ICPD30 THINK PIECE

NAVIGATING MEGATRENDS:
The ICPD Programme of Action for a Sustainable Future

The Future of Sexual and Reproductive Health and Rights

ICPD 30
International Conference on Population and Development

UNFPA

Acknowledgements

Authors: Howard S. Friedman, Alexandra Trant (UNFPA), Gretchen Luchsinger (Words for the World)

Contributors: Eoghan Brady (Clinton Health Access Initiative), Venkatraman Chandra-Mouli (WHO), Laura Ferguson (University of Southern California), Jonathan Gunthorp (SRHR Africa Trust), Joanna Herat (UNESCO), Unis Lebbie, Alessio Cangiano (UNFPA), Sarah Murithi (Amref Health Africa), Onikepe Owolabi (Guttmacher Institute), Gilda Sedgh (Guttmacher Institute), Susheela Singh (Guttmacher Institute), Rachel Snow (Consultant), Jesper Sundewall (Lund University), Irum Taqi (Guttmacher Institute), Christiane Wiskow (Consultant)

Reviewers: Pascale Allotey (WHO), Stan Bernstein (Consultant), Eoghan Brady (Clinton Health Access Initiative), Venkatraman Chandra-Mouli (WHO), Laura Ferguson (University of Southern California), Tierney McCue (UNFPA), Onikepe Owolabi (Guttmacher Institute), Gilda Sedgh (Guttmacher Institute), Arushi Singh (UNESCO), Ann Starrs (Consultant), Elizabeth Wilkins (UNFPA), Christiane Wiskow (Consultant), UNFPA ICPD30 Reference Group

Coordination, Editorial, Design and Production

Senior Editors and Overall Technical Coordination: Priscilla Idele (UNFPA), Rachel Snow (Consultant)

Strategic Oversight: Julia Bunting, Julitta Onabanjo (UNFPA)

Editorial: Gretchen Luchsinger (Words for the World)

Communications, Advocacy and Web: Ana Maria Currea, Jacqueline Daldin, Etienne Leue, Angélique Reid (UNFPA)

Design: Upasana Young (GlowDesign)

Operations and Administrative Support: Sara Abranyos, Ashby Anglin, Elsa Dufay, Abbas Omaar, Rayola Osanya (UNFPA)

How to cite this publication: United Nations Population Fund (2024).
Navigating Megatrends: The ICPD Programme of Action for a Sustainable Future
ICPD30 Think Piece: The Future of Sexual and Reproductive Health and Rights

July 2024

Contents

The recent backlash on reproductive health and rights has brought forward younger generations to champion the principles affirmed in the ICPD Programme of Action

In mid-2024, UNFPA issued five think pieces to mark the thirtieth anniversary of the landmark 1994 International Conference on Population and Development (ICPD). Under the framing of *Navigating Megatrends: The ICPD Programme of Action for a Sustainable Future*, the five think pieces are titled:

- Demographic Change and Sustainability
- **The Future of Sexual and Reproductive Health and Rights**
- The Future of Population Data
- ICPD and Climate Action
- A Safe Digital Future

Human development in a world of turbulence will hinge on fully realizing SRHR for everyone

The think pieces explore ways to sustain, refresh and accelerate ICPD commitments in a world undergoing radical transformations. Designed for development actors and policymakers, the think pieces reflect on progress and highlight likely future scenarios. They offer starting points for discussion on what's next for population, development, and sexual and reproductive health and rights (SRHR).

This think piece on the future of SRHR suggests that human development and resilience in a world of turbulence and change will hinge on fully realizing SRHR for everyone. As countries have diverse demographic trajectories, governments need to plan for change and adapt health systems to accommodate their demographic future, whether it will bring a rise in older persons or more births and young people. There are more possibilities to realize SRHR than ever before, including through technology. Yet careful consideration is required to manage multiple risks, including from the climate crisis, digital privacy and rising population mobility. Health systems will need to adjust. Through new investments and human rights-based models of care, they can aim to uphold SRHR wherever people are and at every stage of life.

1 | Introduction

The ICPD Programme of Action offers a universally applicable roadmap to comprehensive sexual and reproductive health (SRH) and reproductive rights that has been further elaborated since 1994, including through follow-up commitments. The global health community has repeatedly reaffirmed that SRHR is fundamental to health and underpins human well-being. SRHR today is widely understood as core to sustainable development and appears prominently in the 2030 Agenda for Sustainable Development adopted in 2015. Implementation of ICPD commitments has moved forward, with impressive achievements in every part of the world, centred on people having services and information to make choices about their families and their own bodies. Much depends on an environment fully conducive to the empowerment of women, girls and young people, where they can live free from discriminatory barriers and have equal opportunities to thrive.

In 2024, the thirtieth anniversary of the ICPD takes place at a moment of multiple crises, driven by climate change as well as conflict and political polarization. Humanitarian emergencies have multiplied and intensified. Record numbers of people are on the move, pushed by armed conflict and natural disasters and propelled by historic rates of urbanization in a process that is reshaping entire societies.

Demographic trends are diverging as never before; some countries and regions are very young, while others are ageing rapidly. The Internet, artificial intelligence (AI) and other technologies have transformed every aspect of life and human interaction but have also fanned frustrations and amplified divisions. While individual choices have grown, inequalities remain deeply rooted in social, economic and political structures. Gender equality is still far away at current rates of progress. Deepening mistrust in institutions has diminished social cohesion while geopolitical tensions have weakened commitment to multilateralism.

The United Nations Secretary-General has highlighted "megatrends"[1] laden with risks for the future of humanity. Yet by thinking ahead, policymakers can steer choices today that mitigate risks, build resilience and realize the ICPD promise of sustainable, people-centred development. Towards that end, this paper looks at where the world has come since the ICPD, what it needs to anticipate in light of the megatrends, and how these might affect SRH service demand and supply in the coming 30 years. In a context of complexity and rapid change, health policies guided by the ICPD vision and values remain essential to realizing commitments to universal and comprehensive SRH care as well as human rights and gender equality, across the course of life.

2 | Progress in Sexual and Reproductive Health and Rights

The ICPD put SRHR on the agenda for development and human rights. Action on its commitments has already transformed the lives of millions of people worldwide, including through a central emphasis on reducing maternal mortality and ensuring universal access to reproductive health

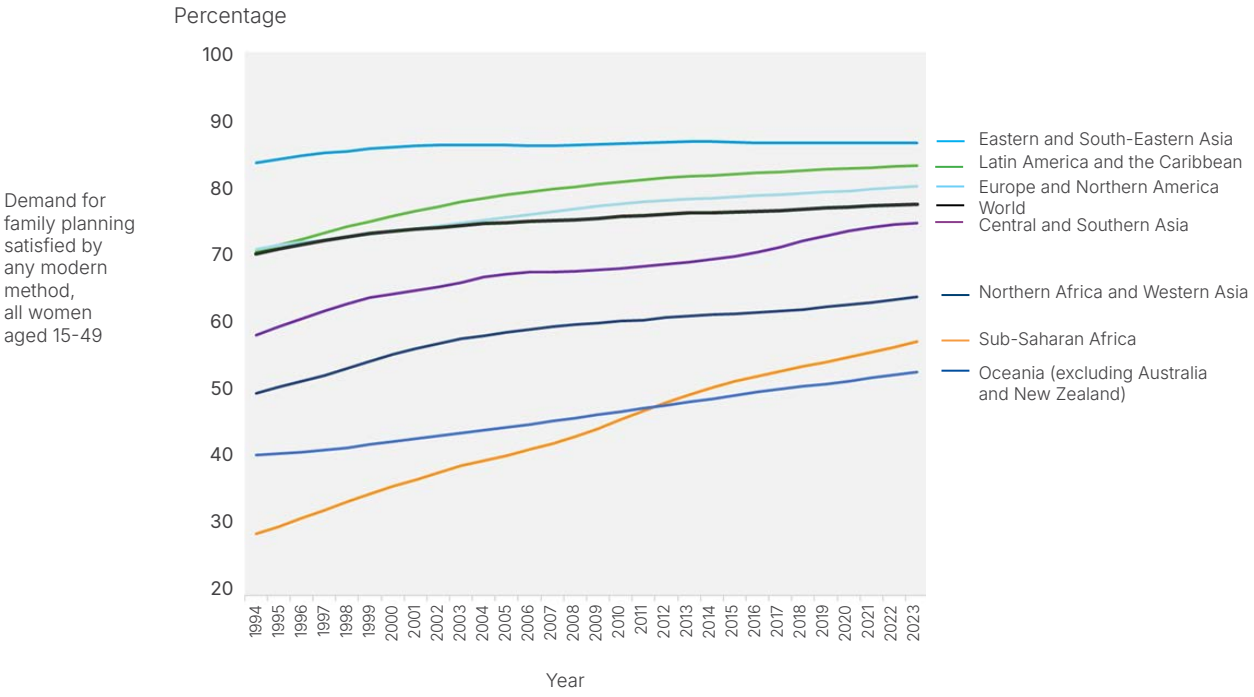
UNFPA/ Newsha Tavakolian

in the 2000-2015 global Millennium Development Goals. In 2015, these goals were succeeded by the 2030 Agenda and its 17 Sustainable Development Goals (SDGs), which put a broader stress on sexual and reproductive health and reproductive rights, gender equality and bodily autonomy, and set ambitious targets to guide progress. Encouragingly, the ICPD vision now resonates with the evolving realities of younger generations, who are calling for accelerated action to realize its promises, including by addressing intersectional inequalities.

In looking at the future of SRHR, a starting point is to review progress and gaps since the ICPD. The metrics point to several successes. In most regions, for example, expanded family planning programmes have met more demand for contraception (Figure 1) and reduced unintended pregnancies. Among women married or in union in low-income countries, the percentage using a modern contraceptive method rose from 9.5 to 34.3 per cent between 1990 to 2023. In middle-income countries, the percentage climbed from 48.1 to 61.5 per cent.[2] This contributed to a 17 per cent decline in the unintended pregnancy rate between 1990-1994 and 2010-2014.[3] Amid advances in contraceptive technology, people now have a wider choice of reversible contraceptive methods, including both short- and long-acting options, with or without hormones.

▶ FIGURE 1

Proportion of reproductive-age women (15-49 years) with their need for family planning satisfied by modern contraceptive methods, 1994-2023



Source: UNDESA, Population Division 2022.

