pressures on limited resources and fragile ecosystems.⁴

The overwhelming majority of people in the world - in all countries and cultures - is or will be sexually active in their lifetime, and for much of their life-cycle. They therefore need legal protection of these rights, and information and services to make informed choices based on their own life circumstances and aspirations. Sexual and reproductive health problems take an especially huge, but avoidable, toll on the health and lives of women and adolescent girls at the prime of their lives and productivity, with consequences that persist into old age⁵, and with costs to themselves, their families and the wider society and economy. Despite progress, these problems afflict millions across the world due to discrimination and limited access to education and

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services, especially among the poorest and most marginalized groups of women, adolescents, and communities:

- **Maternal mortality and morbidity:** Every day, 800 women die from preventable causes related to pregnancy and childbirth complications - 99% occurring in developing countries.⁶ For every woman who dies, 20 more who survive will have injuries or disabilities.⁷ Inadequate health care during childbirth can also lead to health problems in old age.⁸
- **Family Planning:** More than 200 million women in developing countries want to prevent pregnancy, but lack access to effective contraception - resulting in 80 million unintended pregnancies, 30 million unplanned births and 40 million abortions⁹—half of them unsafe and life threatening abortions.¹⁰
- **HIV:** 34 million people are currently living with HIV and AIDS, affecting all age groups, including children under 15 (3.4 million)¹¹ and older persons (over 3 million aged 50 and over in sub-Saharan Africa alone).¹² In 2011, 2.5 million people were newly infected with HIV.¹³ AIDS has also left 16 million children orphaned worldwide,¹⁴ often turning them into caretakers and heads of household.
- **Sexually transmitted infections (STIs):** Every year, 499 million new cases of curable sexually-transmitted infections occur,¹⁵ with consequences for overall health and well-being, including for maternal and newborn health, as well as increasing the risk of HIV infection by three-fold or more.¹⁶
- **Antenatal care:** In low-income countries, only 34% of pregnant women receive adequate antenatal care¹⁷, limiting opportunities to address pregnancy-related health issues such as nutrition, gestational diabetes and anaemia. Over half of pregnant women and children under five in developing countries are affected by anaemia. While entirely preventable, anemia contributes to maternal and child mortality, and impairs children's physical and cognitive development and adult productivity.¹⁸

The international community has the opportunity to lift the needless, preventable and costly burden of sexual and reproductive health problems on people's lives, societies and economies, by placing these issues prominently on the post-2015 development agenda. Importantly, these are preventable problems with proven, cost-effective solutions. The exercise of these basic human rights must be affirmed by the international community and positioned not only as a bedrock of public health priorities, including to end maternal mortality, improve neonatal and children's health and halt the spread of HIV; but also as fundamental to human capital accumulation, the attainment of girls' education and women's productivity, as well as helping to bring into balance population dynamics with the planet's resources.

Full realization of these rights is also dependent upon the wider development goals of health, sanitation and infrastructure being met – for example, functional roads and transportation to take women in labor to a health facility, and clean water for delivery. In addition, governments that invest in sexual and reproductive health gain in net savings to public budgets, allowing for resources to be released for these or other priorities. In Thailand and Egypt, for example, every dollar invested in family planning was estimated to save approximately \$16 and \$31, respectively, in health, education, housing and other social service costs.¹⁹ In Mexico, for every peso spent on family planning services, nine pesos were saved on unrealized expenses of treating complications of unsafe abortions and in providing maternal and post-natal care.²⁰ It is estimated that additional investments in family planning alone would save developing countries over \$11 billion a year in maternal and newborn healthcare costs.²¹ Sexual and reproductive health and rights, therefore, must be considered as part of a holistic development agenda.

