



SUGGESTED INDICATORS FOR THE MONITORING OF NATIONAL SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES

ACADEMIC NETWORK FOR SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS POLICY
(ANSER)

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UNFPA

UNFPA, the United Nations (UN) Sexual and Reproductive Health (SRH) agency, works in more than 150 countries to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

In 2018, UNFPA launched efforts to achieve three transformative results, ambitions that promise to change the world for every man, woman and young person:

- Ending unmet need for family planning
- Ending preventable maternal death
- Ending gender-based violence and harmful practices

UNFPA supports capacity development of national partners and institutions, assists in building evidence for impact-oriented policies, programming and decision making, brings technical expertise in country and supports South-South cooperation between countries.

UNFPA EASTERN EUROPE CENTRAL ASIA (EECA)

UNFPA Regional Office in Eastern Europe and Central Asia (EECARO) specifically supports the 17 countries and territories in the region to achieve universal access to sexual and reproductive health as part of the sustainable development agenda. UNFPA EECARO works with governments, civil society, academia and UN agencies to accelerate that progress and specifically with WHO as a key UN partner to advance SRH in the EECA region.

WHO EURO ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH

In 2016 the WHO Region Member States adopted the "Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind"¹. It is designed to support progress towards the 2030 Agenda for Sustainable Developments and the ICPD Programme of Action in Europe and it reflects the relevant objectives and main policy directions of the global and regional action plans and strategies. The Action Plan provides a comprehensive framework addressing SRHR through three core goals and 14 objectives

¹ WHO EURO SRHR Action Plan

GOALS AND OBJECTIVES OF THE WHO EURO SRHR ACTION PLAN

Goal 1: Enable all people to make informed decisions about their sexual and reproductive health and ensure that their human rights are respected, protected and fulfilled

Objective 1.1: Ensure that people's human rights related to sexuality and reproduction are respected, protected and fulfilled

Objective 1.2: Establish and strengthen formal and informal evidence-informed comprehensive sexuality education
Objective 1.3: Provide information and services that enable people to make informed decisions about their sexual and reproductive health

Objective 1.4: Prevent intimate partner violence and non-partner sexual violence and exploitation, and provide victim support and help to perpetrators

Goal 2: Ensure that all people can enjoy the highest attainable standard of sexual and reproductive health and well-being

Objective 2.1: Attend to all people's needs or concerns in relation to sexuality and sexual and reproductive health and rights.

Objective 2.2: Reduce unmet need for contraception.

Objective 2.3: Eliminate avoidable maternal and perinatal mortality and morbidity

Objective 2.4: Reduce sexually transmitted infections (STIs)

Objective 2.5: Prevent, diagnose and treat infertility

Objective 2.6: Establish and strengthen programmes for the prevention, diagnosis and treatment of reproductive cancers

Goal 3: Guarantee universal access to sexual and reproductive health and eliminate inequities

Objective 3.1: Expand the scope and reach of sexual and reproductive health services for adolescents

Objective 3.2: Establish and strengthen access to sexual and reproductive health services for population groups with specific needs

Objective 3.3: Integrate sexual and reproductive health into national public health strategies and programmes

Objective 3.4: Develop whole-of-government and whole-of-society approaches for effective and equitable implementation of programmes

IMPLEMENTATION INTO NATIONAL SRH ACTION PLANS

The participating Member States have committed to take steps to realise the Action Plan's objectives and have since been developing and implementing national action plans and strategies in line with the commitments made. A set of indicators is required to measure progress towards the implementation of the *Action Plan*.

AIM OF THIS SET OF SUGGESTED INDICATORS

This report is meant to support Member States with a concise list of recommended indicators that correspond to each objective in the WHO EURO Action Plan on SRHR. In as far as possible, this report draws on indicators from existing monitoring frameworks thereby limiting the creation of new indicators and need for (duplicate) monitoring. This report is a working document. It is intended to assist UNFPA in determining the final set of indicators.

This report includes the shortlist of indicators, their definitions and potential data sources and the methodology to select the indicators.

METHODOLOGY

At the request of the UNFPA Regional Office for Eastern Europe and Central Asia, the International Centre for Reproductive Health (ICRH), a WHO Collaborating Centre for Sexual and Reproductive Health Research, and Ghent University-led Academic Network on Sexual and Reproductive Health and Rights Policy (ANSER) have identified evidence-based indicators to monitor the implementation of the *WHO EURO SRHR Action Plan*.

For the initial indicator report developed in 2019 indicators were identified, selected, and refined using a three-step strategy:

First, we conducted a document review of academic and policy publications in English, especially those related to the SRHR elements of the *Global indicator framework for the SDGs and targets of the 2030 Agenda for Sustainable Development*², the *UNECE Monitoring Framework for the ICPD Programme of Action beyond 2014 ICPD+25*³ and the Indicator and monitoring framework for *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*⁴. Documents were included if they contained data on global- or European-level SRHR or general health indicators and their formulation. The search resulted in 238 indicators.

2 <https://unstats.un.org/sdgs/indicators/indicators-list/>

3 https://unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_Framework.pdf

4 <https://www.everywomaneverychild.org/wp-content/uploads/2016/11/gs-Indicator-and-monitoring-framework.pdf>

Second, ICRH ranked the suitability of the indicators for the WHO EURO SRHR Action Plan on a scale of 1-3 (3=well-suited, 2=suitable if adapted, 1=unsuitable). Particular attention was paid to the indicators' conceptual clarity, the degree to which they sufficiently address any of the 14 Action Plan objectives, and their feasibility to monitor. A first shortlist of indicators was then generated by selecting those from the SDGs, the ICPD+25 or the Global Strategy for Women's, Children's and Adolescents' Health (GSWCAH) monitoring frameworks, and those indicators that were suitable for the Action Plan (i.e. scored 2 or 3). The first shortlist had 78 indicators.

