CALL FOR ACTION TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INTO THE POST-2015 SUSTAINABLE DEVELOPMENT AGENDA AT THE NATIONAL LEVEL
India

Introduction

As the timeline for achieving Millennium Development Goals (MDGs) was coming to an end, the deliberations for concretizing the development agenda post 2015 gathered momentum. The new set of Sustainable Development Goals (SDGs) were adopted by countries as a part of the Post–2015 Development Agenda at the United Nations General Assembly in September 2015. At this juncture, it is important to take stock of the achievements and failures of MDGs. According to the UNESCAP[1] report (2015), India is close to achieving some of the targets, such as reduce hunger by half (Goal 1), bringing parity in secondary and tertiary education by 2015 (Goal 3) ; reducing maternal mortality by three quarters (Goal 5); as well as controlling the spread of deadly diseases such as HIV/AIDS, malaria and tuberculosis (Goal 6). However, there are other targets where India is clearly lagging behind such as achieving universal primary school enrolment and completion and achieving universal youth literacy by 2015 (Goal 2); empowering women through wage employment and political participation (Goal 3); reducing child and infant mortality (Goal 4); and improving access to adequate sanitation to eliminate open defecation (Goal 7). (UNESCAP, 2015)

With the change in the political leadership, the country has seen changes in structures such as the Planning Commission being replaced by (National Institution for Transforming India) NITI Aayog. As per the 12th Plan strategy, NRHM has now been converted into National Health Mission (NHM), which includes National Rural Health Mission as well as National Urban Health Mission. (NITI Aayog, 2015) Despite recognizing the need for increasing allocations for health sector, the recent budget has not seen much increase in health sector budget. Recently, NITI Aayog has also raised objections to increasing investments and focusing on the public health sector as well as providing free drugs and diagnostics[2]. (Sethi, 2015)

Declining investments in public health sector negatively impact the health care access to the marginalised sections of the society. High maternal mortality in some states[3] such as Uttar Pradesh (MMR-292), Rajasthan (MMR-255), Madhya Pradesh (MMR-230) and Orissa (MMR-235) and failure in achieving the targets related to reducing child and infant mortality underscore the neglect by Government in fulfilling its responsibility of providing universal health care access. (SRS bulletin, 2013)

In this context, the situation of provision of sexual and reproductive health services is even more dismal. Access to safe and quality contraceptive services and access to safe abortion services are still out of reach for large sections. With the unregulated expansion of private medical sector, unnecessary surgeries especially caesareans and hysterectomies are being conducted rampantly. India is also becoming hotspot for reproductive health tourism for Assisted Reproductive Technologies (ARTs) and commercial surrogacy.

Given the context described above, it is necessary to ensure that as part of the development agenda post 2015, India commits to respecting, protecting and fulfilling the health rights of the citizens. Presently, the globally developed indicators miss out on certain critical aspects of SRHR such as access to safe abortion services, access to contraceptives in rightful manner, access to information regarding SRHR issues or maternal morbidities and such. As SRHR advocates in India, we would like to **strongly emphasize the need to include specific indicators for monitoring the provision of comprehensive SRH services in India** and not only focussing on maternal mortality. This policy brief delineates the additional indicators that need to be integrated in the SDGs framework at national level and also puts forth the specific recommendations such as means of implementation and financing for ensuring good quality health services.

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1 India and the MDGs, Towards a Sustainable Future for All, (2015) United Nations Economic and Social Commission for Asia Pacific, http://in.one.un.org/img/uploads/India_and_the_MDGs.pdf

2 Nitin Sethi, NITI Aayog against free health care, bats for more private sector role, 25 August 2015, Business Standard. http://www.business-standard.com/article/economy-policy/niti-aayog-against-free-health-care-bats-for-more-private-sector-role-115082500061_1.html

3 http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR_Bulletin-2010-12.pdf- accessed on 10/11/2015

Goals, Targets and Indicators

We call for the full integration of all the proposed 17 sustainable development goals (http://www.un.org/sustainabledevelopment/sustainable-development-goals/) into the national development plans post 2015; especially Goal 3 on ensuring healthy lives and promote well-being for all at all ages; Goal 4 on ensuring inclusive and equitable quality education and promoting lifelong education for all , and Goal 5 on achieving gender equality and empower all women and girls. These three goals are of critical importance for empowerment of women and girls and their health and well being including sexual and reproductive health and rights.

