

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




## The Future of Sexual and Reproductive Health and Rights

# 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

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).



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

This short summary highlights key findings and recommended actions from the think piece on the future of SRHR. It 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 a rise in the number of births and young people. There are more possibilities to realize this goal than ever before, including through technology. Yet careful consideration is required to manage multiple risks, from the climate crisis to digital privacy to 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.

## Key insights

The last 30 years have seen wide gains in SRHR that have transformed the lives of millions of people worldwide. Family planning access has improved (see Figure 1), and the maternal mortality ratio declined from approximately 381 deaths per 100,000 live births in 1994 to 224 today, a decline of more than 40 per cent since the ICPD. The past 30 years also witnessed the spread of HIV and AIDS followed by the deployment of preventive and curative interventions, with new HIV infections

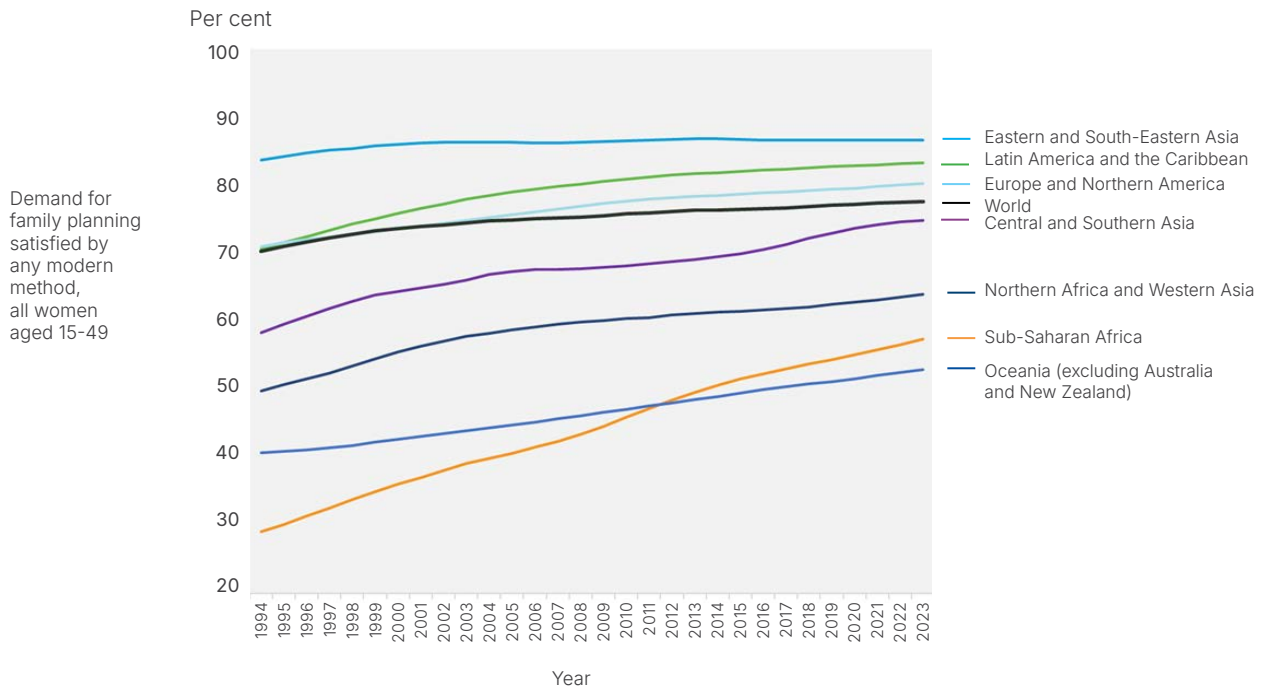
peaking in 1995 and AIDS-related deaths peaking in 2004. The HIV epidemic demanded research and new knowledge on sexual practices and networking, boosting knowledge on sexual health and behaviour worldwide that continue to guide health interventions today. In parallel, constituencies have grown around sexual and reproductive rights, driven in many cases by people’s health movements, such as those led by feminist health advocates. The recent backlash on reproductive health and rights has brought forward younger generations to champion the principles affirmed in the ICPD Programme of Action (PoA), and to call for more action on SRHR, in a context of economic and social inequality, and climate injustice.

**The HIV epidemic demanded research and new knowledge on sexual practices and networking, boosting knowledge on sexual health and behaviour worldwide**

Along with widespread gains, there have been substantial shortfalls in fulfilling the agreed objectives of the PoA for SRHR. Maternal mortality improved, but only until 2015, and has since stagnated in 133 countries, and worsened in 17. This is not a

**▶ FIGURE 1**

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



Source: Adapted from United Nations, Department of Economic and Social Affairs, Population Division, 2022. Estimates and Projections of Family Planning Indicators 2022




reflection of failures in understanding or public health science over the past 30 years. Quite the opposite. The world has vastly expanded knowledge on the causes and prevention of maternal mortality. Stagnation reflects a widespread failure to invest in known “best buys” in reproductive health, such as maternal, infant and child nutrition; protection from prevailing infectious diseases such as malaria; and a health workforce, infrastructure and supply chain that enable universal access to emergency obstetric care. These are highly cost-effective interventions, but they remain under-financed across low and middle-income countries.

