As the world is increasingly mired in conflict and as more people, particularly women and children, are displaced across the globe, ensuring these resolutions are fully implemented to address RH needs and rights is more urgent than ever. This includes implementation of the women, peace and security (WPS) framework by UN agencies and by Member States through National Action Plans (NAPs), which are used to guide and monitor their own implementation of the WPS resolutions.

An accountability mechanism is needed to ensure that women’s reproductive health is included in policies and development projects before, during, and after conflict and crisis, as required by the WPS resolutions.

This accountability mechanism should consist of the addition of RH indicators to the existing body of indicators used to measure and report on the WPS framework. Adding reproductive health indicators to the global indicators has many benefits. If used...
Successfully, they not only ensure that women’s reproductive health and rights are taken into account before, during, and after conflict, but also enhance the security of states pre- and post-conflict.

Unfortunately, of the 26 current global indicators, only maternal mortality directly addresses reproductive health. This analysis argues that this is insufficient and proposes that more robust reproductive health indicators be integrated into the global indicators. Advocacy opportunities for inclusion of RH indicators are also suggested.

**UN Resolutions on Women, Peace and Security and Their Implementation**

The United Nations WPS resolutions, including UNSCR 1325 and subsequent related resolutions, detail women’s unique needs (and how to meet them) both during and after conflict. They also establish the important role of women as peace builders and the strong link among women’s rights, reproductive health, and peace and security during conflict and peacetime. Each one of the resolutions was passed unanimously by the United Nations Security Council, and therefore they are each considered binding for all 193 United Nations Member States. Table 1.0 summarizes existing WPS resolutions and the extent to which they reference reproductive health.

The WPS resolutions are implemented by both international and national bodies. At the international level, UN Women and the UN Department of Peacekeeping Operations serve as the main implementers, along with several other UN agencies. Member States also implement the WPS agenda through National Action Plans (NAPs) on Women, Peace and Security. Currently, 63 Member States have written and adopted NAPs, including the United States. Additionally, several other countries have also committed to developing NAPs in 2016.

NAPs from donor countries are often externally-focused, detailing how these countries will implement the WPS resolutions in their work abroad. NAPs from non-donor and conflict-affected countries tend to...
be internally focused, specifying how these countries will implement the tenets of the WPS resolutions at home. There is no set format for NAPs, however, and no comprehensive monitoring guidelines, though many countries often adopt country-specific versions of the global indicators in their NAPs to monitor and measure implementation.

Monitoring of the UN’s WPS resolutions/overall framework occurs through the global indicators as well as the Strategic Results Framework, of which the indicators are a part. The framework contains time-bound outcomes, outputs, and targets as well as the entire aforementioned set of monitoring indicators.

A Gap on Reproductive Health

As stated in the UN’s WPS resolutions, RH is an essential part of peace and security. Ensuring women’s equality and RH access helps prevent conflict and rebuild societies. Ensuring that RH needs are considered in post-conflict reconstruction is also essential to directly helping women post-conflict.

Despite the presence of specific language in the WPS resolutions that calls for the implementation of RH services and promotion of RH rights, the global indicators used to measure the implementation of these resolutions do not include any direct measurement of reproductive health. Of the 26 global indicators, only a few are tangentially related to RH, such as sexual and gender-based violence rates and an indicator representing the index of women and girls’ physical security, among others. There is only one indicator directly related to RH—maternal mortality rate.

While these indicators are still evolving, it is unacceptable that such a core facet of women’s equality, security, and health (and resultantly, state security), is not already included as part of these monitoring indicators beyond maternal mortality.

As the link between policy and practice, indicators are an essential accountability mechanism for making certain that the RH rights and needs guaranteed by the WPS resolutions are taken into consideration, tracked, and ultimately met. The lack of reproductive

Ensuring women’s equality and RH access helps prevent conflict and rebuild societies.
If RH is not a priority in WPS resolution implementation, this could mean that fewer women could have their very specific conflict-derived RH needs met, such as emergency and non-emergency contraceptive access; post-sexual and gender-based violence reproductive healthcare; and guaranteed RH access and rights post-conflict, including prioritization of rebuilding RH clinics, etc.

health indicators means that reproductive health and rights will likely have diminished importance and prioritization when UN agencies and countries implement their WPS strategies and NAPs.

Indicators also drive implementation strategies. Even if RH policies and programs are implemented during conflict and prioritized during post-conflict reconstruction, without indicators to monitor their level of success, there is little information to guide policymakers and implementers to improve their work to better meet women’s RH needs in a comprehensive way that further promotes long-term peace and security.