The post-2015 development agenda should advance **sexual and reproductive health and rights** for all women, men and young people by:

- Accelerating implementation of **universal access to quality, comprehensive sexual and reproductive information, education and services throughout the life-cycle**, from younger to older age groups, with emphasis on: *prevention*, through access to family planning and a wide range of contraceptives, counseling and services related to maternal health, HIV and sexually transmitted infections, and prevention or early detection of non-communicable diseases of the reproductive system, in particular breast and cervical cancers;²² access to affordable supplies; *integration of services*, especially of those

related to HIV with other sexual and reproductive health services, as well as with *responses to violence against women and girls* and sexual abuse of boys and men; *technological innovations* where feasible (such as mobile phones) as a low-cost means of increasing access to information and services; and ensuring *financial access*, within the overall context of global trends towards *universal health coverage*,²³ through free or subsidized care and the *removal of user fees*.

- Providing recognition and protections in national legislation that affirm **fundamental human rights**, specifically **sexual and reproductive rights**, including by removing legal, policy and regulatory barriers and punitive provisions, and guaranteeing people's ability to exercise these rights, including through human rights education and awareness-raising about legal rights, and access to relevant information and services, without discrimination, coercion or violence on any grounds, regardless of age, sex, race, ethnicity, culture, religious, marital, disability, HIV, national origin, migrant, language, sexual orientation, gender identity or other factors and status.

The empowerment of women and girls and the achievement of gender equality are a matter of fundamental human rights and a basic precondition for equitable and sustainable social and economic development. As breadwinners and caretakers, food producers and almost half of the developing world's agricultural workforce²⁴, peace-builders in crisis-affected communities, and, increasingly, political and business leaders, women are the backbone of strong families and communities on which nations are built. As half the world's population, they represent half the global human capital base for boosting economic growth and poverty eradication.²⁵ But women face systematic obstacles due to gender-based discrimination, violence and inequality, severely compromising their human rights and freedoms, health and educational attainment, productivity and earning potential. When large sectors of society face inequality, countries' economic growth and social progress is slowed.²⁶

Conversely, when women are empowered, all benefit and prosper. For example, if women's employment rates were raised to the same level as men's, the GDP of the United States would rise by 9%, the euro-zone's by 13%, and Japan's by 16%.²⁷ In the sphere of agriculture, providing women with equal access to productive resources could increase farm yields by 20-30%, reduce the number of hungry people by up to 17% and the number of undernourished by as many as 100 to 150 million.²⁸ Women also invest considerably more of their income in their families and communities than men, including schooling and health for their children, thereby increasing poverty reduction prospects.²⁹ With supportive policies in place, and control over reproductive decision-making, women are better able to manage both forming a family and engaging in productive enterprise and workforce participation. Key measures include affordable childcare and fostering men's shared roles and responsibilities in childrearing and caretaking. Empowering women also requires eliminating gender-based violence, through implementation of policies and enforcement of legislation, which can also yield overall savings. For example, the United States saved \$14.8 billion on direct and indirect expenses related to health care and survivor services, police response, lost productivity, reduced quality of life, and death from implementing its national law. In Australia, it was estimated that \$23,673 would be saved for each woman spared from experiencing violence.³⁰

Despite ample recognition by the international community of the centrality of women's empowerment and gender equality to sustainable development, as demonstrated by its placement as one of the Millennium Development Goals, grave challenges persist:

- **Violence against Women:** Across the world, country data shows that as many as 6 in 10 women experience domestic and/or sexual violence in their lifetime, making it one of the most pervasive human rights violations, with devastating consequences for their well-being, health, productivity, their children and their educational achievement, and billions in costs to public expenditures and employers.³¹
- **Sexual and Reproductive Health and Rights:** Approximately 40% of pregnancies worldwide are unintended because women lack access to quality services and contraceptive information and services.³² An estimated 20 million unsafe abortions occur worldwide every year, most of them in developing countries, with life-threatening consequences for women and adolescent girls³³. Maternal mortality remains unacceptably high despite progress achieved. The leading cause of death for women of reproductive age is HIV.³⁴