We propose the following additional indicators for monitoring the access to sexual and reproductive health services in a comprehensive and rights based manner. Those targets where we have suggestions regarding additional indicators are enlisted below.

GOAL 3 ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

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

Indicator 3.1.1 Maternal deaths per 100,000 live births

Proposed additional indicators for India

- Proportion of districts with functional Maternal Death Review committees
- Proportion of districts conducting annual maternal death audits with community participation
- Proportion of districts with functional blood banks
- Proportion of First Referral Units with blood storage facilities
- Proportion of Public Health facilities providing safe[4] abortion services in a district
- Coverage of Postpartum/ Post-natal Care within 48 hours/2 days of delivery by a skilled health provider (At least one visit)
- MMR disaggregated by community like SC, ST and disability separately
- MDRs done of all maternal deaths (to include community audit in methodology)
- Proportion of FRUs in which blood was transfused in last xxx month
- Proportion of C - Sections in Public and Private (Public disaggregated by level of FRU)
- Proportion of safe abortions done in public and private facilities (Public disaregregated by level of facility DH/ SDH/RH/ PHC)

Indicator 3.1.2 Skilled birth attendance

Proposed additional indicators for India

- Number of trainings organized for skill updation of SBAs
- Number of SBAs with a safe birthing check list
- Proportion of institutional deliveries where AMTSL has been given (Disproportional in home delivery)
- Define and specify 'skills' in SBA

Comment: We would also like to suggest annual audits of skills of the trained birth attendants. Reports should be made public. They should also contain Action Taken on the previous year's recommendations.

Given the high load of maternal morbidity, it is necessary that the target also focuses on issues of maternal morbidity along with maternal mortality.

Proposed additional indicators for measuring maternal morbidity load in India

- Incidence of vesico-vaginal fistula
- Incidence of Utero- Genital prolapse

Proposed additional indicators indicating coverage of ANC in India

- Proportion of women taking ANC (in Public and Private)
- Proportion of women having anemia during pregnancy

Target 3.2 By 2030, end preventable deaths of newborns and children under5 years of age

Indicator 3.2.2 Neonatal mortality per 1,000 live births

4 Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. (http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf)

Proposed additional indicator for India

- ➢ Perinatal mortality rate per 1000 live births
- ➢ Percentage of children who get immunization and check up in 2 days of birth

Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Indicator 3.3.1 HIV incidence per 100 susceptible person years (data should be disaggregated by age)

Comment- Comprehensive Sexuality Education (CSE) is important to provide accurate information on routes of transmission and methods of protection from HIV and STIs i.e. to reduce incidence but that cannot be provided in isolation. CSE has to be done in a holistic, age appropriate manner.

Proposed indicators for monitoring CSE

- ➢ Proportion of schools in a district implementing comprehensive CSE programme
- ➢ Percentage of states and districts with programs to work with men on the issue of sexuality

Indicator 3.3.2 HIV/AIDS deaths per 100,000 population

Proposed additional indicators for India

- ➢ Proportion of HIV positive persons having access to ARTs disaggregated by age, sex, caste and economic position
- Proportion of people with access to HIV services disaggregated by gender, urban, rural, caste, sexual vulnerability
- Proportion of people who access to ART services disaggregated by gender, urban, rural, caste, sexual vulnerability
- Proportion of PLHIV with adherence to ART disaggregated by gender, urban, rural, caste, sexual vulnerability
- Proportion of PLHIV with access to non-discriminatory services disaggregated by gender, urban, rural, caste, sexual vulnerability
- Proportion of PLHIV with access to services by high risk (preventive and curative services) disaggregated by gender, urban, rural, caste, sexual vulnerability
- ➢ Proportion of people with screening for Opportunistic Infections (non-discriminated*) disaggregated by gender, urban, rural, caste, sexual vulnerability

Indicator 3.3.3 TB incidence per 1,000 person years

Proposed additional indicators for India

- ➢ Incidence of MDR TB per 1000 person years disaggregated by age and sex, caste and economic position
- Proportion of people with access to diagnostic services
- Proportion of people with MDR, TB diagnosed
- Proportion of people put on treatment

Number of TB contacts tested

Need to develop indicators for

* Inclusion of caregivers under government schemes.
* Hepatitis B & C diagnosis, linked to curative services
* Screened for cervical and breast cancer, oral cancer
* Equipped facilities and manpower at primary care facilities
* Percentage of district facilities equipped with diagnostic, free and treatment facilities
* Number of beneficiaries for free services disaggregated by gender / caste
* Availability of treatment for cancer