Declining maternal mortality has been a success story, on average, and up to a certain point in time. Pregnancy and childbirth are safer than in 1994. Globally, the number of maternal deaths per 100,000 live births (the maternal mortality ratio) fell by 34 per cent between 2000 and 2020,[4] largely due to better access to skilled and emergency obstetric care.[5] Central and Southern Asia recorded the fastest declines since 2000, from 397 to 129.[6] Decreases in unintended pregnancy and unsafe abortion likely played a role.[7] In addition, the universal health coverage subindex for reproductive, maternal, newborn and child health (a composite measure of coverage by relevant services) increased by 12 per cent worldwide between 2000 and 2019, meaning more people could access higher quality SRH services.[8]

While these successes should be lauded, shortcomings are also evident. Laws, policies, social norms and practices still deny SRHR to many people, particularly the most marginalized populations. SRH services are often deprioritized in health systems. The need for such services in humanitarian crises is increasingly profound – and mostly unmet. A substantial gap in financing continues despite relatively low costs[9] and a strong development investment case. UNFPA has demonstrated that ending the unmet need for family planning and ending preventable maternal deaths has significant economic returns, delivering more than $8 in benefits for every $1 invested.[10]

Women's SRHR-related decision-making power remains low, limiting progress in all areas of the ICPD Programme of Action. Half of all pregnancies are still unintended – 331,000 every day – due to remaining service gaps, a lack of contraceptive choices that are acceptable and affordable to users, and insufficient protections of women's right to bodily autonomy.[11] The most recent SDG data from 68 reporting countries reveal that an estimated 44 per cent of partnered women are unable to make their own decisions about health care, contraception or sex. Twenty-four per cent are unable to say no to sex, 25 per cent are unable to make decisions about their own health care and 11 per cent are unable to make decisions specifically about contraception.[12] Discriminatory social and gender norms limit women's decision-making power and bodily autonomy as do structural issues constraining access to education, employment and political leadership.

Between 2016 and 2020, progress on maternal mortality stagnated in over 130 countries and increased in 17 countries.[13] Sub-Saharan Africa continues to account for 70 per cent of global maternal mortality,[14] with an estimated maternal mortality ratio of 536 maternal deaths per 100,000 live births.[15] Further, many women suffer preventable maternal morbidities or injuries and disabilities arising from pregnancy and birth.[16]

Adolescent pregnancy rates remain high across low- and middle-income countries, where nearly one in three young women aged 20 to 24 years first gave birth in adolescence. Nearly half of adolescent mothers are under age 17 years old. Sub-Saharan Africa and Latin America and the Caribbean have the highest adolescent fertility rates.[17] Data gaps remain acute on multiple aspects of SRHR for adolescents, particularly for the youngest adolescents, aged 10 to 14. Even so, there are some signs of progress on adolescent SRHR (see Box 1).

Many abortions still take place under unsafe and stigmatized conditions, however. Access to accurate information on safe abortion where legal is often inadequate, and the number of women treated for postabortion complications remains high, even as complications are less severe. One recent advance was the issuance of the 2022 World Health Organization (WHO) Abortion Care Guideline, which underscores the role of medical abortion, self-care and task sharing in improving access to safe abortion care where legal.

Assisted reproductive technology has advanced, supporting choices in how people plan their families, but access remains a significant challenge in many low- and middle-income countries, given limited health-care infrastructure, stigma that can prevent care-seeking and high costs. By one estimate, less than 1.5 per cent of people in Africa have access to these services.[18] The ICPD Programme of Action referred to infertility mainly as a consequence of sexually transmitted infections (STIs). Yet as more couples and individuals choose to conceive children later in life, many are also experiencing age-related infertility or subfertility. Many countries with high fertility also experience high infertility rates, often due to a lack of reliable diagnoses and treatment.[19]

Greater access to treatment for human immunodeficiency virus (HIV) had saved 20.8 million lives by the end of 2023. Globally, new HIV infections have declined by 59 per cent since 1995 and HIV-related deaths have fallen by 69 per cent since 2004. Substantial progress in reducing infections is particularly evident in Eastern and Southern Africa (where HIV prevalence is highest), with a 57 per cent decline since 2010. But progress has been slower in other regions, and worldwide, HIV still claimed a life every minute in 2022. Worryingly, between 2010 and 2022, new HIV infections increased in regions with low prevalence, including 61 per cent in the Middle East and North Africa, 49 per cent in Eastern Europe and Central Asia, and 8 per cent in Latin America.[20] While most countries saw STI incidence fall from 1990 to 2019,[21]

BOX 1

Tangible progress on adolescent SRHR globally suggests that longstanding gaps are beginning to close

Advances in adolescent SRHR

Tangible progress on adolescent SRHR globally suggests that long-standing gaps are beginning to close. The midterm progress report on the SDGs finds:

- Fewer young people are being infected with HIV, with incidence rates declining from 0.72 (female) and 0.43 (male) per 1,000 uninfected in 2010 to 0.43 (female) and 0.24 (male) in 2021.
- A smaller share of girls is getting married before age 18, with a decline from 21 per cent in 2017 to 19 per cent in 2022.
- The share of girls experiencing FGM fell from 34.6 per cent in 2001 to 22.3 per cent in 2021 in sub-Saharan Africa, and from 93.1 to 73.5 per cent in Northern Africa.
- Girls are more likely to receive HPV (human papillomavirus) vaccination and be protected from cervical cancer, with the coverage rate increasing from 2 per cent in 2010 to 12 per cent in 2021.

Source: United Nations 2023a.

chlamydia grew at an estimated 0.29 per cent per year between 2010 and 2019,[22] and syphilis rates remain high. A further concern is the growing number of cases of antibiotic-resistant STIs, such as gonorrhoea. Among other consequences, untreated STIs increase the risk of HIV transmission.

The ICPD made little reference to reproductive cancers. But since that time, the incidence of breast cancer has risen in several regions of the world, including Africa.[23] It is among the cancers showing an earlier age of onset worldwide. Breast and cervical cancer are the two most common cancers in women yet early detection has been stymied by insufficient laboratory capacities for diagnosis, health information systems that cannot track patients or monitor programme performance, and inadequate treatment options.[24] Prostate cancer is among the top cancers affecting men but has become highly treatable if caught in early stages.[25]

Little progress has been made globally in stopping gender-based violence (GBV), despite advances in legislation, advocacy and awareness. Nearly one in three women worldwide experiences intimate partner violence or non-partner sexual violence in her lifetime, with no signs of a reduction.[26] During the COVID-19 crisis, rates skyrocketed in many countries, creating a "shadow pandemic". Heightened concerns now come from technology-facilitated GBV, with the digital world opening new and often poorly regulated avenues for harassment and abuse.[27] Child marriage has declined globally, but even so, approximately 640 million girls and women alive today were married before their 18th birthday.[28] Rates of female genital mutilation (FGM) are also trending down.[29]

Very few countries implement comprehensive sexuality education (CSE), which gives in- and out-of-school young people accurate, age-appropriate information about sexuality and their SRH. While some form of sexuality education may be available, it is not always comprehensive or provided consistently, despite widely available age-appropriate curricula and guidance for teachers.[30] Reasons for the lack of CSE include social and political opposition, inadequate teacher training, low priority given to the subject and misperceptions such as the notion that CSE encourages young people to become sexually active. Even where some form of sexuality education exists, young people question its quality. Among youth aged 15 to 24 in Asia and the Pacific, fewer than a third felt their school taught this subject well.[31]

The ICPD Programme of Action, while not endorsing an agreed definition of sexual rights, did refer to reproductive health as implying that people could have a "satisfying and safe sex life". Since that time, WHO has introduced a definition of sexual health as resting on "a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence".[32] Public health strategies, however, still typically centre on avoiding sexual health risks, giving less attention to issues such as realizing sexual pleasure and sexual health across the course of life. Some evidence has begun to emerge of the value of sex-affirmative and sexual pleasure approaches as more effective sexual health interventions.[33] Momentum has also grown around the concepts of sexual rights, with progress driven in many cases by people's movements, such as those led by LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, alternatives plus) and feminist advocates.

3 | The Next 30 Years: What's in Store for SRHR?

In the wake of all the changes over the three decades since the ICPD, the next 30 years will be molded by historically diverse demographics, unfolding amid the pressures of escalating climate change, rapid shifts in technology, the potential for worsening inequalities, and political and economic uncertainties. All these factors will influence rights, needs and choices. Anticipating and responding to changes across populations and throughout the human life cycle will be critical to maintaining ICPD gains, closing disparities in SRHR, making new advances and building resilience into human rights-based, inclusive and sustainable development.

Demographic change and SRHR

The human population today is larger than ever before, having reached 8 billion in late 2022. While population numbers continue to grow, the pace of global population growth has been slowing since the 1970s. The world as a whole is ageing as fertility rates continue to fall. Two thirds of people now live in a country with a total fertility rate below replacement level (approximately 2.1 children per woman).[34]

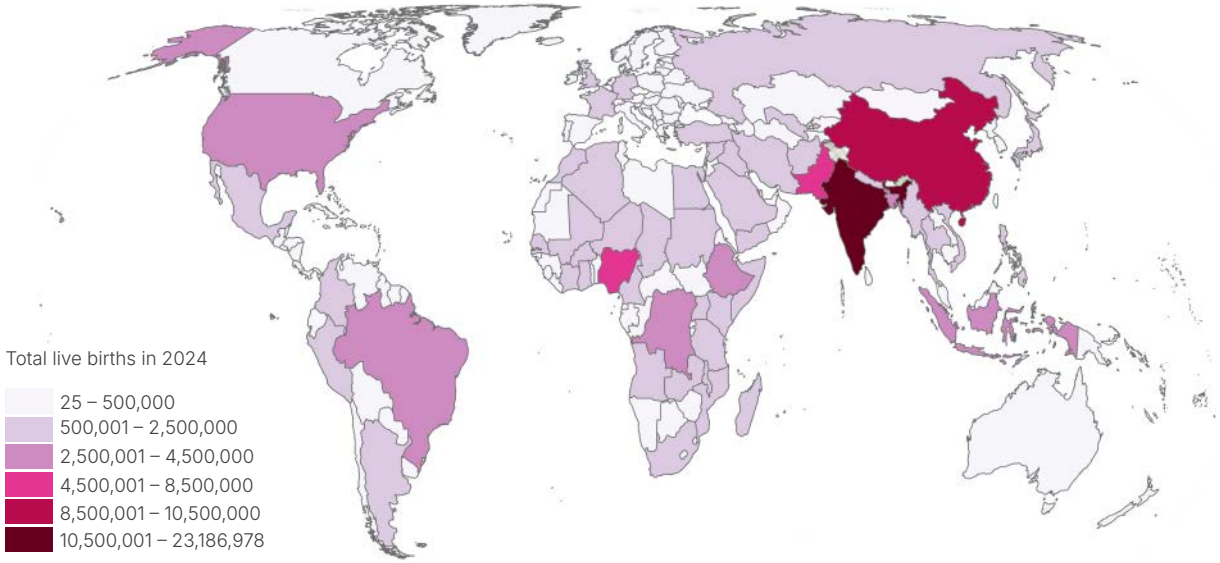
The hallmark of this point in time is the diversity of demographic trajectories. Global trends mask wide variances in regional demographics, including diverse fertility and mortality rates, and patterns of migration and urbanization. Some regions have had below-replacement fertility levels and ageing societies for decades. Others are just beginning to witness below-replacement fertility levels and the start of ageing. In areas where birth rates remain high, the momentum of population growth will be strong for several decades to come. For these countries, appropriate investments in education and health care, enabled by a growing economy and an expansion in jobs, could produce a boost in economic output known as the demographic dividend. Failing to pursue these investments can result in losses in human potential, stagnating economies and persistent poverty.