Third, experts from the Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER)⁵ were invited to evaluate these 78 indicators through an online questionnaire. For each objective, experts were asked whether the relevant indicators should be (a) retained without changes, (b) modified, or (c) discarded. Experts were asked to indicate how indicators should be modified and whether other (new) indicators should be added. Twenty-four experts responded to the online questionnaire between December 3-19, 2018. Indicators that the respondents recommended to be retained or modified were further examined by ICRH, which made a second shortlist of indicators. In this short list, ICRH also recommended several new indicators. The second shortlist of 51 indicators is presented throughout the next sections. No assessment was made of data availability for these indicators.

In this updated version of 2022, the shortlist of indicators was updated and indicators from the UNFPA Strategic Plan 2022-2025 (UNFPA SP)⁶ and some from the WHO Buildingblocks Framework (WHO BB)⁷ were added.

5 <https://www.ugent.be/anser/en>

6 https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

7 <https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf?sequence=1&isAllowed=y>

SHORTLIST OF INDICATORS

The table on the next pages summarizes the suggested indicators along with their inclusion in the different international frameworks.

In addition, electronically fillable indicator forms are provided, categorized under the following data collection methods:

- Legislative documents, policies and national action plans
- Civil registration systems and vital statistics
- Surveillance systems
- Surveys
- Health facilities

In case multiple data collection methods can be used to retrieve data for a specific indicator, the indicator is listed under each data collection method separately.

SDGs: Global indicator framework for the Sustainable Development Goals
ICPD+25: UNECE Monitoring framework for the ICPD PoA beyond 2014
GSWCAH: Monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health(2016–2030)
UNFPA SP: UNFPA Strategic Plan 2022–2025
WHO BBs': WHO Building blocks Framework
✓ : indicator is included in respective framework
(✓): indicator relates to an indicator that is included in respective framework

Indicators (cont.)	SDG's	ICPD+25	GSWCAH	UNFPA SP	WHO BBs'
Abortions per 1.000 live births		✓			
Acceptance of gender-based violence in the family		✓			
Adolescent birth rate	✓	✓	✓	✓	
Antenatal care coverage	(✓)	✓	✓		
Antiretroviral therapy coverage among people living with HIV (%)		✓	✓		
ART (assisted reproductive technology) is regulated by law					
Availability of WHO recommended essential medicines for reproductive health					
Avoidance of HIV services because of stigma and discrimination among key populations		✓			

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Cesarean sections as percentage of all live births					
Cervical cancer screening coverage			✓		
Circumstances under which abortion is legal			✓		
Country has adopted the WHO EURO Action Plan for Sexual and Reproductive Health in national legislation or policy		(✓)			
Country includes HPV vaccination in its vaccination program					
Existence of a national screening policy for (a) breast cancer, (b) cervical cancer, (c) prostate cancer					
Existence of a referral system for holistic care for victims of sexual violence					
Existence of an inter-/multi-/all-party parliamentary group on SRHR					

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBS'
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	✓	✓	✓		
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 - 19 to sexual and reproductive health care, information and education	(✓)	(✓)	(✓)		
Existence, conditions and scope of public funding for ART services					
Family Planning service readiness score for health facilities					
HIV incidence	✓	✓	✓		
Human papilloma virus (HPV) vaccine coverage among adolescents			✓		
Incidence of gonococcal infection					
Incidence of syphilis		✓			
Involvement of CSO and the private sector in the development of national policies on SRH					

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Involvement of CSO and the private sector in the implementation of national policies on SRH					
Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	✓	✓	✓	✓	
Maternal deaths attributed to abortion			✓		
Maternal mortality ratio	✓	✓	✓	✓	
Mortality due to (a) breast cancer, (b) cervical cancer					
Mortality due to prostate cancer					
National policies guarantee access to essential SRH services for undocumented migrants					
Neonatal mortality rate	✓	✓	✓		
Number of ART centers in the country					
Number of ART cycles per million population					

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBS'
Postpartum care coverage for mothers			✓		
Prevalence of low birth weight					
Proportion of births attended by skilled health personnel	✓	✓	✓		
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	✓	✓	✓		
Proportion of modern contraceptive methods use at first and last intercourse among 15 - 24 year olds		(✓)			
Proportion of people aged 15 - 24 years with basic knowledge of sexual and reproductive health and rights					
Proportion of primary health-care that provide essential SRH services		✓			✓
Proportion of women aged 15 - 19 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care	(✓)	(✓)	(✓)		

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Proportion of women aged 15 - 49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care	✓	✓	✓		
Proportion of women aged 20 - 24 who were married or in a union before age 15 and before age 18	✓	✓	✓		
Proportion of women and girls aged 15 and older subjected to sexual violence by persons other than an intimate partner in the previous months	✓	✓	✓		
Proportion of women and girls aged 15 - 49 who have undergone female genital mutilation/ cutting (FGM/C), by age	✓		✓		
Proportion of women of reproductive age (15 - 49 years) who have their need for family planning satisfied with modern methods	✓	✓	✓	✓	
Proportion of young women and men aged 18 - 29 who experienced sexual violence by age 18	✓	✓	✓		
Stillbirth rate			✓		