Awareness and intervention at block level

Target 3.4 By 2030, reduce by one third premature mortality from non-communicablediseases through prevention and treatment and promote mental health and well being

Indicator 3.4.1 Probability of dying of cardiovascular disease, cancer, diabetes,or chronic respiratory disease between ages 30 and 70

Proposed additional indicators for India

- ➢ Case fatality rate for cervical cancer
- ➢ Case fatality rate for breast cancer

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning (we propose replacing FP with Contraceptive Services), information and education, and the integration of reproductive health into national strategies and programmes.

Indicator 3.7.1 Adolescent birth rate (10-14, 15-19)

Proposed additional indicators for India

- Percent distribution of sterilized women by age at the time of sterilization
- Percent of women using contraception who were informed about side effects of their method and how to deal with them, were informed about other contraceptive options, and who participated in the decision to use contraception

Indicator 3.7.2 Demand satisfied with modern contraceptives

Proposed additional indicators for India

Percent of family planning/contraceptives demand met with modern contraceptives

Target 3.8 Achieve universal health coverage, including financial riskprotection, access to quality essential health-care services andaccess to safe, effective, quality and affordable essential medicinesand vaccines for all

Indicator 3.8.1 Fraction of the population protected against impoverishment by out-of-pocket health expenditures

Comment-The term 'Coverage' should be replaced by 'access' and affordable medicines to be replaced by free medicines

Proposed additional indicators for India

- Number of states providing free medicines

Target 3.b Support the research and development of vaccines and medicinesfor the communicable and non-communicable diseases thatprimarily affect developing countries, provide access to affordableessential medicines and vaccines, in accordance with the DohaDeclaration on the TRIPS Agreement and Public Health, whichaffirms the right of developing countries to use to the full theprovisions in the Agreement on Trade-Related Aspects of IntellectualProperty Rights regarding flexibilities to protect public health, and,in particular, provide access to medicines for all.

Comment- There is a need to develop indicators related to ethical conduct of vaccine trials

Target 3.c Substantially increase health financing and the recruitment,development, training and retention of the health workforce indeveloping countries, especially least developed countries and smallisland developing states.

Proposed additional indicators for India

- Specialist : population ratio such as gynaecologists: population ratio or psychiatrist : population ratio

GOAL 4: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES FOR ALL.

Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and nonviolence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.

Proposed additional indicators for India

- Proportion of schools in which comprehensive sexuality education/basic knowledge about sexual and reproductive health is available as a percentage of all schools

GOAL 5 ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Target 5.2 Eliminate all forms of violence against all women and girls in thepublic and private spheres, including trafficking and sexual and othertypes of exploitation

Indicator 5.2.1 Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or formerintimate partner, in the last 12 months

Proposed additional indicators for India

- Indicators for monitoring implementation ofProtection of Women from Domestic Violence Act 2005 (PWDVA)
- Proportion of districts with one stop crisis centres to deal with domestic violence/ sexual violence
- All services and stakeholders under PWDVA should be monitored - Protection Officers and service providers
- Availability of the services
- Number of cases filed vis-a-vis the verdicts given
- Percentage of functioning monitoring committees for all violence cases with district WCD offices
- Functioning One Stop Crisis Center which is accessible to all women

- Reporting from the Internal Complaints Committee at all the organizational levels

Reporting from Local Complaints Committee ward-wise

Indicator 5.2.2 Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15.

Proposed additional indicators for India

➢ Indicators for monitoring implementation of Protection of Children from Sexual Offences Act (POCSO Act) 2012

Target 5.3 Eliminate all harmful practices, such as child, early and forcedmarriage and female genital mutilation.

Indicator 5.3.1 Percentage of women aged 20-24 who were married or in a union before age 18 (i.e. child marriage)

Comment- Need to develop indicators to monitor implementation of Child Marriage Protection Act

- Percentage of women age 20 to 24 who report having had one or more pregnancy / births before their 18th birthday
- Percentage of states implementing mandatory registration of marriages.

