

Reviving reproductive health



The launch of the series—and campaign—on sexual and reproductive health in *The Lancet* draws attention to an issue that has been utterly marginalised from the global conversation about health and wellbeing during the past decade. In addition to this inherent value, reproductive health is also a critical underpinning foundation for *The Lancet's* broader initiatives on maternal, newborn, and child health. For both intrinsic and instrumental reasons, therefore, it is time to put sexual and reproductive health—sometimes known as the missing Millennium Development Goal—centre stage of international efforts to defeat poverty and preventable illness.

The Lancet's Sexual and Reproductive Health Steering Group, led by Anna Glasier and Metin Gülmezoglu, and informed by a vigorous peer-review meeting held in Geneva earlier this year, has chosen four aspects to focus on—sexual behaviour, family planning, unsafe abortion, and sexually transmissible infection. Either side of this core agenda is an introductory analysis of the epidemiological importance of these issues and a call to action.

Sex, abortion, birth control, and sexually transmitted infection (including HIV/AIDS) are taboo subjects for many countries, cultures, and religions. For example, for largely political reasons, the USA has blocked programmes to save the lives of women from unwanted pregnancy. For doctrinal reasons, the Catholic Church has rejected simple and effective techniques for family planning, techniques that would have a substantial impact not only on fertility rates but also on rates of human development.

Strong and effective policies on sexual and reproductive health matter because they are sensitive indicators of wider societal commitments. If countries are serious about upgrading their health systems, sexual and reproductive health must be a priority. If UNICEF and WHO are serious about saving the lives of mothers, newborn babies, and children, robust sexual and reproductive health advocacy campaigns and programmes are an absolute prerequisite for success. If donors—countries, banks, funders, and foundations—seriously wish to see their investments flourish, they need to ensure that reproductive health is at the heart of their support.

This series has not been easy to commission. For colleagues in WHO, there was understandable concern that including a paper on unsafe abortion may cause difficulties for their agency, especially given the hostility to abortion

The printed journal includes an image merely for illustration

from influential member states. In fact, WHO was wholly supportive of this initiative and backs the conclusion of the series that “when abortion is made legal, safe, and easily accessible, women’s health rapidly improves”.

By contrast, the US Centres for Disease Control and Prevention (CDC)—one of the world’s leading public-health agencies—has backed out of its support, denying the opportunity for one of their scientists to have her contribution to the paper on global control of sexually transmitted infections fully recognised. In an extraordinary series of emails, a CDC official, Deborah Bix, wrote that “I am concerned when scientists use words like government and moral judgments and phases [sic] like morally distasteful”. A CDC colleague, William Levine, agreed with this assessment, signifying his “concerns regarding these same issues”. He wrote that “it is now clear that they need resolution before CDC can clear the paper”. The scientific team that wrote this review was not prepared to alter their public-health messages and so, sadly, Gabriela Paz-Bailey has had to step down as an author (she is acknowledged at the end of the paper).

This culture of political censorship and fear, which now pervades many public-health institutions when reproductive health is at issue, is not only damaging the reputation of once highly regarded agencies, such as CDC, but also blunts the global contributions they can make. This failed vision diminishes intellectual, scientific, and public-health leadership. It reflects the kind of weakness that this *Lancet* series hopes to counter by providing the best available evidence to support the reproductive health of women, a touchstone for the compassion and civility of our society as a whole.

Richard Horton

The Lancet, London NW1 7BY, UK

Published Online
November 1, 2006
DOI:10.1016/S0140-
6736(06)69484-1