INDICATOR FORM

DATA OBTAINED FROM LEGISLATIVE DOCUMENTS, POLICIES AND NATIONAL ACTION PLANS

Country has adopted the WHO EURO Action Plan for Sexual and Reproductive Health in national legislation or policy	Yes	
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	Yes	
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 - 19 to sexual and reproductive health care, information and education	Yes	
Involvement of CSO and the private sector in the development of national policies on SRH	Yes	How
Involvement of CSO and the private sector in the implementation of national policies on SRH	Yes	How
Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	Yes	

Circumstances under which
abortion is legal

Country includes HPV vaccination in
its vaccination program

for girls

for boys

Existence of a national screening
policy for

(a) breast cancer

Yes

(b) cervical cancer

Yes

(c) prostate cancer

Yes

Existence of a referral system for
holistic care for victims of sexual
violence

Yes

Availability of WHO recommended
essential medicines for reproductive
health

Yes

ART is regulated by law

Yes

Existence, conditions and scope of
public funding for ART services

Existence of an inter-/multi-/all-
party parliamentary group on SRHR

Yes name:

National policies guarantee access
to essential SRH services for
undocumented migrants

Yes

DATA OBTAINED FROM CIVIL REGISTRATION SYSTEMS AND VITAL STATISTICS

Adolescent birth rate (aged 10 - 14 years) (aged 15 - 19 years)	per 1.000 10 - 14 year olds per 1.000 15 - 19 year olds
Proportion of women aged 20 - 24 years who were married or in a union before age 15 and before age 18	%
Maternal mortality ratio	per 100.000 live births
Maternal deaths attributed to abortion	%
Neonatal mortality rate	per 1.000 live births
Mortality due to (a) breast cancer (b) cervical cancer	per 100.000 women per 100.000 women
Mortality due to prostate cancer	per 100.000 men

DATA OBTAINED THROUGH SURVEILLANCE SYSTEMS

HIV incidence	per 1.000
Incidence of gonococcal infection	per 100.000
Incidence of syphilis	per 100.000

DATA OBTAINED THROUGH SURVEYS

WOMEN'S SURVEY

Antenatal care coverage	%
Cesarean section rate	%
Proportion of births attended by skilled health personnel	%
Postpartum care coverage	%
Cervical cancer screening	%
Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	%
Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	%
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months	%
Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months	%
Proportion of women and girls aged 15–49 who have undergone female genital mutilation/cutting (FGM/C)	%
Acceptance of gender-based violence in the family	%

ADOLESCENT AND YOUNG PEOPLE'S SURVEY

Proportion of people aged 15–24 years with basic knowledge of sexual and reproductive health and rights	%
Adolescent birth rate (aged 10 – 14 years) (aged 15 – 19 years)	per 1.000 10 – 14 year olds per 1.000 15 – 19 year olds
Human papilloma virus (HPV) vaccine coverage among adolescents	%
Proportion of modern contraceptive methods use at first and last intercourse among 15 – 24 year olds	% at first intercourse
Proportion of women aged 20 – 24 years who were married or in a union before age 15 and before age 18	%
Proportion of young women and men aged 18–29 who experienced sexual violence by age 18	%

SURVEYS OF SPECIFIC POPULATIONS

Antiretroviral therapy coverage among people living with HIV	%
Avoidance of HIV services because of stigma and discrimination among key populations	%

DATA OBTAINED FROM HEALTH FACILITIES

Proportion of primary health-care facilities that provide essential SRH	%
Antenatal care coverage	%
Cesarean section rate	%
Proportion of births attended by skilled health personnel	%
Postpartum care coverage	%
Abortion rate	per 1.000 live births
Maternal mortality ratio	per 100.000 live births
Maternal deaths attributed to abortion	%
Neonatal mortality rate	per 1.000 live births
Stillbirth rate	per 100.000 births (live and stillbirths)
Prevalence of low birth weight	%
Number of ART centres in the country	
Number of ART cycles per million population	per million population
antiretroviral therapy coverage among people living with HIV	%

OBJECTIVE 1.1: ENSURE THAT PEOPLE’S HUMAN RIGHTS RELATED TO SEXUALITY AND REPRODUCTION ARE RESPECTED, PROTECTED AND FULFILLED

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	✓	✓	✓		
Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method	✓	✓	✓	✓	
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	✓	✓	✓		
Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months	✓	✓	✓		
Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting (FGM/C), by age	✓		✓		
Acceptance of gender-based violence in the family		✓			

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	✓	✓	✓	✓	
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	✓	✓	✓		

INDICATORS IN DETAIL

Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.6.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.1.3, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as one of the indicators under the *Thrive* objective. The indicator is further described as reflecting the following issues:

- Can a woman aged 15-49 years (married or in union) say no to sexual intercourse with her husband or partner if she does not want to?
- Can a woman aged 15-49 years (married or in union) decide on use of contraception?
- Can a woman aged 15-49 years (married or in union) decide on her own health care?

Only women who answer yes to all three components are considered as women who "make their own decisions regarding sexual and reproductive health care".

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-01.pdf>

Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern method

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.7.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.3.1, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Thrive* objective.