Changes in population patterns have triggered widespread anxieties and policies aimed at raising, lowering or maintaining fertility rates. Efforts to control population by focusing on fertility rates are antithetical to human rights, however, as well as ineffective. Many countries have rolled out programmes to engineer larger families by offering financial incentives and rewards to women and their partners, for example, yet they continue to see birth rates below two children per woman. Such policies echo the population control efforts that preceded, and gave rise to, the central tenet of the ICPD Programme of Action, which is that all persons should be free to choose the number and timing of their children.[35] Marginalized groups are especially subject to population control policies.[36] Around the world, about 130 million births occur each year, with the vast majority in Africa and Asia due to their large and relatively youthful populations (Figure 2).

Just six countries – the Democratic Republic of the Congo, Ethiopia, India, Nigeria, Pakistan and the United Republic of Tanzania – are expected to account for half the world's projected population growth by 2054.[37] As a region, sub-Saharan Africa will see the greatest growth in the number of pregnancies and births in coming decades (Figure 3). It is most affected by shortfalls in comprehensive SRH services, including in access to contraception, antenatal and postnatal care, and by the insufficient coverage of midwives and other health workers, not least to provide skilled birth attendance. Existing gaps in health workforce coverage may be compounded by new burdens from non-communicable diseases that have begun to escalate, such as reproductive cancers, obesity and mental health challenges.

▶ FIGURE 2

Estimated number of live births, 2024

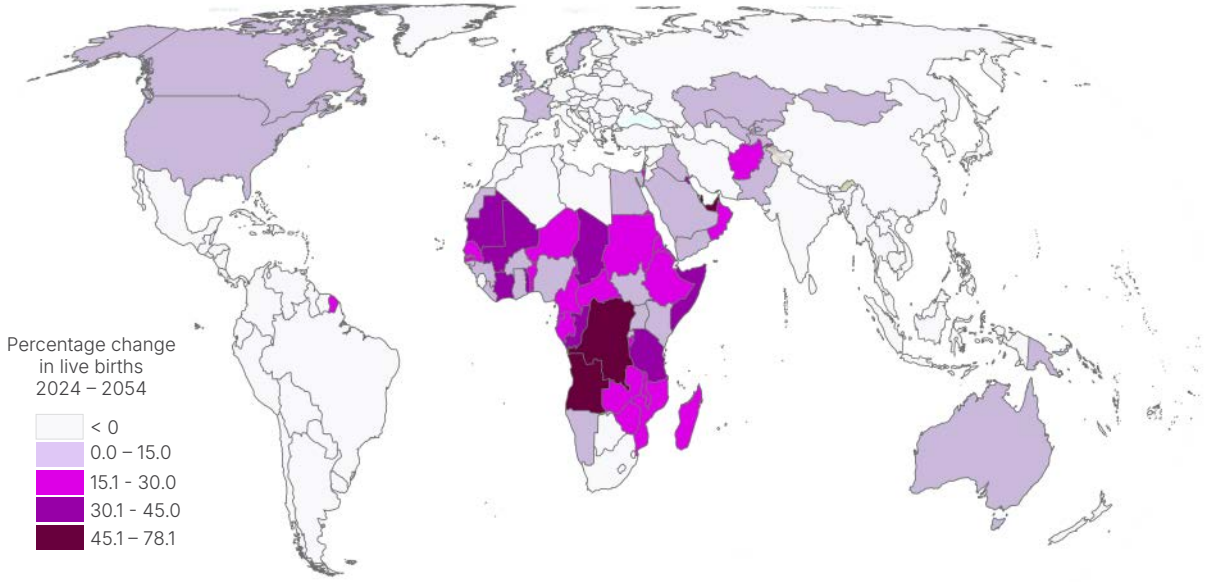


Source: Calculation by UNFPA using data from UNDESA, Population Division 2024.

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

▶ FIGURE 3

Percentage change in the estimated number of live births, 2024-2054



Source: Calculation by UNFPA using data from UNDESA, Population Division 2024.

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

While the global adolescent population is expected to stay relatively constant over the next few decades, there will be increasing differences in the regional redistribution of young people. In sub-Saharan Africa, the number of adolescents is projected to increase by over 50 per cent by 2050. In contrast, double-digit percentage declines in the number of adolescents are projected for Latin America and in Eastern and South-Eastern Asia.[38] This may have a dampening effect on high numbers of adolescent births currently seen in some Latin American countries in particular. The demand for adolescent SRH services will increase dramatically in sub-Saharan Africa, even as it diminishes in other regions.

Very low fertility levels are concentrated in Southern, Central and Eastern Europe as well as South-east and East Asia.[39] Total fertility rates in high-income Asian countries have been persistently below 1.5 since around 2000.[40] While the trend towards low fertility reflects women's increasing pursuit of higher education and formal employment and their greater control over fertility (Box 2), many women in low-fertility contexts also describe having fewer children than they desire, due to the high cost of child rearing, a lack of work-life balance, and the low contributions of men to unpaid care and household chores.[41]

Declining fertility implies shifts in types of required SRH services. Low-fertility countries will likely experience higher demand for modern contraceptives if large numbers of people opt to have fewer or no children. Additionally, these countries may see an increase in demand for counselling and treatment for subfertility and infertility, and for assisted reproductive health care, such as egg freezing and in-vitro fertilization (IVF). Health systems will also need to invest more in SRH care tailored to later stages of life, including menopause care, treatment of reproductive cancers, HIV/STI prevention, and sexual health and well-being for older people, among other issues.

In some contexts, low fertility has been associated with the proliferation of gender-biased sex selection based on the use of modern reproductive technology. Typically favouring boys, gender-biased sex selection is a harmful practice that violates commitments to gender equality and can have a ripple effect across generations and entire societies, as has been seen in parts of Asia and Eastern Europe with skewed sex ratios driven by previous gender-biased sex selection practices. Medical, legal, ethical and human rights issues will all need to be considered in introducing and expanding programmes involving assisted reproductive technologies. They will also need to be explored and enhanced in meeting the SRHR needs of LGBTQIA+ individuals.

Urbanization and SRHR

By 2050 almost three quarters of the global population will live in cities compared to just over half today.[47] Urbanization generally offers advantages in terms of access to education and health services, access to new knowledge and technologies, and in some cases, improved bodily autonomy and greater freedom, as discriminatory social and gender norms may be less rigidly enforced.

Increasing urbanization also presents major questions about demographic changes and SRH service delivery. For example, while most urban populations tend to skew younger, will an ageing world see an increasing presence of older persons migrating to urban areas, where access to services and support are easier to deliver? Will new dense, people-centred urban designs offer greater promise for health and well-being? Will the ongoing pace of urbanization continue to surpass the potential for urban planning, and only deliver greater urban sprawl and/or the expansion

BOX 2

Changing lifestyles and SRHR

Higher education, workforce participation and ready access to contraceptives are factors driving changes in reproductive health. One international study of over half a million women in 10 countries found these issues had led to women having fewer children, having their first child at an older age and experiencing later menopause.[42]

Sexual and relationship practices are changing as well, with a decline in marriage rates and a rise in the share of people marrying later. Parenthood and marriage have seen a "decoupling". Among younger generations in wealthier societies, a decline in sexual activity is a shared global trend. In Japan, in 2015, 36.1 per cent of males and 58.5 per cent of female respondents aged 18 to 19 years described themselves as "indifferent or averse" to sex. These figures were considerably higher than those in the national fertility survey five years before.[43]

Reasons for declining sexual interest and marriage rates are still conjecture but may reflect changing lifestyles and gender dynamics. Young adults in many cases are living with their parents longer and marrying later, both of which may delay sexual activity. The online world has offered an explosion of new information about choices and ways of living. Virtual social interactions have grown with positive dimensions but also with potential impacts on in-person friendships and connections.[44]

Among younger generations in wealthier societies, a decline in sexual activity is a shared global trend

Other issues centre around diverging expectations between men and women. Women may choose to remain single because of a lack of suitable male candidates or due to a rejection of gender discriminatory norms, such as the expectation that they perform most unpaid care work around the home.[45]

Rising rates of mental health disorders may also influence SRHR. In the United Kingdom, a 2016 study found a strong association between depression and risky sexual behaviours as well as reduced sexual function. It suggested considering the sexual health and needs of depressed people in primary care services as well as assessing the mental health of people attending sexual health services.[46]

of informal settlements? The growth of informal settlements can reverse positive trends in SRHR and put people at greater risk of disease, including through poor sanitation, as well as higher rates of poverty stress, exploitation and GBV. Precarious employment and housing, concentrated poverty, discrimination and exclusion can all augment harmful behaviours and norms related to SRHR.[48]

A parallel question is how an increasingly urbanized world will impact the quality and availability of SRH services in rural areas, which may be underresourced as populations and health-care investment shift to cities. Technology and innovation offer important opportunities to redress these imbalances,

as telemedicine and remote counselling and diagnosis are expanding rapidly in some regions. Self-care models are improving health outcomes in both urban and rural areas, but many still rely on formal confirmations of diagnoses and support for adverse events, meaning they are not a panacea.

