



PRESS RELEASE

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Good Intentions May Have Hampered Progress in the Pursuit of Global Sexual and Reproductive Health and Rights

London, November 28, 2011 - Serious global discussions have begun in the lead-up to the Millennium Development Goal (MDG) deadline of 2015. Governments and international agencies are asking what has been achieved, what still needs to be done and how best to proceed after the deadline. Against this backdrop, a new paper published in the November issue of *Reproductive Health Matters* finds that “quick impact” strategies, which may have solved some problems, have created others.

The paper, ‘Sub-Saharan Africa and the health MDGs: the need to move beyond the quick impact model’ is lead authored by Fabienne Richard of the Institute of Tropical Medicine in Antwerp, Belgium. It finds that emphasis on achieving quick impacts has sometimes diverted resources away from the neediest patients. The three health MDGs have not benefited equally from quick impact interventions, and the very poorest people have not benefited as much as those in more privileged socioeconomic brackets.

“Evidence shows that most countries are making progress, but that few are managing to achieve inclusive and equitable progress,” Richard and co-authors write. “Instead, most of the gains are taking place among the top socioeconomic quintiles, while the lower quintiles are seeing little or no progress.” Poverty and the alleviation of its negative consequences are the main aim of the MDGs.

Richard explains how such a situation has come about: “Since 2000, donors have largely supported selective quick win/quick impact approaches to health development which have allowed the picking of several ‘low-hanging fruits’ in many settings.” Looking to the future, she says, “further progress will depend largely on developing medium-term and long-term strategies that pay more attention to the development of health systems.”

In another paper published in the same issue, ‘Perpetuating power: some reasons why reproductive health has stalled,’ Berit Austveg, Senior Advisor to the Norwegian Board of Health Supervision, identifies several areas in which the drive towards achieving goals and using indicators to measure progress has actually had a negative impact on people’s lives. Since the number of births attended at delivery by a “skilled birth attendant” is one of the main MDG indicators of maternal health, approaches to reducing maternal deaths have sometimes been narrowed to focus mainly on this indicator. In the most extreme cases, women who would otherwise have delivered at home have been paid to do so in hospital clinics – even while the services have seen little improvement or investment.

Reproductive Health Matters’ November issue focuses on the theme ‘Repoliticising sexual and reproductive health and rights’ The papers in this issue point out that a truly comprehensive sexual and reproductive health and rights agenda is being sidelined and only some aspects of the agenda are being given limited attention.

As 2015 approaches the need to create a better plan for making change happen on the ground and in countries becomes imperative.

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About *Reproductive Health Matters*

Reproductive Health Matters is an international, peer-reviewed journal published twice a year. It offers analysis of reproductive health matters from a women-centred perspective. It is written by and for women's health advocates, researchers, service providers, policy makers and those in related fields with an interest in women's health. Its aim is to promote laws, policies, research and services that meet women's reproductive health needs and support women's right to decide whether, when and how to have children. For more information go to: <http://www.rhmjournal.org.uk/> ; on Twitter: @RHMjournal

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