Modern methods of contraception include female and male sterilization, the intra-uterine device (IUD), the implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), lactational amenorrhea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring). Traditional methods of contraception include rhythm (e.g., fertility awareness-based methods, periodic abstinence), withdrawal and other traditional methods not reported separately. The assessment of the need for family planning is based on a flowchart that includes information on pregnancy/postpartum status, fertility status and fertility preference.

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-07-01.pdf>; <https://dhsprogram.com/pubs/pdf/AS25/AS25%5B12June2012%5D.pdf>

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.2.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 3.1.10, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as key indicators 15.a under the *Transform* objective. Different forms of violence are included, defined as follows:

- Physical violence consists of acts aimed at physically hurting the victim and include, but are not limited to, pushing, grabbing, twisting the arm, pulling the hair, slapping, kicking, biting or hitting with the fist or object, trying to strangle or suffocate, burning or scalding on purpose, or threatening or attacking with some sort of weapon, gun or knife.
- Sexual violence is defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts without consent, incest, sexual harassment, etc. In intimate partner relationships, experiencing sexual violence is commonly defined as being forced to have sexual intercourse, having sexual intercourse out of fear for what the partner might do, and/or being forced to do something sexual that the woman considers humiliating or degrading.
- Psychological violence includes a range of behaviours that encompass acts of emotional abuse and controlling behaviour. These often coexist with acts of physical and sexual violence by intimate partners and are acts of violence in themselves.

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-02-01.pdf>

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.2.2, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 3.1.12, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the additional indicators under the *Thrive* objective.

Sexual violence is defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts without consent, incest, sexual harassment, etc. In intimate partner relationships, experiencing sexual violence is commonly defined as being forced to have sexual intercourse, having sexual intercourse out of fear for what the partner might do, and/or being forced to do something sexual that the woman considers humiliating or degrading.

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-02-02.pdf>

Proportion of women and girls aged 15–49 who have undergone female genital mutilation/cutting (FGM/C), by age

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.3.2, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Transform* objective.

Female genital mutilation refers to “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons” and is a form of human rights violation. In addition to the overall proportion among women and girls aged 15–49, the prevalence per 5-year age group should be provided if available.

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-03-02.pdf>

Acceptance of gender-based violence in the family

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 3.1.II. The indicator represents the proportion of the population that considers it is sometimes justifiable for a man to beat his wife. On a scale from 1 (never justifiable) to 10 (always justifiable), it corresponds to all people scoring it 2 or more.

Data source: population-based surveys

More information: https://www.unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.1.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 3.1.8, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as one of the indicators under the Transform objective. It is based on an assessment of legal frameworks that promote, enforce and monitor gender equality. The assessment is carried out using a questionnaire comprising 45 yes/no questions under four areas of law:

- (i) overarching legal frameworks and public life;
- (ii) violence against women;
- (iii) employment and economic benefits; and
- (iv) marriage and family.

Data source: legislation and policy/action plans

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-01-01.pdf>

Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.3.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.3.3, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the Transform objective. Marriage before the age of 18 (also referred to as "child marriage" or "early marriage") is a fundamental violation of human rights. Both formal (i.e., marriages) and informal unions are covered under this indicator. Informal unions are generally defined as those in which a couple lives together for some time, intends to have a lasting relationship, but for which there has been no formal civil or religious ceremony (i.e., cohabitation).

Data source: population-based surveys (civil registration systems could be considered but are unlikely to cover all informal unions)

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-03-01.pdf>

OBJECTIVE 1.2: ESTABLISH AND STRENGTHEN FORMAL AND INFORMAL EVIDENCE-INFORMED COMPREHENSIVE SEXUALITY EDUCATION

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Proportion of people aged 15-24 years with basic knowledge of sexual and reproductive health and rights					
Adolescent birth rate	✓	✓	✓	✓	

INDICATORS IN DETAIL

Proportion of people aged 15–24 years with basic knowledge of sexual and reproductive health and rights

This indicator measures the extent to which basic knowledge on sexual and reproductive health and rights is spread among the young population. It is operationalized by 3 items:

- Awareness of at least 3 effective contraceptive methods
- Knowledge of the following ways of reducing the chances of sexual transmission of HIV / STI:
 - Having just one partner who has no other sex partners
 - Using condom every time one has sex
- Knowledge that a husband is not justified to have forced sexual intercourse with his wife.

Data source: population-based surveys

Adolescent birth rate

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.7.2. It corresponds to the annual number of births to females aged 10-14 and/or 15-19 years per 1,000 females in the respective age group.

Data source: civil registration systems; population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-07-02.pdf>

OBJECTIVE 1.3: PROVIDE INFORMATION AND SERVICES THAT ENABLE PEOPLE TO MAKE INFORMED DECISIONS ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	✓	✓	✓		
Proportion of primary health-care that provide essential SRH services		✓			✓
Family Planning-services readiness score for health facilities					✓
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	✓	✓	(✓)		

INDICATORS IN DETAIL

Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

see objective 1.1

Proportion of primary health-care facilities that provide essential SRH services

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.b.7. and in the WHO Building Blocks Framework. It specifies the availability of SRH services at the level of primary health-care facilities. It is meant to include the availability at the local level of maternity care, provision of contraception, HIV counselling and testing, STI testing and family planning counselling.

Data source: health facility assessments

More information: https://www.unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf and <https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf?sequence=1&isAllowed=y>

Family Planning service readdiness score for health facilities

This indicator is included in the WHO Health System Building Blocks Framework as core indicator 4. It is defined as the 'Cumulative availability of components required in health facilities to deliver SRH services, expressed as percentage. The overall score for an SRH service is the unweighted average of number of items present and functioning, expressed as a percentage of the total number of items in that service.