Migration, displacement, human mobility and SRHR

People are on the move in record numbers, with an increasing proportion moving to escape hardship rather than to pursue new opportunities. Humanitarian emergencies such as war and conflict as well as natural disasters are exacerbating displacement, leading to record numbers of refugees and persons in need of international protection. The climate crisis is projected to worsen displacements as extreme weather events become more common across the world and more areas become uninhabitable.

When people move, services do not necessarily "move" with them. Movement, whether by choice or compulsion, presents multiple challenges in ensuring universal access to SRH services as well as in protecting people from risks such as trafficking and sexual and gender-based violence. In humanitarian crises, security structures and the rule of law may break down.

Crisis responders already commonly struggle with issues of access and underfunding for essential SRH services such as family planning and maternity care – and needs are only set to grow. Other issues arise when migrants to a new country are temporarily or permanently unable to access national health services or struggle to pay for private services. Universal SRHR coverage will need to account for these issues, including through service models and planning that allow flexibility in cases of surging demand. SRHR and GBV provisions will need to be routinely integrated into national disaster response planning alongside the disaster-proofing of commodity supply chains to limit vulnerability to sudden disruptions.

Migration also plays a role in the supply of health workers.[49] In countries in the Organisation for Economic Co-operation and Development, the number of migrant physicians and nurses rose by 60 per cent from 2000 to 2010, and by a further 20 per cent from 2011 to 2016.[50] The international migration of health workers is continuing to increase, although patterns of mobility are complex, including intraregional, South-South and North-South movements. While remittances sent by migrant health workers can be a major source of revenue for low-income households, the migration of skilled health workers from low- and middle-income countries exacerbates inequities in health care.

The climate crisis and SRHR

The climate crisis poses multiple risks for sexual and reproductive health and reproductive rights. Air and water pollution have been linked to fertility problems, and extreme heat can put pregnant women at a higher risk of complications, including stillbirths. New zoonotic diseases can have negative consequences for reproductive health, as has already been demonstrated by the Zika virus.[51] Extreme weather events, such as flooding and wildfires, destroy health infrastructure and supply chains, leading to enhanced risks for infectious diseases, unattended deliveries and limited access to emergency obstetric care (see the think piece on the ICPD and climate action for a more extensive review of the evidence on reproductive health).

Climate change is already prompting shifts in reproductive health care and behaviours, such as avoiding waste and pollution related to contraceptive and menstrual hygiene products.[52] For some people, climate change is undermining choices to bear children and form a family.[53] Climate-related risks may also exacerbate child marriage[54] and GBV amid the progressive deterioration of the environment, livelihoods and the communities they sustain.

All climate change risks and vulnerabilities are projected to worsen. Projections vary in scale, but nearly all experts anticipate that hundreds of millions of people will need to relocate before the end of this century as their homes become uninhabitable through increasing heat and sea-level rise. Food and water insecurity will increase, cascading risks to all dimensions of health, including SRHR. Without proactive investment in climate adaptation and mitigation, the risk of a dramatic escalation in inequality and marginalization, translating into widespread human suffering, will become even more acute.

Health-care systems need to urgently and proactively adapt to provide more agile and rapid deployments in climate vulnerable regions. Equally, climate action needs to integrate SRHR as an essential element of adaptation and resilience strategies. To date, only about a third of national climate plans include SRHR issues,[55] with most attention paid to maternal and newborn health and GBV. The sustained provision of SRH services needs to be far more widely adopted within national climate policies, including to respond to issues such as increases in harmful practices and the spread of HIV and STIs. More comprehensive strategies, evidence and measurement will be called for moving forward.[56]

Other climate-related risks circle around narratives that blame "overpopulation" for the climate crisis, even as countries that still have higher fertility rates are generally poorer, consume far less and emit


© UNFPA Benin

only a marginal share of greenhouse gas emissions. One recent calculation found that in 2019, the richest 1 per cent of the global population emitted as much as the poorest two thirds.[57] Such skewed consumption patterns underline the importance of sustainable development models. They also reinforce the imperative of rights-based development policies that avoid further penalizing the most marginalized people and ensure an equitable distribution of the resources, services and other tools required to end poverty and uphold bodily autonomy.

Technology, innovation and SRHR

The availability of smart technologies and health apps has exploded over the last decade, with many used for SRHR, particularly by younger people who in many cases still struggle to gain access to accurate and evidence-based information. A new generation of "femtech" apps is tackling historically stigmatized aspects of women's health care, such as by monitoring menstruation patterns and tracking menopause symptoms. AI is demonstrating potential to enhance reproductive cancer diagnostics and treatment. Given the rapid development of such technologies, more innovations can be expected, some of which will raise public debates over regulation, reproductive choice, safety and autonomy.

Developments in assisted reproductive technologies are opening avenues for infertility treatment at lower costs. These stand to change the nature of reproduction, sex and family configurations, with many more children expected to be conceived by IVF. Demand for surrogacy will likely continue to rise, leading to questions around bioethics and human rights. There will be more choices to select embryos for gestation and birth based on specific genetic variations and traits. New technology using cytoplasmic transfers already allows children to have three biological parents. Recent breakthroughs in in-vitro gametogenesis have proven that it is possible to produce eggs or sperm via non-reproductive cells, which could become a method of assisted reproductive technology.[58]

These issues will increasingly challenge both legal systems and social norms, and raise ethical and human rights concerns about the commodification of human reproduction, where the rights of individuals over their bodies are being transferred to health systems, research centres, biobanks and private corporations.[59] People could become parents without consent, and "designer babies" may perpetuate discriminatory norms, as is already the case with gender-biased sex selection and for people with disabilities.[60] Technology also poses inherent risks to privacy and patient data, requiring robust regulation that keeps pace with new advancements. It will become increasingly important to anticipate and manage the implications of technology for SRHR, putting a central emphasis on safety, reproductive rights and privacy protections.

Inequalities and SRHR

Significant to all future scenarios is whether, and how, the world will redress pronounced inequalities in wealth, health and well-being. Inequalities in SRHR are evident within and across countries, driven by disparities in poverty, privilege and discriminatory social and gender norms. Gender, disability, race, ethnicity and other factors are linked to disparities in knowledge, services and reproductive rights. In many cases, multiple forms of marginalization intersect and compound each other.

National or regional health disparities reflect profound differences in institutional capacities to respond to the risks of illness and/or disability. In 2022, for example, 94 per cent of the estimated 350,000 global deaths from cervical cancer took place in low- and middle-income countries, due to systemic inadequacies in access to vaccines, screening and treatment.[61] Further, while significant progress has been made in lowering maternal mortality globally, among the preventable maternal deaths that still occur, less than 1 per cent are in high-income countries. An African woman who experiences pregnancy and childbirth complications is around 130 times more likely to die from them than a woman living in Europe or North America.[62]

Social discrimination is a key factor in health disparities. Across the Americas, maternal deaths occur at far higher rates among persons of African descent due to structural race-based inequalities, including greater rates of poverty, insecure housing, undernutrition, and lower access to preventative health care and affordable health insurance. Compounding factors comprise deep-seated patterns of abuse and neglect in medical education and practices as well as public policymaking more generally.[63]

Inequalities intersect with demographics when health systems falter in meeting shifting population needs. Many countries with growing populations of adolescents still exclude them and hinder their future opportunities by failing to provide CSE and youth-targeted services, harming individuals and placing their national social and economic future in peril. Despite rapid population ageing in many countries, the SRHR of older persons is frequently neglected. Most SRHR data span only people aged 15 to 49, even with mounting evidence of higher STI rates among older people.

Inequalities intersect with technology through diverging access to digital and other technologies and the new forms of information and health-care models they offer. While the gender divide in technology is easing,[64] multiple barriers remain for women and girls given more limited resources as well as their heightened risk for technology-facilitated GBV. Access to technology is far more limited in poorer communities and the least developed countries. Further, unless it is properly regulated, AI can "learn" discriminatory ideas based on the materials for training, spread inaccurate information about SRHR and perpetuate harmful gender, racial and other norms. Some AI-based diagnostic tools are already reinforcing exclusion because they are less accurate for marginalized people.[65]

4 | An Inclusive Future for SRHR: How Do We Get There?

Navigating the megatrends will require health systems to plan and act differently, use new foresight and visioning tools and invest in research. Are health systems ready? If COVID-19 is indicative, the answer is mostly not. In a world of dramatic changes, readiness entails anticipating and managing risks, and being positioned to take opportunities to improve and meet changing needs as they emerge (Figure 4). A lack of readiness will likely lead to gaps in health and rights that grow over time, and result in greater human deprivation that becomes more difficult and costly to address.

The highest life expectancy in human history testifies to gains made when health care is a priority. New medical and other forms of technology managed in line with the principles of human rights and gender equality, increasing evidence backing the value of traditional solutions such as midwives, and the greater awareness and activism of youth can drive the realization of SRHR for all. Governments, health systems, care providers, businesses, civil society organizations, individuals and communities will play critical roles.