This has very real implications for women. If RH is not a priority in WPS resolution implementation, this could mean that fewer women could have their very specific conflict-derived RH needs met, such as emergency and non-emergency contraceptive access; post-sexual and gender-based violence reproductive healthcare; and guaranteed RH access and rights post-conflict, including prioritization of rebuilding RH clinics, etc. Including RH indicators in the global indicators is essential to ensuring that women and states are secure and prosperous throughout the conflict cycle.

A Way Forward

We recommend that a robust set of RH indicators be added to the current global indicators used to measure implementation of the WPS resolutions. The combination of the Sexual and Reproductive Health (SRH) indicators for the Sustainable Development Goals (SDGs) and a series of indicators reflective of the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations would be the ideal RH indicator set to add to the global indicators.

The SRH indicators for the SDGs are ideal RH indicators to recommend for inclusion in the global
indicators because countries are already very familiar with these indicators and because they were developed under the auspices of the UN.

In addition to the SDGs, RH indicators that address the more immediate needs of women and children during and after conflict should also be included as part of the global indicators because of the focus of the WPS resolutions on conflict-affected women and children. These indicators should reflect the components of the Minimum Initial Service Package (MISP) for Reproductive Health, which is a set of minimum RH standards that must be met for women and children in crisis situations.16

MISP guidelines include a checklist for monitoring the implementation of the standards.17 This checklist should be cross-referenced with the SRH indicators for the SDGs. Any indicators not already covered by the SRH indicators for the SDGs should be added to the overall package of recommended RH indicators for inclusion in the global indicators.

Advocacy Opportunities for Integration of RH Indicators into the Global Indicators

The Strategic Results Framework will be updated in 2020, as will the Secretary-General Report on Women, Peace and Security, which has historically provided updates on each indicator. These processes provide key opportunities for advocates to update the global indicators to include RH indicators. Advocacy for changes must begin now and should target both the international, intergovernmental level and the state level. We recommend the following advocacy processes:

- At the global level, CSOs should advocate directly with the United Nations for RH indicator inclusion through the NGO Working Group on Women, Peace and Security. Advocacy efforts should specifically target the following UN bodies: the United Nations Security Council, the Standing Committee on Women, Peace and Security and the Office of the Special Advisor on Gender Issues and Advancement of Women (OSAGI). It is important to note that the Special Advisor serves as the Chair of the Standing Committee and also represents the Committee at the Security Council. Thus, the Standing Committee serves as the intermediary between the two bodies.

- Nationally, CSOs should directly advocate for RH indicator inclusion within their own Member States. Member States can then advocate with the Security Council for the global indicators to include reproductive health. Advocacy at the national level should occur through the bodies that regulate and implement each country’s National Action Plan on Women, Peace and Security. For example, in the United States under the Obama administration, the Interagency Policy Committee focused on Women, Peace and Security, chaired by the White House National Security Council, monitors NAP activities across US government agencies.18 Similar interagency WPS bodies exist in other countries and provide a targeted and accessible body for which to advocate for RH indicator inclusion.

Advocacy with the NAP interagency groups can also occur from the bottom up if direct advocacy efforts to change indicators at the international and national levels are overly bureaucratic or unsuccessful. Bottom-up advocacy should consist of CSOs advocating with NAP interagency groups in each country to include RH language and outcomes in NAPs, which would then likely inspire the development of RH indicators to monitor NAP progress at an international level. If RH language becomes a cornerstone of NAPs, then it will have to be a cornerstone of the global indicators used to monitor the implementation of the WPS resolutions.

Conclusion

Changing the global indicators on women, peace and security to include RH indicators will ensure that women’s specific RH needs before, during, and after conflict are met in actuality and not just on paper. When women’s RH needs and rights are fulfilled, states are more secure and peaceful—and when states are more secure, women’s RH and rights are more likely to be fully realized. If RH indicators are included as part of the global indicators to monitor the implementation of the WPS resolutions, more women will live healthier, more fulfilled lives in stronger, more peaceful countries.
## Table 1.0 UN Women, Peace and Security Resolutions and References to Reproductive Health