- **Literacy:** Two-thirds of the world's 790 million illiterate adults are women.³⁵ This is a barrier to information that has consequences for women's autonomy, their health and that of their families, and is a skills deficit that limits employment and income-earning options.
- **Employment and livelihoods:** Women face higher unemployment than men, are more likely to be in low-paid, less-secure and vulnerable jobs at the lower end of the labour market, and are more often working in the informal sector without any social protections or labour rights³⁶. Globally, women make 10 to 30% less on average in earnings than men.³⁷ At the current rate of progress on closing the gender wage gap, it would take another 75 years to achieve equal pay for equal work.³⁸
- **Leadership and decision-making:** Women occupy only 20% of national parliamentary positions, head fewer than 17% of government ministries, and represent 25% of senior management positions worldwide.³⁹

In the post-2015 development framework, women's empowerment and gender equality must be given the highest order of prioritization, as well as be reflected ('mainstreamed') with benchmarks across all other areas related to social, cultural, economic and political rights.

Areas for prioritization include:

- **Promoting, protecting and fulfilling the sexual and reproductive health and rights** of women across the life-cycle, from young through to older age, including by ensuring access to quality, comprehensive sexual and reproductive health information and services.
- **Elimination of female illiteracy** and continuing to **close gender gaps at all levels of education.**
- **Women's equal access to economic and livelihood opportunities,** including equal employment and income-earning opportunities, equal pay with men, access to productive assets, banking and financial services, agricultural supports, equal access to land, property and inheritance, and to technology, ICTs, and training. Creation of livelihood and employment opportunities for older people is especially crucial for women in countries without strong pension or social security systems.
- Expanding **leadership in decision-making,** including affirmative action measures to increase **political participation** at local and national levels, and to further inclusive and participatory governance and democracy.
- **Elimination of all forms of gender-based violence against women and girls,** including sexual harassment, sexual violence and trafficking, domestic violence and marital rape, through legislative reforms and enforcement, sustained prevention efforts engaging young people and men, and universal access to health and social services, justice and support for victims.

Adolescents and youth are the key to a better world, now and in the future. Today's world has the largest generation of young people under 25 in history, totaling 3 billion, or 43% of the world population⁴⁰. Almost half (1.2 billion) of these are adolescents (10-19 years).⁴¹ The majority of youth (87%) are concentrated in developing countries, many living in poverty with restricted rights, opportunities and choices, and inadequate access to quality education, health services and employment.⁴² Adolescent girls are especially vulnerable, subjected to various forms of discrimination and violence, often without equal opportunities to enjoy the same freedoms as boys. Child brides, who number over 60 million, are among those most powerless, and face pressures to bear children early despite the risks to their lives and health, and curtailment of their education.⁴³ These inequalities early in life can contribute to poor health, economic insecurity and diminished quality of life in old age.⁴⁴

Research shows that positive investments in adolescence tend to yield positive outcomes for the rest of their lives - with macro-level social, economic, demographic and environmental multiplier benefits. They are also key if countries with high poverty, mortality and fertility rates are to reap the 'demographic dividend' of investing in young populations for social and economic development. When young people, especially young women, can access contraception to delay marriage and childbearing while they seize educational and employment opportunities, they can contribute to a higher-skilled, more productive workforce. Fewer

dependents also increases household savings and investment in families and communities, further strengthening the human capital base for poverty eradication and sustained economic growth.⁴⁵ This **'demographic dividend'** was an important factor behind of the East Asian 'miracle' of rapid economic growth, and has been observed in other regions.⁴⁶ With 1 in 5 people in the world projected to be over 60 by 2050, investing in young people today - in their health, education, livelihoods, and increasing their ability to provide for their future, including by contributing to pension or social security systems - is also the best way to secure quality of life for older persons tomorrow.⁴⁷

Yet young people are virtually invisible and woefully neglected in the Millennium Development Goals, and receive very limited attention in public programmes and national budgets, which has serious implications for social stability, economic development and poverty eradication:

- **Schooling:** 71 million young adolescents (ages 12-15) are out of school,⁴⁸ especially girls living in poverty and children in conflict-affected settings.⁴⁹ Less than a quarter of children complete secondary school.⁵⁰ Girls of primary-school age from the poorest 60% of households are three times more likely to be out of school as those from the wealthiest households; twice as many girls of secondary-school age are out of school compared to their wealthier peers.⁵¹ These children are robbed of a fundamental right, and in addition, future families and countries forgo major gains: An extra year of primary school increases girls' eventual wages by 10-20%⁵² and an extra year of secondary school increases them by 15-25%.⁵³
- **Sexual and Reproductive Health and Rights:** Pregnancy and child-birth complications are the leading cause of death for adolescent girls in low and middle-income countries—with 50,000 dying every year.⁵⁴ Globally, 1 in 5 girls give birth before they turn 18. ⁵⁵ Sixteen million adolescent girls aged 15 to 19 years give birth annually and an estimated 3 million undergo unsafe abortions.⁵⁶ Youth (15 -24 years old) are the group most affected by HIV/AIDS, accounting for 40% of all new HIV infections.⁵⁷ Young women are especially at risk, with infection rates twice as high as young men,⁵⁸ representing some 60% of the 5 million young people in the world living with HIV and AIDS.⁵⁹ Meanwhile, only 36% of young men and 24% of young women in low- and middle-income countries know how to prevent HIV.⁶⁰
- **Violence against Adolescent Girls and Young Women:** Worldwide, young women are subjected to various forms of violence and harmful practices, including domestic abuse, sexual harassment, sexual violence, exploitation and trafficking, child marriage and female genital mutilation. Up to 50 percent of sexual assaults are committed against girls under 16, and up to 30% of girls report their first sexual experience is forced.⁶¹
- **Employment:** Overall, young people are three times as likely as adults to be unemployed.⁶² An estimated 75 million youth (15 to 24) are unemployed, and many others are not counted because they lost hope in seeking work.⁶³ It is estimated that youth constitute almost a quarter of workers living in poverty.⁶⁴ Not only does unemployment contribute to poverty and social exclusion, it also represents a loss of public investment in education, a missed opportunity for innovation and economic growth, and forgone tax contributions and savings.⁶⁵

The empowerment and rights of adolescents and youth (10-24 years of age) must be a priority and explicit focus of the new global development agenda, with special attention to adolescent girls and young women. Decisions made about young people's opportunities and prospects will also reverberate for generations to come.

Particular areas of strategic importance are:

- **Access to quality education** for both boys and girls, with particular attention to **girls' completion of secondary education**, which can have high payoffs for poverty reduction and economic growth, the education and health of any future children, better sexual and reproductive health, reduced child and maternal mortality and HIV, and delayed fertility. For example, every year of mothers' education corresponds to 5 to 10 percent lower mortality rates in children under the age of five.⁶⁶ Enabling pregnant girls and young mothers to complete their education is essential and will require tailored supports to complete their education.

- **Access to comprehensive sexuality education**,⁶⁷ in and out of school, as part of young people's basic 'life literacy', to enable them to understand and make informed decisions about their sexuality and plan their lives, including to protect themselves from HIV and sexually transmitted diseases, and for girls to be able to complete their education, avoid unwanted pregnancy, unsafe abortion and related mortality; and to promote values of respect for human rights, tolerance, gender equality and non-violence.
- Ensuring legal measures, policies and public education to protect the **human rights of girls**, especially from all forms of child abuse, violence, exploitation and trafficking, and for the elimination of harmful practices, including child marriage and female genital mutilation; prohibit expulsion from school due to pregnancy; and remove barriers to adolescents' access to sexual and reproductive health information and services.
- **Universal access to sexual and reproductive health information and services**, that are high-quality, youth-friendly and respect the right to confidentiality, privacy and informed consent, with a focus on prevention of pregnancy, HIV and sexually transmitted infections, and timely support in cases of sexual assault and other forms of violence. Particular attention should be paid to outreach and quality service access for adolescent girls, including to reduce unintended pregnancies and maternal deaths among this age group.
- **The creation of decent employment and livelihood opportunities** for youth, with attention to young women's equal opportunities. Youth-friendly job creation policies at the macro- and micro-levels should be implemented, based on partnerships across schools, community organizations, the private sector and businesses, to create training programs and related economic opportunities, as well as access to productive assets and financial services, to foster youth entrepreneurship and enable their successful transition from school to the workforce.