Percentage of Child Marriage Prohibition Officers at the district level under Prohibition of Child Marriage Act

Indicator 5.4.2 Proportion of households within 15 minutes of nearest water source

Proposed additional indicators for India

➢ Proportion of schools with functional toilets for girls

- Proportion of households which have access to water, fuel and toilet within the house
- Proportion of schools with toilets for girls with basic facilities like water, soap, disposable sanitary napkins
- Ratio of student-toilet ratio to girls and boys
- Proportion of inclusive toilets have to be inclusive
- Percentage of toilets at public spaces like railway and bus station and all public institutions / spaces
- Percentage of women having access to fuel, clean energy

Percentage of women having access to transport

Target 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making inpolitical, economic and public life.

Indicator 5.5.1 Proportion of seats held by women in local governments

Proposed additional indicators for India

➢ Proportion of seats held in legislative assembly

➢ Proportion of seats held in parliament

- Proportion of elected women having received training after getting elected
- Proportion of women heading committees like executive committees in legislative bodies
- Percentage of women raising questions in the House
- Proportion of women in managerial positions by location and level
- Percentage of women owning immovable property (land and house)
- Percentage of women owning and using their own mode of transport for commuting

Proportion of women having access to credit and access to insurance and other social protection measures

Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences.

Indicator 5.6.1 Percentage of women and girls who make decisions about theirown sexual and reproductive health and reproductive rights by age,location, income, disability and other characteristics relevant to eachcountry

Proposed additional indicators for India

➢ Proportion of women and girls who know of at least one source of information on sexual and reproductive health that they would be comfortable using

➢ Availability of grievance redressal mechanisms for denial of universal access to sexual and reproductive health services

- Proportion of women and girls who know and use at least one source of information on SRHR
- proportion of institutions providing CSE
- Proportion of adolescents receiving CSE
- Proportion of women having knowledge of contraception and where to access them
- Proportion of facilities providing safe and legal abortion services
- Proportion of women who know at least one facility providing safe and legal abortion service

Proportion of men, women and transgender people able to identify methods to protect from STIs and RTIs

Indicator 5.6.2 Existence of laws and regulations that guarantee all women and adolescents informed choices regarding their sexual and reproductive health and reproductive rights regardless of marital status.

Proposed additional indicators for India need to address following aspects-

- ➢ Laws to prevent honor killings
- ➢ Local programmes and policies recognizing young, unmarried people's rights to access SRH services
- ➢ Laws recognizing marital rape
- ➢ Laws providing for non-discrimination for SRH services on the basis of sexual orientation and gender identity
- **Amendments in the laws detrimental to SRHR**
- **Percentage of registered cases, especially honor crimes, in each state**
- ➢ **Availability of laws recognizing marital rape and other forms of intimate partner violence, regardless marital status**

Overall in the current framework of SDGs, we would like to emphasize the need to address following issues through indicators for monitoring Sustainable Development Goals for realizing sexual and reproductive health rights-

1. Access to postnatal care
2. Access to safe abortion services
3. Prevalence and incidence of morbidities such as vesico-vaginal fistula
4. Prevalence and incidence of reproductive cancers
5. Prevalence and incidence of infertility
6. Indicators regarding laws which impinge on SRHR such as Section 377 of the IPC
7. Indicators regarding availability of staff in public health facilities
8. Access to age appropriate, comprehensive sexuality education which includes education on gender - not restricted to girls only

It is important that data for all the indicators mentioned above should be disaggregated by age, sex and economic position and caste as well.

Means of Implementation

Sustainable development will remain out of reach if careful attention is paid not just to the goals set forth in the post-2015 agenda but also to the processes in achieving it, namely, the Means of Implementation (MoI). A multi-pronged MoI strategy would lookat concepts of universality and of Commonbut Differentiated Responsibilities (CBDR)between countries, the private and the public

sector, and sound strategies that enhanceresource mobilisation catering to the mostvulnerable and the most marginalised. The principle of universality must ensure that the development agenda that we are setfor achieving is equitable and fair, gendersensitive, environmentally sound, and takesinto account the most marginalised and themost vulnerable.

There is a need to provide access to benefits of scientific progress, technology, innovation, and knowledge transfer in the areas of health and well-being including SRH for all, building on a rights based gender sensitive, equitable framework.Government needs to enable equitable universal access to health services, equipment, commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all. There is a need to ensure fair and transparent trade agreements in consultation with CSOs especially in bi-lateral, multi-lateral trade agreements concerning health of the people including SRH.There is a need for capacity building of health workforce in areas of health services and care including SRH.Systemic obstacles, such as restrictive intellectual property rights, corporate control and trade regimes, must be addressed by the government to ensure equitable access to health and SRH services for all.

