

## Putting sexual and reproductive health on the agenda

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Today's *Lancet* sees the start of a series about sexual and reproductive health. The series is about neglect. It is about conditions for which simple, cheap, and effective interventions have existed for more than 50 years, but which are not available in many parts of the world because governments do not care enough. It is about issues that have been forgotten because the world thinks the problem has been solved or because the problem makes the world feel uncomfortable. The series is about people's sexuality and the consequences of sexual intercourse. But it is also about politics and how politics can intrude into public health—with devastating effect.

The notion of reproductive health was born in Cairo in 1994 at the last of a series of UN-sponsored population conferences that started in 1974. In Cairo delegates formally recognised that all aspects of reproductive health, including sexual health (not only birth control), were important for improvement of quality of life for women, children, and communities. Here too the emphasis was that enabling women to achieve autonomy over their reproductive lives would in itself reduce fertility rates and achieve the objectives of population policies.

12 years have passed since Cairo; why write about sexual and reproductive health now? It is a sorry tale. In recent years sexual and reproductive health has dropped down the international development agenda. Crucially it was omitted from the Millennium Development Goals (MDG) framework. Funding for sexual and reproductive health has decreased at the expense of increases in resources for HIV/AIDS. The USA has resumed its antiabortion stance, and its overseas aid programme has become narrowly focused on abstinence and faithfulness as a means to prevent the consequences of unsafe sex.

The series provides an opportunity to assess the current status of individual components of sexual and reproductive health and rights 12 years on. The objective is to draw attention to a fundamental part of our lives that often falls victim to politics, religion, and tradition. In the first paper in the series, we and others<sup>1</sup> highlight the burden of ill health, and why it matters to us as individuals, couples, and society, and to the planet's future. Kaye Wellings and colleagues<sup>2</sup> describe cross-national comparisons of the sexual behaviours

that often end up with reproductive ill health. They argue that a public-health focus on sexual behaviour is crucial to protect individuals against unplanned pregnancy and its consequences, and against sexually transmitted infections, and to safeguard their rights to dignity, respect, and choice. They provide evidence that interventions to improve sexual behaviour are complex, multifaceted, and more likely to succeed if they are based on theory that is tailored to local contexts and include skill-building.

John Cleland and colleagues<sup>3</sup> argue that promotion of family planning is unique among medical interventions in the breadth of its potential benefits: reduction of poverty and maternal and child mortality; empowerment of women by lifting the burden of excessive childbearing; and enhancement of environmental sustainability by stabilising the population of the planet. Bravely, they argue that policies for population control—though politically incorrect—are still appropriate in some of the poorest countries: those with high fertility rates and unmet need for family planning. Most governments do have appropriate population and family-planning policies, but without international encouragement do not have the motivation to implement them alongside HIV/AIDS prevention and promotion of safe motherhood.

Abortion, a consequence of unsafe sex and of failed family planning, is surely the most contentious topic of all. David Grimes and colleagues<sup>4</sup> describe unsafe abortion as the preventable pandemic, reviewing the evidence for cheap effective interventions, which in the developed world make abortion one of the safest procedures in contemporary medical practice. Deaths due to unsafe abortion are arguably the most preventable of all maternal deaths, yet while governments are signed up to providing safe motherhood, provision of safe abortion is quite another matter.

The World Health Assembly has lately<sup>5</sup> endorsed a global strategy for the prevention and control of sexually transmitted infections. Nicola Low and colleagues<sup>6</sup> draw attention to the fact that sexually transmitted infections other than HIV are also neglected, despite causing disease, death, and misery in their own right, but apparently not enough for societies to overcome their distaste at having to deal with them. They provide the framework for a public-health

approach to the control of such infections, pointing out the cost-effectiveness of prevention of congenital syphilis—and the scandal of a global failure to do so—compared with prevention of mother-to-child transmission of HIV. Because of the magnitude of the epidemic, and because of the all too obvious mortality rate, some governments have overcome their distaste and confronted the HIV/AIDS crisis. To do the same for other sexually transmitted infections should not be hard.

The series ends with a call to action by Mahmoud Fathalla and colleagues,<sup>7</sup> who argue that reproductive health for all is achievable but that we need to create the necessary environment for the implementation of appropriate programmes and, above all, both nationally and internationally, we need the political will and the determination to act.

To tackle sexual and reproductive ill health requires courage. Sexual behaviours, attitudes, and norms vary around the world. There is no one solution that will reduce risky behaviour. Politicians, religious leaders, and bureaucrats have to decide that women's lives and rights are worthwhile and not challenging to their authority. Investment in, for example, a long-term policy for population control with no immediate returns will never be popular, but may be a rational decision for a country with a high fertility rate. Like it or not, sexuality is an essential part of human behaviour and it is difficult to talk about, especially for politicians. It is much less contentious to promote abstinence and faithfulness than sex education and services for adolescents, condoms for gay men, and access to safe legal abortion—but these are what is needed.

At the international AIDS conference in Toronto in August, 2006, Bill Gates caused a stir by breaking ranks with US policy and publicly declared that: "Abstinence is often not an option for poor women and girls who have no choice but to marry at an early age. Being faithful will not protect a woman whose partner is not faithful. And using condoms is not a decision that a woman can make by herself; it depends on a man....We need to put the power to prevent HIV in the hands of women....This is true whether the woman is a faithful married mother of small children or a sex worker trying to scrape out a living in a slum. No matter where she lives or what she does, a woman should never need her partner's permission to save her own life."<sup>8</sup>

## The printed journal includes an image merely for illustration

What protects people from HIV protects them from other sexually transmitted infections, from unintended pregnancy, and from abortion. Gates could have been speaking about the less glamorous and more neglected areas of sexual and reproductive health.

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