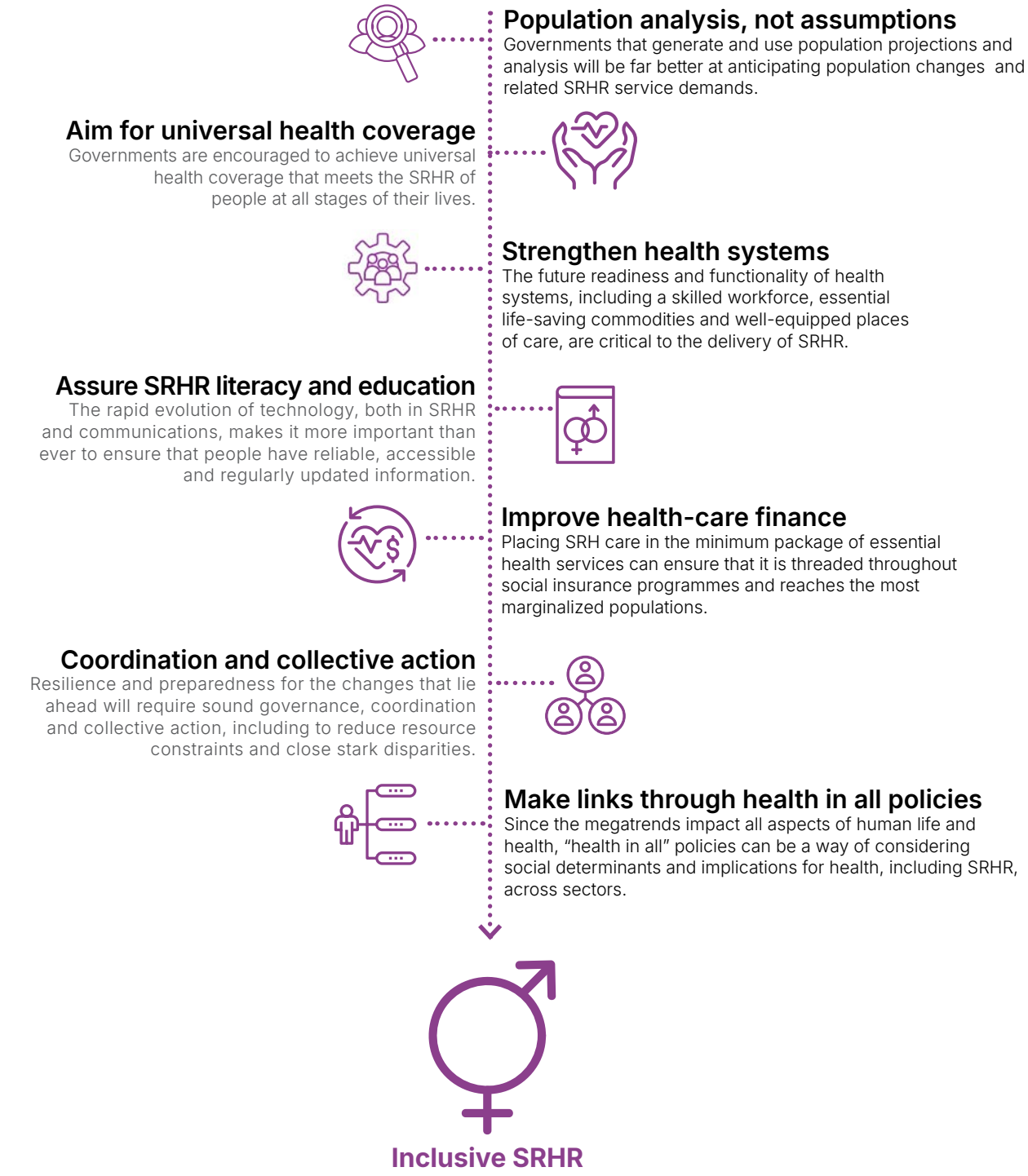
Population analysis, not assumptions

Governments that generate and use population projections and analysis will fare better in anticipating population changes and related SRHR service demands. Demographic trends are often viewed with concern, yet most demographic change is relatively slow-moving, providing ample opportunities to plan and adapt. This process can capture the realities of population dynamics and align with human rights, irrespective of whether a population will be dominated by young or older persons in the near term. Health systems can then better recognize the needs of people at different ages, in urban or rural locations, or in mobile and unstable conditions. By delivering accordingly, they can support everyone in realizing rights and choices that underpin many other aspects of their lives, from transitions into the workforce to a successful retirement.

Inadequate SRH services in rapidly growing populations of sub-Saharan Africa and South Asia should galvanize governments and the SRHR development community, as areas with fragile and underresourced services will see the largest increases in future demand. As the average age of

▶ FIGURE 4

How to achieve an inclusive future for SRHR



The highest life expectancy in human history testifies to gains made when health care is a priority. New medical technology aligned with human rights and gender equality, the proven value of traditions such as midwives, and the greater awareness and activism of the youth drive the realization of SRHR for all. Governments, health systems, care providers, businesses, civil society organizations, individuals and communities all play critical roles.

first birth grows older in much of the world, including Africa, assisted reproductive technologies are likely to see increased demand worldwide. Older populations will need screening and treatment services for reproductive cancers that are more prevalent at later stages of life, as well as for sexual health and well-being, as healthy ageing poses challenges such as erectile dysfunction and post-menopausal care. And new patterns of migration and displacement, including due to climate change, will require service models and social protection measures with the flexibility and agility to meet sudden and dramatic shifts in need and cater to populations on the move.

A longstanding issue in understanding the nature and impact of inequalities involves gaps in data. Some of these are beginning to close. Health data disaggregated by gender, wealth or income, geography and age are slowly increasing, but the COVID-19 pandemic highlighted the large number of countries that still fail to collect caseload or cause-of-death data by age and sex. Data broken down by ethnicity, race, language, religion or indigeneity are rare. Current statistics, for example, shed little light on access to services based on migration status or LGBTQIA+ identity.[66] Only with stronger data systems and knowledge sharing will it be possible to reduce and redress health inequalities.

Aiming for universal health coverage

Governments are encouraged to achieve universal health coverage that meets the SRHR needs of people at all stages of their lives, and to strengthen health systems to meet international standards for quality, effectiveness and people-centred care. Realizing universal health coverage is a central aim of global health agendas and the SDGs. It is fundamental to addressing worsening inequalities because it implies that everyone, everywhere, can access affordable, high-quality, essential health care, including SRH services. Coverage grounded in principles of equity and human rights helps to reach the most marginalized people.[67]

Amid demographic shifts and changing lifestyles, universal health coverage should build on a life-course approach, with an appropriate menu of essential SRH services for people from adolescence through old age, and for men and women in all their diversities, including those who identify as LGBTQIA+. This is an opportunity to improve the quality of care and fill gaps, particularly those that undercut women's bodily autonomy and continue to marginalize adolescents, migrants, persons living with disabilities and LGBTQIA+ (Box 3). Among the areas requiring a clearer focus are gender-responsive male health strategies and mental health issues related to SRHR, such as relationship dynamics, risky sexual behaviour and peri- and post-partum depression.

Strengthening health systems and workforces

The future readiness and functionality of health systems, including a skilled workforce, life-saving commodities and well-equipped places of care, are critical to the delivery of SRHR as the megatrends unfold. Currently, the SRH workforce meets only an estimated 75 per cent of needs.[68] It has an estimated shortage of 900,000 midwives.[69] Decent employment standards, including training, pay and scheduling, are essential to attract and retain needed SRH workers. Ending gender discrimination in pay and working conditions would be a significant step forward, since women make up 70 per cent of the health workforce globally.[70] The 3 million community health workers around the world, who are largely female, often provide the only health care available in marginalized communities yet are typically unpaid.[71]

BOX 3

What will it take to get youth health right?

Universal, population-centred health delivery will need to develop youth-facing solutions that reflect where young people live, learn and play. These solutions must be available in schools, communities, online and through self-care, as well as in traditional health facilities, and emphasize services as well as information and counselling. Younger people need to be more involved in delivering health care for youth as they look, feel and talk more like their clients. Laws and policies in some cases still should be adopted or revised to break down barriers that keep young people away from health care. New initiatives to nudge young people into being active agents of their own health could work through social media influencers as well as increased support from governments to set in motion behaviours and choices that lead to long and fruitful lives.

Population-centred health delivery will need to develop youth-facing solutions that reflect where young people live, learn and play.

Source: Gunthorp 2023.

Greater readiness for what lies ahead can also come from health authorities exploring new forms of intersectoral collaboration. New models of health care gained momentum during the pandemic and show promise in delivering care that is more cost-effective, inclusive, respectful and tailored to people's needs. Integrated models involve multidisciplinary teams delivering integrated services across different settings. Partnerships with disaster management authorities, for example, can improve agile, risk-resilient service models. Engagement with labour ministries may help to forecast expected changes in the SRH workforce based on changing demographic and health system needs.

With half the world's population lacking access to essential health services and a shortfall in the health workforce expected to reach 10 million by 2030,[72] WHO, UNFPA and other international organizations have endorsed innovative self-care interventions to improve health equity and well-being and give people more control over their health. Self-care encompasses a range of approaches and can be applied in every country and economic setting, in line with national laws and policies. Examples related to SRHR include medical abortion where legal, monitoring blood glucose during pregnancy and the collection of samples for STI/HIV testing. Realizing the potential of self-care requires health workers to be confident in its effectiveness and prepared to engage in trustful and partnership-oriented relations with their patients. A supportive legal, policy and institutional environment, including referral mechanisms for in-person care, is important.[73]

Assuring SRHR literacy and comprehensive sexuality education

The rapid evolution of technology, both in SRHR and communications, makes it more important than ever to provide reliable, accessible and regularly updated information. At a moment of polarization and insufficient regulation of technology, misinformation, disinformation and hate speech have taken off, undercutting rights and exacerbating marginalization and vulnerability.

Countries with large and growing adolescent populations could prioritize CSE, including quality assurance for the growing volume of CSE online, and through formative values-based education on SRHR and gender equality. Countries with ageing populations have increasing needs for education for older adults who are managing age-related sexual health issues. Health education can be used more extensively to engage young people, as well as men and boys, in questioning negative social and gender norms and championing positive ones, and challenging cultural norms around GBV, including technology-facilitated GBV. CSE should be positioned to provide new information as diseases arise and evolve, such as the differences between detectable and undetectable viral loads when it comes to HIV transmission, and emerging STI risks.

Improving health-care finance

Current health finance remains woefully inadequate in realizing universal health coverage. Without systematic improvements, the gap will undercut public SRH health care and resilience.[74] Following the COVID-19 pandemic, fiscal space remains extremely limited, inflation is high in many countries

and austerity measures will likely continue to bite deep, especially in nations that are poorer and/or carry heavy debt burdens. Risks of cuts in domestic resources, both for national health systems and in terms of official development assistance, are greatest in countries where SRHR is contested. And increasing numbers of people in vulnerable situations due to climate migration or conflict will place new demands on financing.

Health-care finance needs to be carefully managed given its critical role in realizing human rights and sustaining and advancing development agendas overall. Increased allocations of domestic financing for health in general and particularly SRHR are crucial. Finance for comprehensive SRHR should be integral to health financing. Placing SRH care in the minimum package of essential health services[75] can ensure that it is threaded throughout social insurance programmes and reaches the most marginalized populations. Progressively situating comprehensive SRHR within universal health coverage benefit packages and financial protection arrangements will enhance sustainable financing, effective coverage, and financial risk protection.