Data source: health facility assessments

More information:

<https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf?sequence=1&isAllowed=y>

Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 5.6.2, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.2.3, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as key indicator 11 under the Thrive objective. For each of the following 13 components, information is collected on the existence of i) specific legal enablers (positive laws and regulations) and ii) specific legal barriers (restrictions or plural legal systems that contradict co-existing positive laws and regulations).

- 1.1 Maternity care
2. Life-saving commodities
3. Abortion
4. Post-abortion care
5. Contraception
6. Consent for contraceptive services
7. Emergency contraception
8. CSE law
9. CSE curriculum
10. HIV testing and counselling
11. HIV treatment and care
12. Confidentiality of health status for men and women living with HIV
13. HPV vaccine

Data source: survey (see <https://drive.google.com/file/d/18ckC6IGJ92G-xY1yfnggQuZi3KAVQoRI/view>)

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-02.pdf>

OBJECTIVE 1.4: PREVENT INTIMATE PARTNER VIOLENCE AND NON-PARTNER SEXUAL VIOLENCE AND EXPLOITATION, AND PROVIDE VICTIM SUPPORT AND HELP TO PERPETRATORS

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	✓	✓	✓		
Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months	✓	✓	✓		
Proportion of young women and men aged 18-29 who experienced sexual violence by age 18	✓	✓	✓		
Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting (FGM/C), by age	✓		✓		
Existence of a referral system for holistic care for victims of sexual violence					

INDICATORS IN DETAIL

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

see objective 1.1

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months

see objective 1.1

Proportion of young women and men aged 18–29 who experienced sexual violence by age 18

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 16.2.3, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 3.1.13, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as key indicator 15.b under the Transform objective. It is a measure of sexual violence in childhood among both girls and boys. Sexual violence is defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts without consent, incest, sexual harassment, etc. In this context, it further comprises any sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law including (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity;

- (b) The use of children in commercial sexual exploitation;
- (c) The use of children in audio or visual images of child sexual abuse; and
- (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage.

Data source: population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-16-02-03.pdf>

Proportion of women and girls aged 15–49 who have undergone female genital mutilation/cutting (FGM/C), by age

see objective 1.1

Existence of a referral system for holistic care for victims of sexual violence

Recorded evidence of a referral system for holistic care for victims of sexual violence that is consistent with the "Council of Europe Convention on preventing and combating violence against women and domestic violence" and that is implemented and accessible nationwide. The nationwide implementation of a holistic referral system including medical, psychological and legal support reflects the commitment of a country to provide adequate assistance to victims of sexual violence.

Data source: legislation and policy/action plans

More information: <https://rm.coe.int/168008482e>

OBJECTIVE 2.1: ATTEND TO ALL PEOPLE’S NEEDS OR CONCERNS IN RELATION TO SEXUALITY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

KEY INDICATORS

Indicators (cont.)	SDG’s	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs’
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	✓	✓	(✓)		
Avoidance of HIV services because of stigma and discrimination among key populations		✓			

INDICATORS IN DETAIL

Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

see objective 1.3

Avoidance of HIV services because of stigma and discrimination among key populations

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.b.6. It measures progress towards reducing discriminatory attitudes and support for discriminatory policies in health-care settings. It covers the following key populations:

- sex workers
- men who have sex with men
- people who inject drugs
- transgender people

Data source: surveys among key populations

More information: https://www.unece.org/fileadmin/DAM/pau/age/Icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf,

<http://www.indicatorregistry.org/indicator/avoidance-hiv-services-because-stigma-and-discriminationamong-key-populations-d>

OBJECTIVE 2.2: REDUCE UNMET NEED FOR CONTRACEPTION

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBS'
Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods	✓	✓	✓	✓	
Availability of WHO recommended essential medicines for reproductive health					✓
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	✓	✓	✓	✓	
Abortions per 1,000 live births		✓			

INDICATORS IN DETAIL

Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern method

see objective 1.1

Avoidance of HIV services because of stigma and discrimination among key populations

This indicator is included in the WHO Health Systems Building Blocks Framework. It is defined as the average percentage of medicines outlets, where a selection of essential reproductive health medicines are found on the day of the survey. WHO identifies the following reproductive health medicines as essential:

- Oral contraceptive pills (combined)
- Injectable contraceptives (progestin-only)
- Condoms (male)
- Oxytocin (injection)
- Magnesium sulphate (injection, eclampsia)
- Diazepam (injection)

Data source: National surveys of medicine price and availability conducted using a standard methodology developed by WHO and Health Action International. Data on the availability of a specific list of medicines are collected from six geographic or administrative areas in a sample of medicine dispensing points.

More information:

<https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf?sequence=1&isAllowed=y>

Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

see objective 1.2

Abortions per 1,000 live births

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.2.2. Induced abortions are considered irrespective of the method. Abortion is the termination of a pregnancy before the foetus has attained viability. The legal requirements for abortion vary between countries.

Data source: health facility data

More information: https://www.unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

OBJECTIVE 2.3: ELIMINATE AVOIDABLE MATERNAL AND PERINATAL MORTALITY AND MORBIDITY.