To ensure meaningful progress and inclusive development, **a robust accountability framework is needed at national, regional and global levels, rooted in human rights, equality and equity principles**, that:

- Establishes measures and mechanisms, engaging diverse stakeholders, to track **political, programmatic and financial accountability** for commitments made. This includes tracking *health sector system strengthening and budgets* to ensure that universal access to sexual and reproductive health information and services receive priority attention; and that national health plans and budgets guarantee a minimum package of integrated sexual and reproductive health services.⁶⁸ This should include sub-national and community-level mechanisms, with a focus on assessing equitable access and quality of care.
- Places the fulfillment of **human rights and human security as the ultimate aim** of accountability processes, including by monitoring that key enabling and inter-related investments in the empowerment of women and young people are tracked across sectors, in order to tackle the underlying determinants of inequality, ill health and poverty. In the case of sexual and reproductive health, for example, this means tracking not only expanded access to quality services, but also *transformative* investments in young people, women and gender equality—well beyond the health sector.
- Paying particular attention to *data generation, disaggregation and analysis* to address **inequalities and diversity** among population groups, especially to ensure that the poorest and excluded sectors are accessing the policies, laws and services put in place, in both urban and rural contexts, including migrant, displaced, conflict-affected, indigenous and minority populations, the elderly, and with particular attention to women, adolescents and youth living in poverty.
- State accountability, by Governments to their people, should be the central focus, while tracking their fulfillment of **commitments and human rights obligations**, as well as the commitments of **multiple actors**, in particular the UN System, development cooperation partners, the private sector and other relevant parties. Accountability systems should be inter-sectoral and grounded in **participatory approaches** that ensure the active engagement of diverse women's, youth and other civil society organizations and marginalized groups, which have a critical role in making these processes meaningful and effective, including through participation in policy-making and monitoring. The independent media

also has a role to play in sustaining political will and public commitment and in disseminating information about progress.

In recent decades, the international community has signed on to a variety of inspired agreements and noble pledges, such as the Millennium Development Goals, intended to further human rights, improve quality of life, reduce poverty and foster development. Despite considerable progress in various aspects and countries, the political will and resource investments necessary to guarantee universal fulfillment of sexual and reproductive health and rights, the empowerment of women and gender equality, and the rights and development of adolescents and youth, have been insufficient. Yet, progress in these areas is inextricably linked to achieving all other global objectives, including poverty eradication, health, education, economic growth, and environmental sustainability. Without the strengthening of these three key pillars, which are universal aspects of people's lives and rights, prospects for achieving meaningful, inclusive and sustained progress for all humanity should be put into question.

The international community now has the opportunity to forge broad-based partnerships to build on achievements and lessons from the past decades to remedy these critical gaps, by drawing on common sense and evidence that demonstrate how investment in these areas is especially strategic. Ensuring that population dynamics and demographic projections are systematically built into planning, accompanied by advancements in sexual and reproductive health and rights, can enable improved responses to meet many of the world's challenges in diverse settings: poverty, migration, ageing, urbanization, and meeting increased demands on educational, health and social services from growing younger populations. The world's population, currently over 7 billion, is projected to increase by over 2 billion by 2050, with most of this growth occurring in some of world's poorest countries,⁶⁹ and millions of children and young people entering the world with a rightful claim to a life in which their freedoms, opportunities and choices can be realized. Governments, donors, civil society and the private sector have the chance, and obligation, to work together to create the conditions for empowering all individuals, families and communities with the knowledge, skills and resources necessary for building a more healthy, prosperous, equal and sustainable world.

¹ United Nations (2012) *Millennium Development Goals Report* (United Nations: New York).