Public-private partnerships can fund innovations and bridge gaps to limit out-of-pocket costs for people on the margins, although these configurations need to be established and monitored based on alignment with human rights and development objectives. New innovations in finance that could be further explored include development and social impact bonds where funds are linked to achieving SRHR goals.

More efficient and effective investment strategies and better coordination of donor funding are also essential, such as through multi-partner or pooled funds aimed at national health systems and workforce strengthening in line with national health strategies. Health information management systems offer an opportunity to improve the management of both health services and financing. The reform of the international financial system so that it reflects a broader spectrum of perspectives and priorities in low- and middle-income countries is widely seen as fundamental in responding to all the megatrends.[76]

Finally, there should be a wider appreciation of the social and economic benefits of generous, well-managed health-care financing, including for comprehensive SRH services. Advocacy for increasing investments in SRH services is particularly important given its vulnerability to cuts when health-care budgets shrink.

Coordination and collective action

Social and political tensions have complicated the governance of health-care systems on both the national and international levels. Political factions increasingly use divisive rhetoric to score political points, with SRHR issues among those most commonly deployed to forge "constituencies of the discontented". Fanning stigma and discrimination, gender biases, homophobia and transphobia, and racism, among other elements, has consequences that include insufficient SRH services, SRHR-related budget cuts and legislation denying human rights. Global governance has also been subject to dissension and fragmentation, including through attempts to backtrack on commitments to gender equality and SRHR.[77] Some questions have been raised about the growing influence of private entities in global health governance and a shift away from inclusive multilateral decision-making.[78]

SRHR will remain central to global geopolitical debate given its implications for population and development.[79] Resilience and preparedness for the changes that lie ahead will require sound governance, coordination and collective action, including to reduce resource constraints and close stark disparities. The ICPD Programme of Action offers an agreed platform and the potential to use multiple, context-specific means to achieve shared global objectives.

A further step would be a universal commitment to sexual and reproductive justice, which requires addressing all structural barriers to SRHR, whether they exist in health, education or the broader economy and society. For example, ending GBV requires coordinated commitments and sufficient resources to create and exercise a zero-tolerance policy. Some key elements are to strengthen women's movements as effective proponents of changes in norms and behaviours, develop coordinated and cross-sectoral responses to the multiple causes and consequences of GBV, and engage men and boys in questioning negative gender norms and championing positive ones. Supportive policy choices can also steer economies to strengthen resilience and gender equality in pay, positions and the broader labour market, improving women's future economic and political power,[80] which offers broader protections against violence.

Demographic change and the climate crisis both call for new alliances among governments, civil society, parliamentarians, development partners and the private sector to demonstrate a more forceful case for upholding bodily autonomy and achieving gender equality and sexual and reproductive justice. The links to both rights and a spectrum of development concerns are clear, leading to better health and well-being as well as economic growth, demographic

resilience, equitable use of technology and improved adaptation to climate change. National and international systems of governance will need to take up issues such as human rights deficits in some profit-driven health models, the deficits in health-care workforces in low- and middle-income countries that result from labour force "poaching" in wealthier countries, and the risks of technology driving disparities and the commodification of women's bodies.

Innovation in service delivery has attracted a broader spectrum of providers, including private sector companies seeking to expand health-care options. The private sector has become an important source for the development and provision of a new generation of safe and effective medical abortion drugs, for example. Faith- and community-based groups have gained essential roles in reaching diverse groups and remaining attuned to their needs; these are among the reasons that UNFPA continues to expand collaboration with them. Some last-mile non-governmental service providers sustain services such as abortion or care for key population groups, where a lack of social consensus restricts care through other channels. Such organizations can be well-positioned to trigger social change in communities, as demonstrated by success in reducing rates of FGM and innovative methods of engaging men and boys to stop GBV.

Having a multitude of providers can pose risks, however, including poor-quality services. For certain services where private actors play a large role, such as infertility care, profit motives have resulted in a culture of "add-ons" where patients are lulled into paying for additional procedures with little purpose beyond increasing the cost.[81] Particularly with SRHR, risks that remain important to navigate and regulate in contexts with multiple providers include discrimination against certain groups, a lack of comprehensive care and practices that violate human rights. Understanding and carefully managing the interactions of public and private actors will be critical. This process will likely require measures such as assurances that public funds channelled through the private sector result in public gains, a clear understanding of value propositions, and robust legal and regulatory frameworks. An inherent challenge remains the relative underdevelopment of the private sector in many low- and middle-income countries.[82]

Making links through health in all policies

Since the megatrends impact all aspects of human life and health, "health in all" policies can be a way of considering social determinants and implications for health, including SRHR, across sectors. They can build on synergies, limit unintended harms, and improve both health and equity by recognizing the interdependence of social, economic and environmental goals. Health in all approaches can be applied to policymaking as well as budgets and monitoring, and can build on mechanisms such as interministerial committees, integrated budgets and accounting, and health impact analyses.[83] They can aim at both mainstreaming SRHR and using tools such as budget tagging to maintain visibility and accountability.

5 | Recommended Actions

Governments are encouraged to provide universal health coverage that fulfils the SRHR of people at all stages of their lives, and to strengthen health systems to meet international standards of quality and effectiveness and people-centred care. Important investments with high multiplier effects include the strengthening of the health workforce, greater use of data and analytics, and adequate health-care financing. There should be wider appreciation of the social and economic benefits of generous, well-managed health-care financing, with comprehensive SRH services costed within health budgets and ringfenced to limit sudden shifts.

Governments, civil society and the private sector are encouraged to make routine use of population data and analysis to better anticipate changing population dynamics and corresponding changes in SRH service demands, including at the subnational level. Governments could use population projections for long-term health workforce planning and to help anticipate and prepare for subnational climate-related health risks. The growing potential for integrated data systems and AI also calls for improved data management and governance systems, with privacy protections for users and their digital health and identity data.

Countries with large and growing adolescent populations could foreground CSE, including quality assurance for the growing volume of CSE online, and through formative values-based education on SRHR and gender equality. Countries with ageing populations have increasing needs for education for older adults who are managing age-related sexual health issues. Health education can be used more extensively to engage young people, as well as men and boys, in questioning negative social and gender norms and championing positive ones, and challenging cultural norms around GBV, including technology-facilitated cases.

The Programme of Action includes many widely shared objectives; the thirtieth anniversary of the ICPD provides an opportunity to focus on common goals and resist polarization. New alliances among civil society, development partners, governments, parliamentarians and the private sector are called for. Together, such alliances can demonstrate a more forceful case for how upholding bodily autonomy, protecting women's rights and choices, and achieving sexual and reproductive justice lead to healthier women and families; greater longevity and healthy ageing; improved human capital and economic growth; demographic resilience; and better prospects for adapting to the inherent uncertainties of the megatrends.

6 | Conclusion

- Human resilience in a world of turbulence and change will hinge on fully realizing SRHR for all. Progress over the past 30 years affirms the momentum that is possible but recent stalling and declines show that additional efforts are needed to sustain and secure progress.
- New opportunities are emerging to meet needs in changing populations while navigating multiple risks.
- Better prepared and financed health systems have essential roles in upholding SRHR for all. In doing so, they are foundational to a world where development means that people, in all their diversities, can thrive.

© UNFPA

References

Akwara, Elsie and others, 2023. "The Urban Environment and Disparities in Sexual and Reproductive Health Outcomes in the Global South: A Scoping Review." *Journal of Urban Health* 100: 525-561.

Amy, Jean-Jacques, and Sam Rowlands, 2018. "Legalised Non-Consensual Sterilisation: Eugenics Put into Practice before 1945, and the Aftermath. Part 1: USA, Japan, Canada and Mexico." *The European Journal of Contraception & Reproductive Health Care* 23(2): 121–129.

Bearak, Jonathan, and others, 2018. "Global, Regional, and Subregional Trends in Unintended Pregnancy and Its Outcomes from 1990 to 2014: Estimates from a Bayesian Hierarchical Model." *Lancet Global Health* 6(4): e380-9.

Bearak, Jonathan, and others, 2020. "Unintended Pregnancy and Abortion by Income, Region, and the Legal Status of Abortion: Estimates from a Comprehensive Model for 1990–2019." *Lancet Global Health* 8(9): e1152–e1161.

Brady, Eoghan, and others, 2023. "The Future of SRHR: SRHR Financing." Unpublished background paper for UNFPA.

Breitenbach, Marthinus, and others, 2021. "Global Healthcare Resource Efficiency in the Management of COVID-19 Death and Infection Prevalence Rates." *Frontiers in Public Health* 9: 638481.

CDC (Centers for Disease Control and Prevention), undated. " Congenital Zika Syndrome and Other Birth Defects." Website: https://www.cdc.gov/zika/czs/index.html, accessed 18 June 2024

Center for Reproductive Rights, undated. "Accelerating Progress: Liberalization of Abortion Laws since ICPD." Website: reproductiverights.org/sites/default/files/documents/World-Abortion-Map-AcceleratingProgress.pdf, accessed 5 March 2024.

Chandra-Mouli, V., 2023. "Looking Back and Looking Ahead on Adolescent Sexual and Reproductive Health." Unpublished background paper for UNFPA.

Countdown2030 Europe, 2020. "Private Sector Engagement in Sexual and Reproductive Health: A Look at Modalities of Donor Support." Website: www.countdown2030europe.org/storage/app/media/uploaded-files/C2030E_Private%20sector%20engagement%20in%20SRH_Nov2020.pdf, accessed 5 March 2024.

De Sanjose, Silvia, and Vivien D. Tsu, 2019. "Prevention of Cervical and Breast Cancer Mortality in Low- and Middle-Income Countries: A Window of Opportunity." *International Journal of Women's Health* 11: 381-386.

DeWeerdt, Sarah, 2020. "How Much Is a Baby Worth? Access to Fertility Treatments Is Limited by the Cost in Both High- and Low-Income Countries. But New Technologies and Attitudes Aim to Fix That." *Nature* 588: S174-176.

Du, Min, and others, 2022. "Increasing Incidence Rates of Sexually Transmitted Infections from 2010 to 2019: An Analysis of Temporal Trends by Geographical Regions and Age Groups from the 2019 Global Burden of Disease Study." *BMS Infectious Diseases* 22, 574.

Ferguson, Laura, 2023. "The Future of SRHR from an Inequalities Perspective." Unpublished background paper for UNFPA.

Field, Nigel, and others 2016. "Are Depression and Poor Sexual Health Neglected Comorbidities? Evidence from a Population Sample." *BMJ Open* 6: e010521.