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Maternal mortality ratio	✓	✓	✓	✓	
Neonatal mortality rate	✓	✓	✓		
Antenatal care coverage	(✓)	✓	✓		
Proportion of births attended by skilled health personnel	✓	✓	✓		
Cesarean sections as percentage of all live births					
Stillbirth rate			✓		
Prevalence of low birth weight					
Postpartum care coverage for mothers			✓		
Circumstances under which abortion is legal			✓		
Maternal deaths attributed to abortion			(✓)		

INDICATORS IN DETAIL

Maternal mortality ratio

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.1.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.a.2, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as key indicator 1 under the *Survive* objective. Maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.

It depicts the risk of maternal death relative to the number of live births and essentially captures the risk of death in a single pregnancy or a single live birth.

Data source: health facility data; civil registration systems

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-01-01.pdf>

Neonatal mortality rate

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.2.2, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.a.3, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as key indicator 3 under the *Survive* objective. It is defined as the number of children who died during the first 28 days of life during a given time period per 1,000 live births during the same time period.

Data source: health facility data; civil registration systems

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-02-02.pdf>

Antenatal care coverage

This indicator is included in the Global indicator framework for the Sustainable Development Goals as one of the 14 tracer indicators of indicator 3.8.1, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.a.5, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It measures the proportion of women aged 15–49 years with a live birth in a given time period who

(a) received antenatal care four or more times.

In addition, following the 2016 WHO recommendation that pregnant women have eight contacts with the health system during each pregnancy, the indicator should be expanded to the proportion of women who

(b) had eight or more ANC contacts.

Data source: health facility data; population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-01.pdf>

Proportion of births attended by skilled health personnel

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.1.2, in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.a.4, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It is the percentage of deliveries attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own, and caring for newborns. Traditional birth attendants, even if they receive a short training course, are not included.

Data source: health facility data; population-based surveys

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-01.pdf>

Cesarean section rate

This indicator is defined as the proportion of all births (vaginal and Cesarean) that resulted from a Cesarean sections.

Data source: health facility data; population-based surveys

More information: <https://www.measureevaluation.org/rbf/indicator-collections/health-outcome-impact-indicators/cesarean-sections-as-a-percent-of-all-births.html>

Stillbirth rate

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as one of the indicators under the *Survive* objective. It corresponds to the number of fetuses and infants born (after 28 weeks gestation or weighing more than 1000 g) per year with no sign of life divided by the total number of births.

Data source: health facility data; civil registration systems

More information: <https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/gc-indicator-and-monitoring-framework.pdf>

Prevalence of low birth weight

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as one of the additional indicators under the *Survive* objective. It corresponds to the number of live born children weighing less than 2,500 g immediately after birth divided by the total number of live births.

Data source: health facility data

More information: <https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/gc-indicator-and-monitoring-framework.pdf>

Postpartum care coverage

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It is defined as the proportion of women who received postpartum care from a health provider within 2 days of delivery.

Data source: population-based surveys; health facility data

More information: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_30-en.pdf

Circumstances under which abortion is legal

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the additional indicators under the *Thrive* objective. Circumstances can include (not exclusive):

- On request
- Economic or social reasons
- Foetal impairment
- Rape
- Incest
- Intellectual or cognitive disability of the woman
- Mental health
- Physical health
- Health
- Life

Data source: legislation and policy/action plans

More information: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_30-en.pdf

Maternal deaths attributed to abortion

This indicator represents the proportion of all cases of maternal death that are due to pregnancy- or delivery-related causes. It is related to an indicator on maternal causes of death included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

Data source: health facility data; civil registration systems

OBJECTIVE 2.4: REDUCE SEXUALLY TRANSMITTED INFECTIONS (STIS)

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
HIV incidence	✓	✓	✓		
Antiretroviral therapy coverage among people living with HIV (%)		✓	✓		
Incidence of syphilis		✓			
Incidence of gonococcal infection					
Proportion of modern contraceptive methods use at first and last intercourse among 15 - 24 years old		(✓)			

INDICATORS IN DETAIL

HIV incidence

This indicator is included in the Global indicator framework for the Sustainable Development Goals as indicator 3.3.1, and in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.b.5, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) as one of the indicators under the *Survive* objective. It is calculated as the number of new HIV infections per 1,000 uninfected population per year.

Data source: surveillance data

More information: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-03-01.pdf>

Antiretroviral therapy coverage among people living with HIV

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.b.3, and in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It represents the percentage of adults and children with HIV infection currently receiving antiretroviral combination therapy in accordance with the nationally approved treatment protocols (or WHO/UNAIDS standards) among the estimated number of adults and children with HIV infection.

Data source: health facility data; surveys among people living with HIV

More information: https://unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

Incidence of syphilis

This indicator is included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as indicator 2.4.b.4. It corresponds to the number of new syphilis cases per 100,000 population.

Data source: surveillance data

More information: https://unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

Incidence of gonococcal infection

This indicator corresponds to the number of new gonococcal infections per 100,000 population.

Data source: surveillance data

Proportion of modern contraceptive methods use at first and last intercourse among 15–24 years old

This indicator is defined as the number of 15–24 years old who were using or who's partner was using a modern form of contraception at a) the first, and b) the last sexual intercourse divided by the total number 15–24 years old who had sexual intercourse in the last 12 months. It relates to indicator 2.4.b.1 of the UNECE Monitoring Framework for the ICPD PoA beyond 2014, i.e. Percentage of young people (15 years old) who used a condom at last intercourse, by sex.