**Countries face distinct interlinking megatrends affecting SRHR, including threats of greater poverty, dislocation and child marriage due to climate change**

Countries face distinct interlinking megatrends affecting SRHR, including threats of greater poverty, dislocation and child marriage due to climate change; the need for new and better regulatory and legal architecture to address gender-based violence (GBV), including technology-facilitated GBV (TF GBV); or growing threats to reproductive rights and services due to pronatalism. GBV continues and has assumed new forms of aggression through digitization and social media, recognized by UNFPA as TF GBV, with new means of coercive control, and image-based sexual disinformation used to silence and exclude women from public life. See the related brief on A Safe Digital Future.

Over the next 30 years, the world will undergo a reckoning not only with regulation of TF GBV, but also with the climate crises. Historically diverse demographic patterns will continue. Sub-Saharan Africa and South Asia will be characterized by young, rapidly growing populations,

and will experience the largest number of births – calling for governments to anticipate and prepare for a growing demand for maternal, newborn and child health care, and all components of sexual and reproductive health (SRH) services. Countries elsewhere can foresee large increases in the number of older persons and will need to adapt health and social care systems accordingly. Given the widespread trend of women starting families at later ages, there will be an increased demand for infertility and assisted reproduction treatments, and most likely for arrangements such as surrogacy. Ageing countries will need to adapt and extend SRH care to serve women at older ages, e.g. for menopause, sexually transmitted infections and reproductive cancers.




**Where population growth is most rapid, health systems remain fragile, with inadequate financing, infrastructure and health workforces**

Where population growth is most rapid, health systems remain fragile, with inadequate financing, infrastructure and health workforces. Urbanization and overcrowding pose health threats, especially during pandemics, and demand new modes of health-care delivery to leave no one behind. Nearly all forecasts predict that the climate crisis will increase the scale of populations on the move, and greater human mobility and migration will further test the resilience and innovation of health systems. Such scenarios could undermine SRHR in diverse ways, including through fertility problems, unassisted births and new zoonotic diseases.

Technology may offer adaptive solutions and will continue to bring health bonuses. With more powerful health and population data systems, more diverse data sources can be integrated to track the health impacts of new trends, and to strengthen health and population forecasting. The scale and reach of digital knowledge encourages new models of care, including for self-care. Remote diagnosis and treatment extend the reach of the health-care systems and make “universal access” more likely, especially for those who live in rural or remote locations. Such systems can also enhance reproductive health care in humanitarian contexts, among mobile populations and for persons living with disabilities.

Some technology trends have fostered public debate and political division. For example, ethical and human rights concerns about the growing commodification of human reproduction and the collection and manipulation of genetic material have prompted a wide range of laws and regulations.



**Polarization over the reproductive rights of women has complicated the governance of health-care systems on both the national and international levels**

All these issues are unfolding against a backdrop of intensifying polarization over the reproductive rights of women that has complicated the governance of health-care systems on both the national and international levels. Consequences include insufficient SRH services in countries with enormous public demand, and withdrawal of services in other countries to encourage higher fertility. Related budget cuts and legislation perpetuate gender discrimination and deny human rights.

# Recommended actions

Governments are encouraged to achieve universal health coverage that meets the SRHR of people at all stages of their lives, and strengthen the health system to deliver international-standards in quality and effectiveness and people-centred care.

**Important investments with high multiplier effects include universal health coverage, and strengthening the health workforce, data and analytics, and health-care financing**

Important investments with high multiplier effects include universal health coverage, and strengthening the health workforce, data and analytics, and health-care financing. There should be wider appreciation of the economic and social benefits of generous, well-managed health-care financing, with comprehensive SRH services costed within health budgets and ringfenced to limit sudden shifts.

**More governments can use population analysis to better anticipate the realities of changing population dynamics and service demands.** Each




country's demographic future will shape their future needs for SRH care infrastructure and health worker expertise. Population projections allow long-term workforce planning for the health sector and can help anticipate and prepare for climate-related health risks in marginalized populations. As megatrends change the aspirations and health behaviours of young people, more data will be needed that track and provide insights on the evolving health and social needs of young people. The growing potential for integrated data systems and artificial intelligence calls for improved data management and governance systems, with privacy protections for users and their digital data.

**Countries with large and growing adolescent populations will want to foreground comprehensive sexuality education (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 of GBV, including TF GBV.

**The PoA includes many widely shared objectives, and ICPD30 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.

## Conclusion

Human resilience in a world of turbulence and change will hinge on fully realizing SRHR for everyone. Progress over the past 30 years shows the momentum that is possible. 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 everyone. In doing so, they are foundational to a world where development means that people, in all their diversity, can thrive.



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