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Year</th>
<th>Key Points</th>
<th>Resolution Language Addressing RH*†</th>
</tr>
</thead>
</table>
| UNSCR 1325 | 2000 | • Affirms the inordinate impact of war on women and children  
• Establishes the very important role women do and should play in conflict management and resolution and long-term peace  
• Ensures women’s participation (in peace negotiations, conflict management, etc.)  
• Ensures women’s protection (from sexual and gender-based violence (SGBV), etc.) during conflict cycle  
• Identifies the important role of women in conflict prevention (as peace builders, through securing women’s rights, etc.)  
• Emphasizes the importance of incorporating gendered considerations in humanitarian responses and reconstruction (for relief and recovery) | Requests that the Secretary-General “provide Member States [with] training guidelines and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peacekeeping and peacebuilding measures, invites Member States to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in preparation for deployment…” |
| UNSCR 1820 | 2008 | • Codifies sexual violence as a weapon of war (legal recognition of sexual violence as a war crime, crime against humanity, and possible act of genocide)  
• Frames SGBV as a security issue, which requires a security response to help end it | “Urges all parties concerned, including Member States, United Nations entities and financial institutions, to support the development and strengthening of the capacities of national institutions, in particular of judicial and health systems…in order to provide sustainable assistance to victims of sexual violence in armed conflict and post-conflict situations…” |
| UNSCR 1888 | 2009 | • Discusses implementation of UNSCR 1820 (factoring SGBV into sanctions considerations, establishing women’s protection expert advisors, retraining peacekeepers, etc.) | “Encourages States, with the support of the international community, to increase access to health care, psychosocial support, legal assistance and socio economic reintegration services for victims of sexual violence…” |
| UNSCR 1889 | 2009 | • Establishes the importance and facilitation of women’s participation in post-conflict contexts (which then helps prevent future conflict)  
• Requests a set of global indicators to track the implementation of the WPS resolutions | Recognizes “the particular needs of women and girls in post-conflict situations, including, inter alia, physical security [and] health services including reproductive and mental health…”  
“Encourages Member States in post-conflict situations...to specify in detail women and girls’ needs and priorities and design concrete strategies... to address those needs and priorities, which cover inter alia support for greater physical security and better socio-economic conditions, through education, income generating activities, access to basic services, in particular health services, including sexual and reproductive health and reproductive rights and mental health.” |
### TABLE 1.0 UN WOMEN, PEACE AND SECURITY RESOLUTIONS AND REFERENCES TO REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
<th>RESOLUTION</th>
<th>YEAR</th>
<th>KEY POINTS</th>
<th>RESOLUTION LANGUAGE ADDRESSING RH†</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNSCR 1960</td>
<td>2010</td>
<td>• Ends impunity for perpetrators of SGBV during conflict</td>
<td>“Encourages the Secretary-General to engage with United Nations actors, national institutions, civil society organizations, healthcare service providers, and women’s groups to enhance data collection and analysis of incidents, trends, and patterns of rape and other forms of sexual violence.”</td>
</tr>
<tr>
<td>UNSCR 2106</td>
<td>2013</td>
<td>• Establishes that all actors (the Security Council, Member States, UN agencies, parties to conflict, etc.) must implement mandates and end impunity for perpetrators of SGBV</td>
<td>Recognizes “the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence...calls for support to national institutions and local civil society networks in increasing resources and strengthening capacities to provide the abovementioned services to survivors of sexual violence.”</td>
</tr>
<tr>
<td>UNSCR 2122</td>
<td>2013</td>
<td>• Enacts stronger measures to ensure that women participate in all aspects of conflict prevention, resolution, and recovery</td>
<td>Recognizes “the importance of Member States and United Nations entities seeking to ensure humanitarian aid and funding includes provision for the full range of medical, legal, psychosocial and livelihood services to women affected by armed conflict and post-conflict situations, and noting the need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination.”</td>
</tr>
<tr>
<td>UNSCR 2242</td>
<td>2015</td>
<td>• Establishes new systematic approach to implementing the WPS agenda laid out by the other resolutions</td>
<td>Recognizes the “differential impact on the human rights of women and girls of terrorism and violent extremism, including in the context of their health, education, and participation in public life, and that they are often directly targeted by terrorist groups, and expressing deep concern that acts of sexual and gender-based violence are known to be part of the strategic objectives and ideology of certain terrorist groups.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Creates an Informal Experts Group on Women, Peace and Security at the UN Security Council</td>
<td>Expresses “deep concern over continuing allegations of sexual exploitation and abuse by United Nations peacekeepers and non-United Nations forces...”</td>
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<tr>
<td></td>
<td></td>
<td>• Condemns continued sexual abuse by peacekeeping forces</td>
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<td></td>
<td></td>
<td>• Highlights women’s pivotal role in countering violent extremism</td>
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† Language is an example of RH language contained within the resolution, but not necessarily all-inclusive (i.e. not necessarily reflective of ALL RH language present in each resolution)

**Please note:** all language comes directly from each respective resolution, as indicated by the quotation marks
Endnotes
2 http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/WPS%20S%202010%20498.pdf
6 http://www.un.org/en/sc/about/faq.shtml#binding
7 https://actionplans.inclusivesecurity.org/
8 https://actionplans.inclusivesecurity.org/
12 http://apps.who.int/iris/bitstream/10665/66784/1/WHO_RHR_001.3.pdf
16 http://www.unfpa.org/resources/what-minimum-initial-service-package

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