Data source: population-based surveys

OBJECTIVE 2.5: PREVENT, DIAGNOSE AND TREAT INFERTILITY

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+25	GSWCAH	UNFPA SP	WHO BBs'
ART (assisted reproductive technology) is regulated by law					
Number of ART centres in the country					
Number of ART cycles per million population					
Existence, conditions and scope of public funding for ART services					

INDICATORS IN DETAIL

ART is regulated by law

This indicator reflects whether the country has a legislation in place that regulates ART in matters including patient eligibility criteria, embryo selection, egg donation, surrogacy, etc.

Data source: legislation and policy/action plans

Number of ART centres in the country

This indicator is defined as the number of centres in the country that provide ART services (i.e. the number of centres that are licensed, registered, or where oversight is otherwise provided).

Data source: health facility data

Number of ART cycles per million population

This indicator provides a crude measure of accessibility to ART. The numerator consists of the number of initiated ART cycles (IVF + ICSI).

Data source: health facility data

Existence, conditions and scope of public funding for ART services

This indicator is a qualitative measure of the existence of public funding for ART services, the conditions under which this public funding is provided and the scope of the services covered by public funding.

Data source: legislation and policy/action plans

OBJECTIVE 2.5: PREVENT, DIAGNOSE AND TREAT INFERTILITY

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Country includes HPV vaccination in its vaccination program					
Human papilloma virus (HPV) vaccine coverage among adolescents			✓		
Existence of a national screening policy for (a) breast cancer, (b) cervical cancer, (c) prostate cancer					
Cervical cancer screening coverage			✓		
Mortality due to (a) breast cancer, (b) cervical cancer					
Mortality due to prostate cancer					

INDICATORS IN DETAIL

Country includes HPV vaccination in its vaccination program

This indicator reflects whether the country has included HPV vaccination in its national vaccination program for (a) girls and (b) boys.

Data source: legislation and policy/action plans

Human papilloma virus (HPV) vaccine coverage among adolescents

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It measures the percentage of girls and boys aged 15 years who received all doses of human papilloma virus (HPV) containing vaccine.

Data source: population-based surveys

More information: https://unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

Existence of a national screening policy for (a) breast cancer, (b) cervical cancer, (c) prostate cancer

This indicator reflects whether the country has a national screening program targeting the general population for

(a) breast cancer

(b) cervical cancer

(c) prostate cancer

Data source: legislation and policy/action plans

Cervical cancer screening coverage

This indicator is included in the Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as one of the indicators under the *Survive* objective. It is defined as the proportion of women aged 30–49 years who report they were screened for cervical cancer (using any of the following methods: visual inspection with acetic acid/vinegar (VIA), pap smear, human papilloma virus (HPV) test).

Data source: population-based surveys

More information: https://unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf

Mortality due to (a) breast cancer, (b) cervical cancer

These indicators are defined as the age-standardized mortality rates per 100,000 women for (a) breast cancer and (b) cervical cancer. The weights used for standardization are taken from the distribution of the World Standard Population.

Data source: civil registration systems

Mortality due to prostate cancer

This indicator is defined as the age-standardized mortality rate per 100,000 men for prostate cancer. The weights used for standardization are taken from the distribution of the World Standard Population.

Data source: civil registration systems

OBJECTIVE 3.1: EXPAND THE SCOPE AND REACH OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENTS

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Adolescent birth rate					
Proportion of women aged 15–19 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care			✓		
Existence of laws and regulations that guarantee full and equal access to women and men aged 15–19 to sexual and reproductive health care, information and education					
Human papilloma virus (HPV) vaccine coverage among adolescents			✓		
Proportion of modern contraceptive methods use at first and last intercourse among 15–24 years old					

INDICATORS IN DETAIL

Adolescent birth rate

see objective 1.2

Proportion of women aged 15–19 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

This indicator is closely related to the indicator *“Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care”* (see objective 1.1) but includes only a subpopulation defined by the age range 15 to 19 years.

Existence of laws and regulations that guarantee full and equal access to women and men aged 15–19 to sexual and reproductive health care, information and education

This indicator is closely related to the indicator *“Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education”* (see objective 1.3) but includes only a subpopulation defined by the age range 15 to 19 years.

Human papilloma virus (HPV) vaccine coverage among adolescents

see objective 2.6

Proportion of modern contraceptive methods use at first and last intercourse among 15–24 years old

see objective 2.5

OBJECTIVE 3.2: ESTABLISH AND STRENGTHEN ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR POPULATION GROUPS WITH SPECIFIC NEEDS

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Avoidance of HIV services because of stigma and discrimination among key populations		✓			
Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	(✓)	(✓)	(✓)		
National policies guarantee access to essential SRH services for undocumented migrants					

INDICATORS IN DETAIL

Avoidance of HIV services because of stigma and discrimination among key populations

see objective 2.1

Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

This indicator is closely related to the indicator *“Existence of laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education”* (see objective 1.3) but covers only marginalized/special groups including people with disabilities, people living with HIV, prisoners, men who have sex with men, sex workers, etc.

More information: <https://drive.google.com/file/d/18ckC6IGJ92G-xY1yfnggQuZi3KAVQoRI/view>

National policies guarantee access to essential SRH services for undocumented migrants

This indicator signals the presence of any national policies that guarantee access for undocumented migrants to essential SRH services (as defined by the Guttmacher–Lancet commission report) including

- Accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- Information, counselling, and care related to sexual function and satisfaction;
- Prevention, detection, and management of sexual and gender-based violence and coercion;
- A choice of safe and effective contraceptive methods;
- Safe and effective antenatal, childbirth, and postnatal care;
- Safe and effective abortion services and care;
- Prevention, management, and treatment of infertility;
- Prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- Prevention, detection, and treatment of reproductive cancers.

