Recommendations for Sexual and Reproductive Health and Rights Indicators for the Post-2015 Sustainable Development Goals

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As part of the post-2015 process to develop recommendations for indicators for the Sustainable Development Goals (SDGs), the Guttmacher Institute has conducted exploratory research and analysis on potential sexual and reproductive health and rights (SRHR) indicators and their data sources, and held a series of meetings and consultations with a range of partners. We have taken into account the SRHR topic areas that advocates identified as the highest priorities, the availability of reliable country data, and the imperative to identify a limited number of relevant indicators. Specifically, we assessed potential SRHR indicators in terms of their relevance and feasibility, focusing especially on the extent to which each indicator reflects core SRHR principles and outcomes, and whether data are available for a significant proportion of countries, are nationally representative and are tracked over time.

The indicators recommended in this document fall under three different SDG identified goals, and their targets: *Goal 3 - Health, target 3.7; Goal 4 - Education, target 4.7; and Goal 5 - Gender Equality, target 5.6*. The recommended indicators demonstrate the strong links between SRHR and other proposed goals on the post-2015 agenda for global development.

Our proposed indicators, to the extent possible, are grounded in existing data collection systems, but truly comprehensive global monitoring will require some countries to expand their statistical systems and non-governmental organizations to expand their monitoring as well. However, some indicators will require investment in entirely new data collection efforts; other indicators are included given the critical nature of the topic but need further work to develop common definitions and data collection methodologies. We have considered this latter type of indicators to be "aspirational" and provided some indication of the work needed to develop them. Some topics have multiple proposed indicators, which are ranked in order of preference.

Disaggregation is crucial to assessing equity and protection of human rights across all indicators. Therefore we recommend that, where possible, data systems include socio-demographic characteristics such as gender, age, marital status, wealth and place of residence (urban or rural) and that data be reported according to these characteristics.

GOAL 3. HEALTH

Target 3.7*: By 2030 ensure 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.*

I. <u>Contraception</u>

1. *% of family planning demand met with modern contraceptives.*
   - Data available from Demographic Health Surveys (DHS), Multiple Indicator Cluster Survey (MICS) for women aged 15-49, and from some other national

surveys can be disaggregated further to assess equity. Such surveys need to be expanded to cover a larger number of countries.
- For further information see: Fabic MS et al., Meeting demand for family planning within a generation: the post-2015 agenda, *Lancet*, 2014, doi:10.1016/S0140-6736(14)61055-2.

II. Adolescent Fertility

1. *Adolescent birth rate (10-14 years, 15-19 years).*
   - Data available from country vital statistics, national surveys, and UN Population Division monitoring and estimates (births generally available for ages 15-19 only). Extension of these data sources to include births to females under age 15 is needed. Birth rates by age of mother can also be calculated from surveys such as DHS and MICS may be limited by small sample size (depending on the country) and are available only for time periods covered by the surveys.
   - It would be useful to further disaggregate this measure into birth rates for women aged 15-17 and for women aged 18-19. Health and social economic impacts of adolescent childbearing vary across the 10-19 age span: Biological and social risks appear highest at the younger ages, and lowest for those aged 18-19 when a higher proportion of the births are likely to be planned and occur in union.

2. *% of births to women under age 20 that are unplanned.*
   - Unplanned births include those reported as conceived earlier than women had desired, or to women who had not wanted to have a(nother) child.
   - Data available from DHS and some other national surveys and could be disaggregated. Such surveys need to be expanded to cover a larger number of countries.
   - Indicator should be calculated from births to women under age 20 in the three years prior to the survey, to reflect the recent time period.

III. Sexual and Reproductive Health Service Integration

1. *% of health facilities that provide a minimum of basic health services.*
   - This indicator addresses integration across selected SRH services, and also with child health services.
   - This indicator uses the DHS's Service Provision Assessments (SPA) constellation of basic services, defined as including: child curative care, child growth monitoring, child vaccination, any modern methods of family planning, antenatal care and STI services.
   - Future assessments of basic health services should include provision of safe abortion services to the full extent allowed by law, or post-abortion care, in order to capture more comprehensive SRH service integration.
   - Indicator tabulations should include the percentage of facilities where each component service is provided, as well as the summary percentage of facilities providing all of the component services.

- Data available for some countries from facility-level surveys, such as DHS SPAs and WHO Service Availability and Readiness Assessment (SARA) surveys, or from health systems data. Surveys need to be expanded to cover a larger number of countries and most would need to add questions to ascertain provision of safe abortion or post-abortion care. (See also **Abortion** indicator 1 in this document).

2. *% of health facilities that provide postpartum, post-abortion and/or HIV services which also provide those clients with contraceptive information or services.*

- Aspirational: questions have been developed and fielded by Performance Monitoring and Accountability2020 surveys (PMA2020), but would need to be added to more facility-level surveys and such surveys would need to be expanded to cover more countries.
- This indictor reflects integration and continuity of contraceptive care to women at differing reproductive life stages.

IV. Sexual and Reproductive Health and Rights Knowledge

1. *% of young women and men (aged 15-24) with basic knowledge about sexual and reproductive health and rights.*

- To meet the criteria for having "basic knowledge about sexual and reproductive health and rights" a respondent would need to demonstrate:
  - Awareness of at least three modern contraceptive methods, and
  - Knowledge of two ways to reduce chances of sexual transmission of HIV:
    - Having just one uninfected sex partner who has no other sex partners, and
    - Using a condom every time a person has sex, and
  - Belief that a husband is *not* justified in hitting or beating his wife if she refuses to have sex with him.
- Data are currently available from DHS and other surveys, allowing disaggregation. Note that some countries do not survey men and some countries that do survey men may not ask some of the component questions above. Such surveys need to be expanded to cover a larger number of countries. The indicator should be calculated and monitored separately for females and for males.