Flores-Palacios, Fátima, and S. Eréndira Serrano Oswald, 2019. "Social Representations, Gender and Identity: Interactions and Practices in a Context of Vulnerability." *Papers on Social Representations* 28(2): 3.1-3.41.

Gon, Giorgia, and others, 2018. "The Frequency of Maternal Morbidity: A Systematic Review of Systematic Reviews." *International Journal of Gynecology and Obstetrics* 141(51): 20-38.

Gunthorp, Jonathan, 2023. "If We Don't, They Never Will: Why Global Health Needs Civil Society." Unpublished background paper for UNFPA.

Guttmacher Institute, 2023. "The Future of Global SRH Service Needs." Unpublished background paper for UNFPA.

Khalfan, A., and others, 2023. "Climate Equality: A Planet for the 99%." Oxford: Oxfam International. Website: https://policy-practice.oxfam.org/resources/climate-equality-a-planet-for-the-99-621551/, accessed 10 June 2024.

ILO (International Labour Organization), 2019. "The Future of Work in the Health Sector." Sectoral Policies Department Working Paper No. 325. Geneva: ILO.

ILO (International Labour Organization), 2020. "ILO Monitor: COVID and the World of Work." Briefing note, 2nd edition. Geneva: ILO.

InterLACE Study Team, 2019. "Variations in Reproductive Events across Life: A Pooled Analysis of Data from 505 147 Women Across 10 Countries." *Human Reproduction* 34(5): 881–893.

ITU (International Telecommunication Union), 2022. "Facts and Figures 2022: The Gender Divide." Website: www.itu.int/itu-d/reports/statistics/2022/11/24/ff22-the-gender-digital-divide, accessed 5 March 2024.

Kim, Erin Hye-Won, 2018. "Low Fertility and Gender Inequity in Developed Asian Countries." *Asian Population Studies* 14(2): 113-115.

Mascarenhas, Maya, and others, 2012. "National, Regional, and Global Trends in Infertility Prevalence Since 1990: A Systematic Analysis of 277 Health Surveys." *PLoS Medicine* 9(12): e1001356.

Matsuyama, Shino, 2022. "More Japanese People Choose to Remain Single, Report Shows." *The Asahi Shimbun*, 15 June. Website: www.asahi.com/ajw/articles/14645548, accessed 5 March 2024.

Mittermaier, Mirja, and others, 2023. "Bias in AI-based Models for Medical Applications: Challenges and Mitigation Strategies." *npj Digital Medicine* 6(113). Website: https://www.nature.com/articles/s41746-023-00858-z, accessed 5 March 2024.

Moffitt Cancer Center, 2024. "Prostate Cancer Survival Rate." Website: www.moffitt.org/cancers/prostate-cancer/survival-rate, accessed 5 March 2024.

Mora, L. 2020. "The Future of Reproductive Rights: Towards the Commodification of Human Reproduction in a Post-Coital Era." Unpublished.

Moreno-Agostino, Dário, and others, 2021. "Global Trends in the Prevalence and Incidence of Depression: A Systematic Review and Meta-Analysis." *Journal of Affective Disorders* 15(281): 235-243.

Murithi, Sarah, 2023. "Navigating the Future of the Sexual and Reproductive Health and Rights Workforce: Embracing Innovation, Equity, Inclusion and Empowerment." Unpublished background paper for UNFPA.

NIPSSR (National Institute of Population and Social Security Research), 2016. *Marriage Process and Fertility of Married Couples Attitudes toward Marriage and Family among Japanese Singles – Highlights of the Survey Results on Married Couples/ Singles. The Fifteenth Japanese National Fertility Survey in 2015*. Website: https://www.ipss.go.jp/ps-doukou/e/doukou15/nfs15_gaiyoeng.html.

Nolen, Stephanie, and Tiksa Negeri, 2023. "'Only God Can Thank You': Female Health Workers Fight to Be Paid." *The New York Time*s. Website: www.nytimes.com/2023/09/21/health/community-health-worker-pay.html.

Nove, Andrea, and others, 2021. "The State of the World's Midwifery 2021 Report: Findings to Drive Global Policy and Practice." *Human Resources for Health* 19, 146.

OECD (Organisation for Economic Cooperation and Development), 2019. *Recent Trends in International Migration of Doctors, Nurses and Medical Students*. Paris: OECD Publishing.

OECD (Organisation for Economic Cooperation and Development) and ILO (International Labour Organization), 2022. *Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*. Getting Skills Right. Paris: OECD Publishing.

Ombelet, W., and J. Onofre, 2019. "IVF in Africa: What Is It All About?" *Facts, Views & Vision: Issues in Obstetrics, Gynaecology and Reproductive Health* 11(1): 65-76.

Oxfam International, 2021. "Ending Gender-based Violence Is Possible." Website: www.oxfam.org/en/ending-gender-based-violence-possible, accessed 5 March 2024.

PAHO (Pan-American Health Organization), undated. "Health in All Policies." Regional Office for the Americas. Website: https://www.paho.org/en/topics/health-all-policies, accessed 5 March 2024.

Pillay, Yogan, and others, 2020. "Health Benefit Packages: Moving from Aspiration to Action for Improved Access to Quality SRHR through UHC reforms." *Sexual and Reproductive Health Matters* 28:2: 1842152.

Reuters, 2022. "Pandemic Surge in Gender Violence Met with 'Vanishingly Small' Funds, Says UN." 23 June. Website: www.reuters.com/world/pandemic-surge-gender-violence-met-with-vanishingly-small-funds-says-un-2022-06-23, accessed 5 March 2024.

Riese, Sara, 2021. "Levels and Trends of Infertility and Childlessness." DHS Comparative Reports No. 50. Rockville, MD: ICF.

Rousseau, Catherine, 2023. "Climate Change and Sexual and Reproductive Health: What Implications for Future Research?" *Sexual and Reproductive Health Matters* 31(1): 2232196.

Singh, Susheela, and others, 2018. "Abortion Worldwide 2017: Uneven Progress and Unequal Access." New York: Guttmacher Institute.

Starrs, Ann M., and others, 2018. "Accelerate Progress: Sexual and Reproductive Health and Rights for All – Report of the Guttmacher-Lancet Commission." *Lancet* 391(10140): 2642–2692.

Stein, Rob, 2023. "Creating a Sperm or Egg from Any Cell? Reproduction Revolution on the Horizon." NPR, 27 May. Website: www.npr.org/sections/health-shots/2023/05/27/1177191913/sperm-or-egg-in-lab-breakthrough-in-reproduction-designer-babies-ivg, accessed 5 March 2024.

Sundewall, Jesper, 2023. "The Future of SRHR." Background paper for UNFPA ICPD@30 think piece.

Thoma, Marie, and others, 2021. "Biological and Social Aspects of Human Infertility: A Global Perspective." Oxford Research Encyclopedia of Global Public Health. Website: https://doi.org/10.1093/acrefore/9780190632366.013.184, accessed 5 March 2024.

Thomas, Jac, and others, 2022. "The Effect of Leave Policies on Increasing Fertility: A Systematic Review." *Humanities and Social Sciences Communications* 9: 262.

UN Women (United Nations Entity for Gender Equality and Women's Empowerment), 2024. "Defending Women's Rights in Hostile Times: Understanding Patterns of Backlash to Push Forward for Gender Equality." New York: UN Women.

UN Women (United Nations Entity for Gender Equality and Women's Empowerment) and UNDESA (United Nations Department of Economic and Social Affairs), 2023. *Progress on the Sustainable Development Goals: The Gender Snapshot 2023*. New York: UN Women and UNDESA.

UNAIDS (Joint United Nations Programme on HIV/AIDS), 2023. *The Path That Ends AIDS: 2023 UNAIDS Global AIDS Update*. Geneva: Joint United Nations Programme on HIV/AIDS.

UNDESA (United Nations Department of Economic and Social Affairs), 2020. "Shaping the Trends that Shape Our World." Website: www.un.org/en/desa/shaping-trends-shape-our-world, accessed 5 March 2024.

UNDESA (United Nations Department of Economic and Social Affairs), Population Division, 2022. "Family Planning Indicators 2022." Custom data. Website: www.un.org/development/desa/pd/data/family-planning-indicators, accessed 5 March 2024.

UNDESA (United Nations Department of Economic and Social Affairs), Population Division, 2022a. *2022 Revision of World Population Prospects*. Website: https://population.un.org/wpp/.

UNDESA (United Nations Department of Economic and Social Affairs), Population Division, 2022b. World Population Prospects 2022: Summary of Results." UNDESA/POP/2022/TR/NO. 3.

UNDESA (United Nations Department of Economic and Social Affairs), Population Division, 2024. *World Population Prospects 2024*. New York: United Nations.

UNESCO (United Nations Education, Scientific and Cultural Organization) and others, 2021. *The Journey Towards Comprehensive Sexuality Education: Global Status Report*. Website: https://doi.org/10.54675/NFEK1277, access 5 March 2024.

UNFPA (United Nations Population Fund), 2019. Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage. New York: UNFPA.

UNFPA (United Nations Population Fund), 2022. "Investing in Three Transformative Results: Realizing Powerful Returns." New York: UNFPA.

UNFPA (United Nations Population Fund), 2022a. *Motherhood in Childhood*. New York: UNFPA.

UNFPA (United Nations Population Fund), 2022b. *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy*. New York: UNFPA.

UNFPA (United Nations Population Fund), 2023a. *State of World Population 2023: 8 Billion Lives, Infinite Possibilities – The Case for Rights and Choices*. New York: UNFPA.

UNFPA (United Nations Population Fund), 2023b. *Taking Stock: Sexual and Reproductive Health and Rights in Climate Commitments*. New York: UNFPA.

UNFPA (United Nations Population Fund), 2024a. "Demographic Diversity and Sustainable Development." New York: UNFPA.

UNFPA (United Nations Population Fund), 2024b. *Interwoven Lives, Threads of Hope: Ending Inequalities in Sexual and Reproductive Health*. State of World Population Report. New York: UNFPA.

UNFPA (United Nations Population Fund) and others, 2021. *The State of the World's Midwifery*. New York: UNFPA.

UNFPA (United Nations Population Fund) and others, 2023. *Maternal Health Analysis of Women and Girls of African Descent in the Americas: Analysis*. New York: UNFPA.