Financing[5]

Sustainable development financing comprises of financing from domestic as well as external resources.

We call upon our Government (Central government and states combined) to increase public expenditures on health from the current level of 1.2% of GDP to at least 2.5% by the end of the 12th plan, and to at least 3% of GDP by 2022. There is a need to earmark resources for health service entitlement packages at each level to include timely preventive, promotive, curative and rehabilitative interventions. It is important to ensure availability of free essential medicines by increasing public spending on drug procurement. We emphasize the need to use general taxation as the principal source of health care financing and not to use insurance companies or any other independent agents to purchase health care services on behalf of the government. Expenditures on primary health care should constitute the largest share of all health care expenditures. There is also need to allocate adequate budgets for ensuring universal access to SRHR services. (HLEG report)

One key recommendation related to financing is to set up sexual and reproductive health sub-accounts. Proposed by the World Health Organisation, the sub-account is a tool for setting priorities, allocating budgets, and advocacy, as well as for increasing transparency and drawing accountability from governments tasked with providing SRH services[6]. The tool aims to provide key expenditure information to guide the strategic planning of national policymakers, donors, and other stakeholders in the area of SRH care, as well as to identify all sources and uses of financial flows for SRH in the context of overall health spending[7]. We demand that Government of India establishes this sub-accounts for sexual and reproductive health.

Accountability

Accountability defined as “ensuring that officials in public, private and voluntary sector organisations are answerable for their actions and that there is redress when duties and commitments are not met.”[8]

“In public policy contexts, accountability is generally understood as the obligation of those in authority to take responsibility for their actions, answer for them and be subject to some form of sanction if and when needed. It has a corrective function by addressing grievances and sanctioning wrongdoing as well as a preventive function, by identifying what is working and what needs to be adjusted.[9]

It is essential that the Government regularly presents progress reports on overall SDG goals, targets and indicators, based on high-quality, timely and reliable data disaggregated by income, gender, age, rural/ urban/hard to reach places, caste, migratory status etc. It is necessary that separate allocations are made for this activity. We demand that the Government puts in place effective and transparent accountability mechanisms/grievance redress mechanisms involving all stakeholders at all levels, including, primary, secondary and tertiary levels to ensure the realisation of SRHR for all.

There is a need to put in place systems that track public expenditure on health including SRH; track donor and financial commitments and allocations for health sector specifically for SRHR , national level policy and programme implementation on health including SRH.

Community monitoring and accountability mechanisms should be promoted, encouraged and supported by the state. All accountability mechanism should be built on a rights-based, gender sensitive and equitable frameworks.

5 Recommendations related to financing have been adopted from the report of High Level Expert Group on UHC.
6 Thanenthiran, S.; Racherla S.J.; &Jahanath, S. (2013). Reclaiming andredefining Rights: ICPD+20 status ofsexual and reproductive health and rightsin Asia Pacific. Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW)
7 WHO. (2009). Guide to producing reproductive health sub-accounts. http://apps.who.int/iris/bitstream/10665/44181/1/9789241598538_eng.pdf accessed on 11th November 2015
8 Transparency and Accountability initiative. www.transparency-initiative.org/ about/definitions Cited in Pompii.
9 United Nations. (2013). Who will be accountable? Human Rights and the Post-2015 Development Agenda. Cited in Pompii.

About CommonHealth

Coalition for Maternal-Neonatal Health and Safe Abortion is a multi-state coalition of organizations and individuals in India committed to drawing attention to the unacceptably high levels of maternal and neonatal mortality, poor access to safe abortion services and less-than-optimal quality and lack of affordability of maternal-neonatal health and safe abortion services. CommonHealth seeks to bring voices from diverse constituencies to influence discourse at the national level. These constituencies are diverse not only geographically but also in terms of different areas of expertise and focus such as health care providers, public health researchers, non-governmental organizations, research and service delivery organizations, human rights lawyers, grassroots activists, public sector programme managers etc. Formed in 2006, the Coalition is steered by a Steering Committee of individuals with considerable expertise in one or more of the three thematic areas: maternal health, safe abortion and neonatal health.

About Production Team

Author : Dr. Nilangi Sardeshpande

Editor : Renu Khanna

Reviewers : CommonHealth members

Printer : Sanskruti Designers & Printers

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