V. Respect for rights, including quality of care

1. *% of women using contraception who were informed about possible side effects of their method and how to deal with them, were informed about other family planning methods, and who participated in the decision to use contraception.*

- Data available from DHS for women aged 15-49 and can be disaggregated further. Questions need to be included in other national surveys and surveys need to be expanded to cover a larger number of countries.
- Following DHS methodology, indicator is available for current users of female sterilization, IUD, injection, implant and pill who began their current period of method use in the past 5 years; receipt of information should be

measured as of when they started their most recent period of use; and, participation in decision making should include making the decision mostly by themselves or jointly with their husband or partner.

- Currently, DHS information on who made the decision to use contraception (and therefore application of this indicator) is limited to women who are currently married/in union. This question should be asked of all contraceptive users, including unmarried women, so that in the future this indicator can be based on all users of the methods covered.

2. *Proportion of family planning service sites with at least five modern methods available.*

- This indicator would track whether sites have the supplies and trained personnel needed for method provision available at the time the facility is visited.
- Data being gathered through DHS SPA, WHO SARA and PMA2020. Such surveys need to be expanded to cover larger numbers of countries.

3. *Whether universal access to contraceptive and SRH information and services is included in national policy.*

- Relevant policies include access to contraceptive services and other sexual health information without spousal or parental/guardian authorization/notification and without age limitation.
- Data source: Use or adapt from WHO's Policy Indicator Survey on adolescent health, or USAID DELIVER/JSI's annual Contraceptive Security Indicator survey and/or NGO sources.
- Specific topics and data sources need to be identified, i.e. laws, policies, and guidelines to be included. See also **Gender Equality** indicator 2 in this document.

4. *An indicator reflective of respectful care and human rights in provision of SRH information and services.*

- Aspirational: Indicator needs to be defined, data source needs to be identified and comparability of the indicator across countries must be ensured.

VI. Prevention of Sexually Transmitted Infections (STIs)

1. *% of females who have received the recommended number of doses of HPV vaccine prior to age 15.*

- HPV vaccines are licensed and recommended for three doses in some countries, and for two doses in other countries. The WHO-recommended priority population for initiation of HPV vaccination is girls 9-13 years old, although WHO notes that girls 15 and older at the time of the 2nd dose are adequately covered (in countries using a two dose schedule).
- Many countries provide immunization data to a WHO-UNICEF immunization monitoring system, which collects the number of HPV vaccinations given to females by their age at the time of administration for each dose.

- This indicator should be calculated from these data and the number of females aged 15 in a given year using a cohort approach, i.e. taking into account the number of females aged 15 in the indicator year who received the recommended number of doses when they were aged 9, 10, 11, 12, 13 or 14. For countries where national surveys are used to monitor HPV vaccine coverage, an indicator should be calculated as the proportion of women aged 15-19 who received the recommended number of doses before age 15.

2. *Country includes HPV vaccination in its vaccination program.*
   - This information is included on WHO-UNICEF Joint Reporting Form, which is submitted annually by Ministries of Health in all Member States.

VII. Abortion

1. *% of health facilities that provide care for complications related to unsafe abortion or, where it is not against the law, that provide safe abortion.*
   - Aspirational: questions about provision of these services are lacking from most facility-level surveys and need to be added; in addition such surveys need to be expanded to cover more countries. In some countries, this information may be available from administrative records.
   - Careful assessment of reporting quality will be needed, especially in countries where abortion and abortion service provision are stigmatized.
   - Differences in abortion laws could make it difficult to compare across countries; definition of "safe/unsafe" abortion is currently being assessed for revision by WHO.

2. *Grounds under which induced abortion is legal.*
   - The UN Population Division classifies countries by the following grounds on which abortion is permitted: not permitted under any grounds; to save a woman's life, to preserve a woman's physical health, to preserve a women's mental health, in case of rape or incest, because of fetal impairment, for economic or social reasons and on request; in addition, it identified which of three specific indications are permitted by each country (rape, incest and fetal impairment). Various organizations and prioritization of such grounds have been proposed and a common definition needs to be identified to ensure comparability of this indicator across countries.

3. *Rate of unsafe abortions per 1,000 women of reproductive age.*
   - Aspirational: Data are currently available only from special studies. Major investments to prioritize the collection of these data at the country level will be necessary for this indicator to be technically adequate.
   - Definition of "safe/unsafe" abortion is currently being assessed for revision by WHO.
   - Specification of the age range, e.g. 15-44 or 15-49, would also be needed to ensure comparability of this indicator across countries.

GOAL 4. EDUCATION

Target 4.7*: By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development.*

VIII. <u>Comprehensive Sexuality Education</u>

1. *% of schools that serve students in the age range of 12-17 years, in which comprehensive sexuality education is available.*
    - <u>Aspirational</u>: Data source not currently available. Definition of "comprehensive sexuality education" would need to be specified, and means of collecting data would need to be developed.

GOAL 5. GENDER EQUALITY

Target 5.6: *Ensure 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.*

IX. <u>Gender</u>

1. *Respect for women's sexual autonomy within marriage.*
    - % of women and of men who agree to all three of the following: that a wife would be justified refusing sex if: she knows her husband has sex with other women; she knows he has an STI; and she is tired or not in the mood.
    - Currently measured through DHS, for women aged 15-49 and for men aged 15-59. The DHS questions need to be included in other national surveys and surveys need to be expanded to cover a larger number of countries. Specification of the age range would also be needed to ensure comparability of this indicator across countries.

2. *Whether universal access to contraceptive and SRH information and services is included in national policy.*
    - See also **Respect for Rights, including Quality of Care** indicator 3 in this document.
    - This indicator is similar to a UNFPA proposed indicator.