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LATIN AMERICAN CENTER FOR PERINATOLOGY
WOMEN AND REPRODUCTIVE HEALTH
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PAHO/WHO and ICPD Beyond 2014:

Five key health messages for the Regional Agenda on Population and Development

In 2012, the Pan American Health Organization, regional office of the World Health Organization, (PAHO/WHO) celebrated 110 years of technical cooperation with Member States to ensure that all populations in the Americas benefit from an optimal level of health and can contribute to the wellbeing of their families and communities. In this historic moment, the revision and renewal of a Regional agenda on Population and Development, PAHO/WHO reconfirms its commitment to achieve health equity for all women and men in the Americas, without discrimination due to sex, gender identity, ethnic origin, age, area of residence, socio-economic status or other condition.

Intersection ICPD program of early 1994 and the work of PAHO / WHO:

ICPD Principle

8 All people have the right to the highest possible level of physical and mental health.

1 Adherence to the Universal Declaration of Human Rights
4 Gender equality (Women's rights are an inalienable part of human rights)
14 Consider the needs of indigenous populations

PAHO/WHO

- PAHO/WHO Mandate
- Resolution CD50.R8 – Health and Human Rights

- PAHO/WHO Cross Cutting Priorities
- Resolution CD50.R8 – Health and Human Rights
- Resolutions CD46.R16, CD49.R12 – PAHO Gender Equality Policy and its Plan of Action
- Resolution CD47.R18 – Health of the Indigenous Populations of the Americas
- Resolution CD51.R12 – Plan of action to accelerate the reduction of maternal mortality and severe morbidity

Key PAHO/WHO messages for the Regional Agenda on Population and Development beyond 2014

1

Gender equality and women's empowerment are good for the health and well-being of diverse population groups.[1,2,3,4,5]

The MDG framework included a singular goal to achieve gender equality and women's empowerment in critical areas such as education, employment and political participation. Debates around the post 2015 agenda have underscored the importance to maintain this focus, and include a regional and international commitment to the elimination and prevention of gender-based violence.

- Educational attainment in women and girls has been correlated with decreased fertility and smoking rates, increased age of marriage, adequate birth spacing and overall treatment adherence. Given that lower levels of education are associated with both perpetration and victimization of sexual and gender-based violence, it follows that a higher level of education could potentially act as a protecting factor against these types of violence.

- An analysis of 75 countries, correlating the **Gender Empowerment Measure** (GEM) and several health indicators reveal the following: the higher the GEM, the better the health outcomes for infant mortality rate, total fertility rate, under 5 mortality rate, maternal mortality, low birth weight infant percentage as well as life expectancy for both women and men. ■

2

Gender is a structural determinant of health.[6,7]

- **Gender inequality** puts the health of millions of women and girls at risk globally. Addressing gender equality helps to counter the historic burden of inequality and deprivation of rights faced by women and girls in households, communities, workplaces and health care settings. The impacts of these inequalities range from poorer sexual and reproductive health outcomes, increased exposure to risk factors and decreased access to quality, comprehensive health services.

- Addressing broader **gender norms, roles and relations** enables a better understanding of how identity, attribution of rights and unequal power relations can affect (among other things) risk and vulnerability, health-seeking behaviour and – ultimately – health outcomes for men and women of different ages and social groups. This means that changing masculinities and the LGBTI communities' gender needs and concerns can be identified and addressed with respect to their health. ■

3

There is an unfinished agenda to promote safe motherhood, reducing maternal morbidity and mortality that requires attention to equity, gender equality and reproductive rights.

- In LAC, of all the MDGs, the least progress has been made on the maternal health goal and to achieve universal access to reproductive health by 2015—the maternal mortality ratio declined in only 41% from 1990 to 2012. **Maternal mortality** is higher among the most excluded populations such as indigenous women, poor women, women living in rural areas, adolescents and young girls, and women with low levels of education.