Data source: legislation and policy/action plans

OBJECTIVE 3.3: INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH INTO NATIONAL PUBLIC HEALTH STRATEGIES AND PROGRAMMES

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	✓	✓	✓	✓	
Country has adopted the WHO EURO Action Plan for Sexual and Reproductive Health in national legislation or policy		(✓)			

INDICATORS IN DETAIL

Legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex

see objective 1.1

Country has adopted the WHO EURO Action Plan for Sexual and Reproductive Health in national legislation or policy

This indicator is related to an indicator included in the UNECE Monitoring Framework for the ICPD PoA beyond 2014 as policy indicator 2.4, i.e. "Country has reported on the implementation of the WHO Europe Action Plan for Sexual and Reproductive Health"

(see https://www.unece.org/fileadmin/DAM/pau/age/icpd/ICPD-25/Monitoring_framework/UNECE_Monitoring_Framework_for_ICPD_PoA_beyond_2014.pdf).

It is assessed by recorded evidence of a national reproductive health (RH) policy or strategy that is consistent with the *Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe: leaving no one behind* either as a stand-alone document or integrated into health policies or strategies.

Data source: legislation and policy/action plans

OBJECTIVE 3.4: DEVELOP WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACHES FOR EFFECTIVE AND EQUITABLE IMPLEMENTATION OF PROGRAMMES

KEY INDICATORS

Indicators (cont.)	SDG's	ICPD+ 25	GSWCAH	UNFPA SP	WHO BBs'
Involvement of CSO and the private sector in the development of national policies on SRH					
Involvement of CSO and the private sector in the implementation of national policies on SRH					
Existence of an inter-/multi-/all-party parliamentary group on SRHR					

INDICATORS IN DETAIL

Involvement of CSO and the private sector in the development of national policies on SRH

This indicator signals whether civil society organisations (CSO) and the private sector (i.e. as service providers, co-financers, patient/consumer interest representatives, etc.) are involved in the development of national policies and SRH.

Data source: legislation and policy/action plans

Involvement of CSO and the private sector in the implementation of national policies on SRH

This indicator signals whether civil society organisations (CSO) and the private sector (i.e. as service providers, co-financers, patient/consumer interest representatives, etc.) are involved in the implementation of national policies and SRH.

Data source: legislation and policy/action plans

Existence of an inter-/multi-/all-party parliamentary group on SRHR

This indicator signals the existence of a parliamentary group consisting of parliamentarians from different political parties convened to address SRHR themes (sometimes referred to as 'population and development').

Data source: legislation and policy/action plans

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ACADEMIC NETWORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS POLICY (ANSER)

The Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER) is an international thematic network initiated by Ghent university in 2016. Today, it brings together 42 academic and non-profit institutions from all over the world to build evidence for SRHR policies through:

1. Education: Improve master students' knowledge on translating SRHR evidence into policy
2. Research: Improve researchers' knowledge on translating evidence into policy and increase SRHR research outputs that are directly relevant to society
3. Service to society: Improve policy makers' and professionals' knowledge of SRHR related evidence and increase the use of it by policy makers when developing policies

ANSER is characterized by its interdisciplinary and global nature and approach. The network includes academic staff from several disciplines (healthsciences, psychology, social sciences...) and its member institutions cover six continents. Currently, ANSER is composed of the following academic institutions: Institute of Public Health (Albania) - University of Medicine of Albania (Albania) - Armenian Association of Obstetricians and Gynecologists (Armenia) - Burnet Institute (Australia) - Azerbaijan Association 'Support to Development of Gynaecology and Perinatology' (Azerbaijan) - Institute of Tropical Medicine Antwerp (Belgium) - Ghent University (Belgium) - Universite libre de Bruxelles (Belgium) - University of Antwerp (Belgium) - Hasselt University (Belgium) - VUB Brussels (Belgium) - Tsinghua University (China) - National Research Institute for Family Planning (China) - Institute of Population Research (China) - University of Cuenca (Ecuador) - Jimma University (Ethiopia) - Tbilisi State Medical University (Georgia) - Ludwig Maximilian University of Munich (Germany) - Federal Centre for Health Education - BZgA (Germany) - Berlin Social Science Center - WZB (Germany) - Philipps-Universität Marburg (Germany) - Aga Khan University (Kenya) - AMREF International University (Kenya) - International Centre for Reproductive Health Kenya (Kenya) - Technical University of Kenya - University of Nairobi (Kenya) - Riga Stradins University (Latvia) - Nicolae Testemitanu State University of Medicine and Pharmacy (Moldova) - International Centre for Reproductive Health Mozambique (Mozambique) - University Eduardo Mondlane (Mozambique) - Norwegian Centre for Violence and Traumatic Stress Studies (Norway) - University NOVA de Lisboa (Portugal) - Foundation for Professional Development (South Africa) - University of the Western Cape (South Africa) - University of Cape Town (South Africa) - Ahfad University for Women (Sudan) - Karolinska Institutet (Sweden) - Mbarara University (Uganda) - Uppsala University (Sweden) - Bern University of Applied Sciences (Switzerland) - Coventry University (United Kingdom) - Johns Hopkins University (United States of America).

The network is coordinated by Ghent University.

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