² See Recommendation 3.c: "Ensuring universal access to quality and affordable family-planning and other sexual and reproductive rights and health services" in United Nations (2012) *Resilient People, Resilient Planet, A Future Worth Choosing, the Report of the United Nations Secretary-General's High-Level Panel on Global Sustainability* (United Nations: New York).

³ For example, a 20-year study of 140 villages in Bangladesh showed that offering women contraception and reproductive health information led to a 30% increase in wages, alongside a 10-15% reduction in fertility. Child survival, schooling and overall maternal and child health also improved, and household assets increased. Schultz, Paul (2009) *How Does Family Planning Promote Development? Evidence from a Social Experiment in Matlab, Bangladesh, 1977-1996*.

⁴ UNFPA (2012) *Issues Brief for Rio+20: Population Dynamics and Sustainable Development*.

⁵ UNFPA and Help International (2012) *Ageing in the Twenty-First Century: A Celebration and A Challenge* (New York, London).

⁶ WHO (2012) *Maternal Mortality Fact sheet N°348*.

⁷ Nanda, G, and Kimberly Switlick and Elizabeth Lule (2005) *Accelerating Progress Toward the MDG to Improve Maternal Health*, Health, Nutrition and Population Discussion Paper, World Bank.

⁸ UNFPA and Help International (2012) *Ageing in the Twenty-First Century: A Celebration and A Challenge* (New York, London).

⁹ Guttmacher Institute and UNFPA (2012) *Fact Sheet: Costs and Benefits of Investing in Contraceptive Services in the Developing World*.

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¹¹ UNAIDS, *Factsheet: the Global AIDS Epidemic* (data from 2011).

¹² UNFPA and Help International (2012) *Ageing in the Twenty-First Century: A Celebration and A Challenge* (New York, London).

¹³ UNAIDS, *Fact Sheet: The Global AIDS epidemic* (data from 2011).

¹⁴ UNAIDS (2010) *Report on the Global Aids Epidemic* (United Nations: New York).