UNICEF (United Nations Children's Fund), 2023. *Is an End to Child Marriage within Reach? Latest Trends and Future Prospects – 2023 Update*. New York: UNICEF.

UNICEF (United Nations Children's Fund) and KARAMA, 2023. Climate Change: Impact on Adolescent Girls. Website: https://www.unicef.org/mena/reports/climate-change-impact-adolescent-girls.

United Nations, 2023a. "Progress towards the Sustainable Development Goals: Towards a Rescue Plan for People and Planet – Report of the Secretary General." Supplementary Information Website: https://unstats.un.org/sdgs/files/report/2023/E_2023_64_Statistical_Annex_I_and_II.pdf, accessed 11 June 2024.

United Nations, 2023b. "Reforms to the International Financial Architecture." Our Common Agenda Policy Brief 6." New York: United Nations.

United States Department of Health and Human Services, 2023. "The Global HIV and AIDS Epidemic." HIV.Gov. 20 July. Website: www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics, accessed 5 March 2024.

United States Department of State, 2022. "United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2022 Update." Website: www.state.gov/wp-content/uploads/2022/12/GBV-Global-Strategy-Report_v6-Accessible-1292022.pdf, accessed 5 March 2024.

University of Melbourne and UNFPA (United Nations Population Fund), 2023. "Measuring Technology-Facilitated Gender-based Violence. A Discussion Paper." Website: www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Measuring%20TF%20GBV_%20A%20Discussion%20Paper_FINAL.pdf, accessed 5 March 2024.

van der Linden, Sander, 2022. "Misinformation: Susceptibility, Spread, and Interventions to Immunize the Public." Nature Medicine 28: 460–467.

WCRF (World Cancer Research Fund) International, undated. "Prostate Cancer Statistics." Website: www.wcrf.org/cancer-trends/prostate-cancer-statistics, accessed 5 March 2024.

WHO (World Health Organization), 2010. *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva: WHO.

WHO (World Health Organization), 2021a. "Existence of National Screening Program for Cervical Cancer." The Global Health Observatory. Website: www.who.int/data/gho/data/indicators/indicator-details/GHO/existence-of-national-screening-program-for-cervical-cancer, accessed 5 March 2024.

WHO (World Health Organization), 2021b. *Sexual and Reproductive Health Interventions in the WHO UHC Compendium*. Geneva: WHO.

WHO (World Health Organization), 2022a. "Cervical Cancer: Key Facts." Fact sheet, 17 November. Website: www.who.int/news-room/fact-sheets/detail/cervical-cancer, accessed 5 March 2024.

WHO (World Health Organization), 2022b. "Universal Access to Sexual and Reproductive Health: New Tools Offer Strategies on Integrating Sexual and Reproductive Health into Primary Health Care, as a Fundamental Component of Universal Health Coverage." News, 22 July. Website: www.who.int/news/item/19-07-2022-universal-access-to-sexual-and-reproductive-health, accessed 5 March 2024.

WHO (World Health Organization), 2022c. *Working for Health 2022–2030 Action Plan*. Geneva: WHO.

WHO (World Health Organization), 2023a. "Chlamydia: Key Facts." Fact sheet, 17 July. Website: www.who.int/news-room/fact-sheets/detail/chlamydia, accessed 5 March 2024.

WHO (World Health Organization), 2023b. *Infertility Prevalence Estimates*, 1990–2021. Geneva: WHO.

WHO (World Health Organization), 2024a. "Female Genital Mutilation: Key Facts." Fact sheet, 5 February. Website: www.who.int/news-room/fact-sheets/detail/female-genital-mutilation, accessed 5 March 2024.

WHO (World Health Organization), 2024b. "Sexual Health." Website: https://www.who.int/health-topics/sexual-health#tab=tab_1 accessed 5 March 2024.

WHO (World Health Organization) and HRP (Human Reproductive Programme), 2023. *Self-Care Competency Framework: Volume 1. Global Competency Standards for Health and Care Workers to Support People's Self-Care*. Geneva: WHO.

WHO (World Health Organization), HRP (Human Reproductive Programme) and others, 2023. "Self-Care Interventions for Sexual and Reproductive Health and Rights to Advance Universal Health Coverage: 2023 Joint Statement by HRP, WHO, UNDP, UNFPA and the World Bank." Website: https://iris.who.int/bitstream/handle/10665/373301/9789240081727-eng.pdf?sequence=1, accessed 5 March 2024.

WHO (World Health Organization) and IARC (International Agency for Research on Cancer), 2021. "Breast Cancer Outcomes in Sub-Saharan Africa." IARC Evidence Summary Brief No. 1, March. Website: www.iarc.who.int/wp-content/uploads/2021/03/IARC_Evidence_Summary_Brief_1.pdf, accessed 5 March 2024.

WHO (World Health Organization), UNICEF (United Nations Children's Fund) and others, 2023. *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*. Geneva: WHO.

WHO (World Health Organization) on behalf of VAW-IAWGED (United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data), 2018. *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-Partner Sexual Violence against Women*. Geneva: WHO.

Wilkins, Elizabeth, 2019. "Low Fertility: A Review of the Determinants." Working Paper No. 1, July. New York: UNFPA.

Williams, Alex, 2021. "To Breed or Not to Breed?" *The New York Times*, 20 November. Website: https://www.nytimes.com/2021/11/20/style/breed-children-climate-change.html.

Wiskow, Christiane, 2023. "The Future of the Workforce for Sexual and Reproductive Health and Rights." Unpublished background paper for *The Future of Sexual and Reproductive Health and Rights (ICPD@30)*.

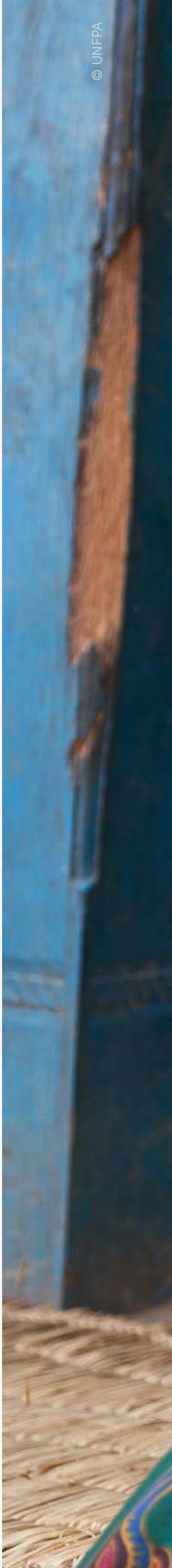
World Bank, 2023. "Urban Development: Overview." Website: www.worldbank.org/en/topic/urbandevelopment/overview, accessed 5 March 2024.

Zaneva, Mirela, and others, 2022. "What Is the Added Value of Incorporating Pleasure in Sexual Health Interventions? A Systematic Review and Meta-analysis." *PLoS One* 17(2): e0261034.

Zheng, Yang, and others. 2021. "Global Burden and Trends of Sexually Transmitted Infections from 1990 to 2019: An Observational Trend Study." *The Lancet Infectious Diseases* 22(4): 541-551.

Endnotes

1 The megatrends include climate change, urbanization, technological innovation, inequalities and demographic developments. See: UNDESA 2020.
2 UNDESA, Population Division 2022.
3 Bearak and others 2018
4 WHO, UNICEF and others 2023.
5 Ibid.
6 Per 100,000 live births.
7 Singh and others 2018, p. 33.
8 Based on WHO's Africa region; WHO, UNICEF and others, 2023.
9 The Guttmacher-Lancet Commission estimated the health sector costs to deliver SRHR (including maternal and neonatal health and family planning but not including HIV prevention) in low- and middle-income countries as $13 per capita for low-income countries, compared with $1.1 currently being spent (Starrs and others 2018).
10 UNFPA 2022.
11 UNFPA 2022b.
12 UNFPA 2023a.
13 WHO, UNICEF and others, 2023.
14 Ibid.
15 Ibid.
16 Gon and others 2018.
17 UNFPA 2022a.
18 Ombelet and Onofre 2019
19 UNFPA 2023a.
20 UNAIDS 2023.
21 Zheng and others 2021.
22 Du and others 2022.
23 WHO IARC 2021.
24 De Sanjose and Tsu 2019.
25 WCRF International, undated; Moffitt 2024.
26 WHO, on behalf of VAW-IAWGED 2018.
27 University of Melbourne and UNFPA 2023.
28 UNICEF 2023.
29 WHO 2024a.
30 UNESCO and others 2021.
31 Ibid.
32 WHO 2024b.
33 Starrs and others 2018; Zaneva and others 2022.
34 UNFPA 2023a.
35 Ibid.
36 Amy and Rowlands 2018.
37 UNDESA, Population Division 2024.
38 UNDESA, Population Division 2022a
39 Ibid.
40 Kim 2018.
41 Among other sources, see Thomas and others 2022.
42 InterLACE Study Team 2019.
43 NIPSSR 2016.
44 Mora 2020.
45 Matsuyama 2022.
46 Field, Prah, Mercer and others 2016; Moreno-Agostino, Wu, Daskalopoulou and others 2021.
47 World Bank 2023.
48 Akwara and others 2023.
49 OECD 2019.
50 Ibid.
51 CDC, undated.
52 Rousseau 2023.
53 Williams 2023.
54 UNICEF and KARAMA 2023.
55 UNFPA 2023b.
56 Ibid.
57 Khalfan and others 2023.
58 Stein 2023.
59 Mora 2020.
60 Ibid.
61 WHO 2022a.
62 UN Women and UNDESA 2023.
63 UNFPA and others 2023.
64 ITU 2022.
65 Mittermaier and others 2023.
66 UNFPA 2024b.
67 Starrs and others 2018.
68 UNFPA and others 2021.
69 Ibid.
70 ILO 2020.
71 Nolen and Negeri 2023
72 WHO, HRP and others 2023.
73 WHO and HRP 2023.
74 WHO 2022c.
75 Pillay and others 2020.
76 United Nations 2023b.
77 UN Women 2024.
78 Mora 2020.
79 Ibid.
80 Oxfam International 2021.
81 DeWeerdt 2020.
82 Ibid.
83 PAHO, undated.



United Nations Population Fund
605 Third Avenue
New York, NY 10158
Tel. +1 212-297-5000
www.unfpa.org
𝕏@UNFPA

ICPD 30
International Conference on Population and Development

UNFPA