- **Adolescent pregnancy** continues to be a pressing problem in the region, highlighting the need for comprehensive sexuality education, and access to reproductive health services and information, as well as the need to address sexual coercion and violence. In 7 countries in Latin America, 19.5% of women between 15-19 years old had been pregnant with a variation between countries from 13 to 25%. Of them, 50% had no education, 59% lived in rural areas and 61% lived without adults in their home, and 60% lived in poverty.[8]

- Closing the gap between supply and demand for contraceptive methods is also a pending challenge for the region. More than 50% of pregnancies in the region are unplanned (Caribbean 62%, South America 63%, Central America and Mexico 43%) and the unsafe abortion rate is 31 per 1000 women, one of the highest in the world.[9] ■

4

The health sector must play an increasing role in preventing and mitigating the harmful health effects of sexual and gender-based violence.

- **Sexual and gender based violence** remains prevalent in the region and is a pending issue on the human rights and public health agenda for women and girls. In a comparative analysis of 12 Latin American and Caribbean countries, large percentages of women ever married or in union reported experiencing physical or sexual violence by an intimate partner ever, ranging from 17.0% in the Dominican Republic 2007 to slightly more than half (53.3%) in Bolivia 2003.[10]

- **Violence against women** is an important cause of morbidity and in some cases death. Studies suggest that violence against women has negative health consequences that include physical injury, unwanted pregnancy, abortion, sexually transmitted infections (including HIV/AIDS), maternal mortality, post-traumatic stress disorder, depression, and suicide, among others. ■

5

Sex and gender matters in the current epidemiological transition from communicable to non-communicable diseases (NCD).[11,12,13,14,15,16,17]

- In 2008, approximately 70% of all deaths in LAC were NCD-related; 48% of which occurred before the age of 70. Attributable deaths due to NCDs for women accounted for 76% of all deaths, in comparison to 66% for men. Of these high numbers, 57% and 41% occurred respectively before the age of 70, or what are otherwise known as premature deaths. The 4 major NCDs include: cardiovascular disease, cancers, diabetes and chronic lung disease and their main risk factors are tobacco use, harmful use of alcohol, unhealthy diet and little or no physical activity. Sex, age and gender all play important roles in exposure and vulnerability to NCD risk factors.

- Mental health challenges increasingly account for higher numbers of youth mortality and morbidity – with suicide ranking first and second causes of death for young women and men in countries such as Guyana, Nicaragua and Suriname. Numbers differ by ethnic origin and age in some countries. Urgent attention to the ways that transitioning economies and overall socio-cultural changes in the Americas is impacting the mental health of its populations, with special attention to its youth. ■

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PAHO/WHO commitments "beyond 2014"

PAHO/WHO is a Regional Office for the World Health Organization (WHO). As such, PAHO/WHO will contribute to WHO's response to the ICPD agenda beyond 2014, adapting strategies and approaches as needed to the realities of Latin America and the Caribbean.

In the "beyond 2014" agenda for fulfilling ICPD principles, it is essential that efforts focus on reducing health inequities of all forms and in all aspects of health – especially sexual and reproductive health and rights. Minimum requirements to achieve health equity include the need to focus on the unique needs of adolescents, the empowerment of women and girls, reducing discrimination and exclusion based on sex, gender or ethnic identity or area of residence.

In its continued efforts to achieve the right to health, gender equality and health equity in the ICPD agenda, PAHO/WHO will:

- Stimulate research, evidence and guidance on effective strategies to improve health from a gender and rights-based perspective, with a particular focus on cultural diversity and vulnerable groups.
  - Expand equitable access to contraception
  - Develop and support strategies to end preventable maternal deaths
  - Prevent unsafe abortion and consequences
  - Prevent adolescent pregnancies

- Provide information on interventions to improve the incorporation of gender, cultural diversity and human rights in different health programmes.
  - Policy research and evaluation to identify health disparities
  - Clinical and implementation research to strengthen health service delivery with attention to quality, choice, and equity of access

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