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- ¹⁵ WHO (2012) *Sexually Transmitted Infections* (World Health Organization: Geneva).
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- ¹⁷ WHO (2012) *Global Health Observatory: Antenatal Care*, data from 2005-2010.
- ¹⁸ WHO/UNICEF (2004) *Joint Statement: Focusing on Anaemia, towards an integrated approach for effective anaemia control*.
- ¹⁹ Chao D and Allen K, (1984) *A cost benefit analysis of Thailand's family planning program*, *Studies in Family Planning*, 10(3):75-81.
- ²⁰ Nortman D, Halvas J and Rabago A (1986), *A cost-benefit analysis of the Mexican Social Security Administration's family planning program*, *Studies in Family Planning*, 17(1):1-6.
- ²¹ UNFPA (2012) *State of the World's Population* (United Nations: New York).
- ²² See WHO (2011) *Ten Facts on Cancer*: Cancers of major public health relevance such as breast and cervical can be cured if detected early and treated adequately. One-fifth of all cancers worldwide are caused by a chronic infection, for example human papillomavirus (HPV) causes cervical cancer and hepatitis B virus (HBV) causes liver cancer. In developing countries up to 20% of cancer deaths could be prevented by immunization against the infection of HBV and HPV – noting that in many developing countries, cervical cancer is the most common cancer. Worldwide, breast and cervical cancer are among the top 5 cancers that kill women.
- ²³ United Nations (2012) Resolution Adopted by the General Assembly 66/288 *The Future We Want* (Sept 2012), para. 139, recognizes the “importance of universal health coverage”. See also *The Lancet* Series Volume 380 No.9845, 8 September 2012, special issue on Universal Health Coverage.
- ²⁴ De Schutter, Oliver (2012), *Our Secret Weapon Against Hunger: Gender Equality and Women's Empowerment*, Asian Development Bank.
- ²⁵ United Nations (2012) *Resilient People, Resilient Planet, A Future Worth Choosing, the Report of the United Nations Secretary-General's High-Level Panel on Global Sustainability* states that “the next increment of global growth could well come from the full economic empowerment of women.”
- ²⁶ Berg, Andrew G. and Jonathan D Ostry (2011), *Inequality and Unsustainable Growth: Two Sides of the Same Coin?* IMF Staff Discussion Note.
- ²⁷ United Nations (2012) *Resilient People, Resilient Planet, A Future Worth Choosing, the Report of the United Nations Secretary-General's High-Level Panel on Global Sustainability* (United Nations: New York).
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- ²⁹ World Bank (2001), *Engendering Development Through Gender Equality in Rights, Resources, and Voice* (Oxford University Press: New York).
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- ³¹ Prevalence data based on analysis of the leading surveys globally on violence against women covering 48 countries, showing that 15 to 76 per cent of women experience domestic and/or sexual violence in their lifetime. UN Women, *Fact Sheet: Violence Against Women and the Millennium Development Goals*.
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- ³⁹ United Nations (2012) *United Nations Millennium Development Goals Report* (United Nations: New York).
- ⁴⁰ UNFPA (2011) *State of World Population* (United Nations: New York).
- ⁴¹ UNICEF (2012) *Progress for Children: A Report Card on Adolescents* (United Nations: New York).
- ⁴² Refers to youth, 15-24 years of age. UN DESA (2010) *World Youth Report: Youth and Climate Change* (United Nations: New York).
- ⁴³ UNFPA (2012) *Marrying Too Young: End Child Marriage* (UN Population Fund: New York).
- ⁴⁴ UNFPA and Help International (2012) *Ageing in the Twenty-First Century: A Celebration and A Challenge* (New York, London).
- ⁴⁵ Singh S et al. (2009), *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, (New York: Guttmacher Institute and United Nations Population Fund).
- ⁴⁶ Asian countries referred to are: South Korea, Singapore, Hong Kong and Taiwan (the “Asian Tigers”). See UNFPA (2012) *State of the World's Population* (United Nations Population Fund: New York) and UNAIDS, UNICEF, UNFPA, WHO (2012) *Health in the post-2015 UN development agenda*, Thematic Think Piece, UN System Task Team on the Post-2014 Development Agenda (United Nations: New York).

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- ⁵⁶ *Ibid.*
- ⁵⁷ UNAIDS, *Fact Sheet: Adolescents, young people and HIV*. Based on 2010 data.
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- ⁵⁹ UNICEF (2010) *Progress for Children: Achieving the MDGs with Equity* (UNICEF: New York).
- ⁶⁰ UNAIDS (2012) *Fact Sheet: Adolescents, Young People and HIV*.
- ⁶¹ UN Women, *Fact Sheet: Violence against Women and the Millennium Development Goals*.
- ⁶² Ortiz, Isabel and Matthew Cummings (2012), *When the Global Crisis and the Youth Bulge Collide*. Social and Economic Policy Working Paper, (UNICEF: New York).
- ⁶³ ILO (2011) *Global Employment Trends for Youth: 2011 Update* (International Labour Office: Geneva).
- ⁶⁴ *Ibid.*, with data from 52 countries.
- ⁶⁵ UNFPA (2011) *State of the World's Population* (United Nations: New York).
- ⁶⁶ UNFPA (2005) *State of World's Population* (United Nations: New York).
- ⁶⁷ UNESCO's definition of comprehensive sexuality education: 'Sexuality education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Comprehensive sexuality education programmes address the human rights, ethical, biological, emotional, social, cultural and gender aspects of sexuality, and respect diversity of sexual orientations and identities.' (UNESCO (2011), *School-Based Sexuality Education Programmes: A Cost and Cost-Effectiveness Analysis in Six Countries* (UNESCO: Paris).
- ⁶⁸ As recommended by the United Nations (2011) Commission on Information and Accountability for Women's and Children's Health, *Keeping Promises, Measuring Results* (United Nations: New York).
- ⁶⁹ UNDESA Population Division (2011) *World Population Prospects: The 2010 Revision* (United Nations: New York).