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**General debate on national experience in population matters:
“Strengthening the demographic evidence base for the post-2015
Development agenda”**

Statement submitted by World Youth Alliance, a non-governmental organization in special consultative status with the Economic and Social Council²

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ E/CN.9/2016/1.

² The present statement is issued without formal editing.



Statement

The World Youth Alliance (WYA) is a global coalition of young people promoting the dignity of the human person in policy and culture, and building solidarity between young people of developing and developed countries.

As the international community works together to strengthen the demographic evidence base for the post-2015 development agenda, it is critical that it remembers its commitment to promote authentic, person-centred development, as agreed upon in Principle 1 of the Rio+20 Declaration. In order for demographic evidence to advance person-centred development, it must also be person-centred.

Human dignity is an essential element in developing policies that will lead to authentic development. The United Nations recognized this when the United Nations Democracy Fund (UNDEF) awarded WYA one of only eight global grants to train young leaders in the Middle East in human dignity. In doing so, UNDEF recognized the link between understanding human dignity and building democratic and just societies. When people understand human dignity, they seek to build societies where everyone has a voice and everyone can flourish.

Policies based on human dignity recognize each person's ability to contribute to, not just benefit from, development. Human creativity and hard work have driven innovation, improving living conditions for countless people. Policies grounded in human dignity prioritize basic health care, education and vocational training, good governance, and infrastructure that will give people access to services and markets. Policies that treat persons as part of a problem to be solved rather than participants in development ultimately detract from these essential efforts.

Three of the Sustainable Development Goals in particular demonstrate the need for an approach grounded in human dignity. It is essential that the indicators under these three goals not miss the opportunity to gather information that will craft the most effective policies, ones with people at the centre.

Goal 3.1: by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births

According to the World Health Organization (WHO), "A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes." According to the World Bank, "Maternal mortality ratio is the number of women who die during pregnancy and childbirth, per 100,000 live births." Despite being an elective procedure and not a natural occurrence, abortion is included in the maternal mortality rate (MMR) because maternal death is defined as death during pregnancy or within 42 days of termination of pregnancy.

The greatest causes of maternal mortality, hypertension disorders, haemorrhage, sepsis and obstructed labour, are not addressed by abortion policies. The most important MMR interventions (prenatal care, skilled birth attendants, adequately equipped birthing facilities, and health care delivery system infrastructure) can prevent most maternal deaths, and promote better health care systems overall. WYA therefore recommends that data gathering related to maternal health focus on assessing the implementation of these interventions.

The World Youth Alliance recommends that when gathering data for the post-2015 development agenda, deaths resulting from abortion be categorized differently from natural maternal deaths and not included in the maternal mortality ratio. If abortion continues to be included in the maternal mortality ratio, policy-makers could be misled to believe that making abortion legal would significantly decrease the maternal mortality ratio, even against their citizens' wishes, and needs. In reality, a healthcare system that cannot safely provide for regular delivery cannot provide for "safe" abortion, regardless of its legality.

Goal 3.7 by 2030 ensures universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Programmes related to family planning that are based on human dignity recognize the agency of each person. It is important for local communities to be the drivers of their own development. People know, better than anyone else, what will work in their community, and can drive development programmes in alignment with their culture and values. Programmes that fail to recognize this tend to treat people, including their fertility, as problems to be managed, rather than capable beings who can make their own decisions.

The World Youth Alliance stresses that, given problems associated with early pregnancy, early sexual debut, and early or forced marriage, the right kind of education for adolescents and youth about their sexual and reproductive health is key. Sexual and reproductive health education that is human dignity affirming, person-centred, and evidence-based equips young people with the factual, scientific knowledge they need in order to know their bodies and make responsible decisions. This education should focus on personal development and informed decisions related to students' sexuality based on an understanding of themselves, and with respect for their own human dignity and the dignity of others. Students educated about dignity are not only prepared to make responsible personal decisions, but to contribute to their communities.

Age-appropriate education is essential; education for a 10-year-old girl is necessarily different from that for an 18-year-old man. This education must begin at home, and reproductive health education outside the home must respect parents' rights and responsibilities in accordance with paragraph 11.24 of the Programme of Action and the Convention on the Rights of the Child article 5. Demographic evidence regarding sexual education must therefore quantify the number of students who understand about reproductive health, rather than simply the number of students who have completed a class or programme.

In order to make informed decisions about reproductive health, each person must understand his/her own body. Because WYA is committed to a person-centred approach to health care, we support and encourage reproductive health care programmes that provide information women typically lack, which helps them achieve informed consent with respect to their reproductive capacities and their state of health. Knowledgeable patients are better able to work with healthcare providers to diagnose and treat disorders. World Youth Alliance proposes that the international community collect demographic evidence regarding the number of women who can identify key signs of their reproductive health, such as ovulation.

Although abortion is listed as a component of reproductive health services, the Cairo Programme of Action explicitly limits the inclusion of abortion “as specified in paragraph 8.25.” Paragraph 8.25 recognizes that abortion policy is a matter of domestic law. In keeping with the law of the United Nations, the sovereignty of those countries where abortion is not legal should be respected. Thus, when collecting data on access to sexual and reproductive health care services, countries where the citizens have decided to prohibit abortion should not be assessed based on access to abortion.

Goal 5.6 ensures universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

As we work toward the implementation of the Sustainable Development Goals, we should focus on common ground, not controversial policies, to advance development. This is especially important in the area of reproductive health.

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health is established in international law. However, no international human rights treaty asserts a right to reproductive health. Although some international human rights treaties have discussed health, no treaty actually establishes a particular right to reproductive health.

Furthermore, in the final outcome document, the Beijing Platform for Action, the delegates adopted the exact language of the ICPD Programme of Action on reproductive health, reproductive health care and reproductive rights. The Platform for Action does not deviate from the Programme of Action’s presentation of abortion. Thus, neither document referenced in this goal provides grounds for implementation of universal access to abortion.

The indicators discussed related to this target have suggested measuring how many women make their own sexual and reproductive decisions. It is difficult to understand how this indicator can be measured accurately, given its extremely subjective nature. Many decisions related to this are made in relational contexts, which cannot be accounted for. Additionally, the indicators have included minor children, failing to respect the rights of parents to direct their children’s upbringing. They may also be culturally inappropriate.

Rather than focus on the decisions, WYA recommends focusing on the decision-makers. Women who understand their bodies, their health, and their options, are able to make free and informed decisions. Therefore, we should gather evidence about whether women are in a position to do so, such as whether they understand their bodies and have been empowered to make informed choices about their health and fertility.

Conclusion

The World Youth Alliance urges Member States to keep the dignity of the person at the foundation of their work in gathering demographic evidence. By doing so, they will be able to design policies that advance authentic development while addressing the varied needs of different communities and respecting human agency and cultural differences.