Goal 5: Achieve gender equality and empower all women and girls
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 International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
Indicator 5.6.2: Number of countries with 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

Institutional information

Organization(s):
United Nations Population Fund (UNFPA)

Concepts and definitions

Definition:
Sustainable Development Goal (SDG) Indicator 5.6.2 seeks to measure the extent to which countries have national 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.

The indicator is a percentage (%) score from 0 to 100 (national laws and regulations exist to guarantee full and equal access), indicating a country's status and progress in the existence of such national laws and regulations. Indicator 5.6.2 measures only the *existence* of laws and regulations; it does not measure their *implementation*.

Rationale:
Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks in line with the 1994 International Conference on Population and Development (ICPD) Programme of Action[1], the Beijing Platform for Action[2], and international human rights standards[3]. The indicator measures the legal and regulatory environment across four thematic sections, defined as the

[1] United Nations (1994) International Conference on Population and Development: Programme of Action. Cairo, Egypt.
[2] United Nations (1995) Fourth World Conference on Women: Programme of Action. Beijing, China.
[3] CEDAW General Recommendation no. 24. Accessed online 24 May 2018: http://www.refworld.org/docid/453882a73.html; CEDAW General Comment no. 35 (2017). Accessed online 23 May 2018: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf; CESCR General Comment no. 14. Accessed online 23 May 2018: http://www.refworld.org/pdfid/4538838d0.pdf; CESCR General Comment no. 20. Accessed 24 May 2018: http://www.refworld.org/docid/4a60961f2.html; CESCR General Comment no. 22. Accessed online 23 May 2018: https://www.escr-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health; CRC General Comment No. 15. Accessed 24 May 2018: http://www.refworld.org/docid/51ef9e134.html; CRPD Articles 23 and 25. Accessed online 24 May 2018: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html.

key parameters of sexual and reproductive health care, information and education according to these international consensus documents and human rights standards:

Maternity care services
Contraception and family planning
Comprehensive sexuality education and information
Sexual health and well-being

Each of the four thematic areas (sections) is represented by individual components, which have been elucidated through consultations with global experts to reflect topics that are: i) critical from a substantive perspective, ii) span a broad spectrum of sexual and reproductive health care, information and education, and iii) the subject of national legal and regulatory frameworks. In total, Indicator 5.6.2 measures 13 components, categorized as follows:

SECTION I: MATERNITY CARE SERVICES
1. Maternity care
2. Life-saving commodities
3. Abortion
4. Post-abortion care
SECTION II: CONTRACEPTION AND FAMILY PLANNING
5. Contraception
6. Consent for contraceptive services
7. Emergency contraception
SECTION III: COMPREHENSIVE SEXUALITY EDUCATION AND INFORMATION
8. CSE law
9. CSE curriculum
SECTION IV: SEXUAL HEALTH AND WELL-BEING
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

For each of the 13 components, information is collected on the existence of i) specific legal *enablers* (positive laws and regulations) and ii) specific legal *barriers*[4]. Such barriers encompass *restrictions* to positive laws and regulations (e.g. by age, sex, marital status and requirement for third party authorization), as well as *plural legal systems that contradict* co-existing positive laws and regulations. For each component, the specific enablers and barriers on which data are collected are defined as the principle enablers and barriers for that component. Even where positive laws are in place, legal barriers can undermine *full and equal* access to sexual and reproductive health care, information and education; the methodology is designed to capture this.

The percentage score reflects a country's status and progress in the existence of national laws and regulations that guarantee full and equal access to sexual and reproductive health care, information, and education. By reflecting the "extent to which" countries guarantee full and equal access to sexual and reproductive health care, information and education, this indicator allows across country comparison and within-country progress over time to be captured.

[4] Legal barriers are not deemed applicable for the two operational components: C2: life-saving commodities and C9: CSE curriculum.

Concepts:
Laws: laws and statutes are official rules of conduct or action prescribed, or formally recognized as binding, or enforced by a controlling authority that governs the behavior of actors (including people, corporations, associations, government agencies). They are adopted or ratified by the legislative branch of government and may be formally recognized in the Constitution or interpreted by courts. Laws governing sexual and reproductive health are not necessarily contained in one law.

Regulations: are considered to be executive, ministerial or other administrative orders or decrees. At the municipal level, regulations are sometimes called ordinances. Regulations and ordinances issued by governmental entities have the force of law, although circumscribed by the level of the issuing authority. Under this methodology, only regulations with national-level application are considered.
Restrictions: many laws and regulations contain restrictions in the scope of their applicability. Such restrictions, which include, though are not limited to, those by age, sex, marital status, and requirement for third party authorization, represent barriers to *full and equal access to sexual and reproductive health care, information and education*.

Plural legal systems: are defined as legal systems in which multiple sources of law co-exist. Such legal systems have typically developed over a period of time as a consequence of colonial inheritance, religion and other socio-cultural factors. Examples of sources of law that might co-exist under a plural legal system include: English common law, French civil or other law, statutory law, and customary and religious law. The co-existence of multiple sources of law can create fundamental contradictions in the legal system, which result in barriers to *full and equal access to sexual and reproductive health care, information and education*.

"Guarantee" (access): for the purpose of this methodology, "guarantee" is understood in relation to a law or regulation that assures a particular outcome or condition. The methodology recognizes that laws can only guarantee "in principle"; for the outcomes to be fully realized in practice, additional steps, including policy and budgetary measures will need to be in place.

Comments and limitations:
Indicator 5.6.2 measures exclusively the *existence* of laws and regulations and their barriers. It does not measure the *implementation* of such laws/regulations. In addition, the 13 components are intended to be indicative of sexual and reproductive health care, information and education, instead of a complete or exhaustive list of the care, information and education. These components were selected because they were identified as key parameters according to international consensus documents and human rights standards.

Methodology

Computation Method:
The indicator measures specific legal enablers and barriers for 13 components across four thematic areas. The calculation of the indicator requires data for all 13 components, then computation of the total score from those values.

The 13 components are placed on the same scale, with 0% being the lowest value and 100% being the most optimal value. Each component is scored independently and weighted equally. The score for a given component is calculated as:

((Number of enablers that exist / Total number of enablers) – (Number of barriers that exist / Total number of barriers)) *100

The details of the scoring approach as it relates to each individual component can be assessed here.

The total score for Indicator 5.6.2 is calculated as *the arithmetic mean of the 13 component scores*. Similarly, the score for each thematic section is calculated as the arithmetic mean of its constituent component scores.

The scoring will be evaluated for any subtleties in the relative weight of enablers to barriers once data have been collected and scored for at least 50 countries.

Disaggregation:
Data will be disaggregated by thematic section. This will enable countries to identify the particular areas of sexual and reproductive health care, information and education in which progress is required.

Treatment of missing values:

- At country level:

No imputation will be made for a country with missing data.

- At regional and global levels:

No imputation will be made at regional and global levels.

Regional aggregates:
Regional and global aggregates are computed as unweighted averages of country-specific scores for constituent countries.

Sources of discrepancies:
Not applicable, as indicator 5.6.2 relies on official data provided by national governments, and no estimation is produced at the international level.

Methods and guidance available to countries for the compilation of the data at the national level:
An electronic survey with instructions in an accompanying technical note is used to collect national level data.

Quality assurance
Information provided by country governments in a self-reporting survey is triangulated with input from key stakeholders, including UN Country teams and UN agencies such as WHO, UNFPA and UN Women which also compile country specific information on legal and regulatory developments on issues pertaining to their respective mandates. The concluding observations and recommendations from UN

human rights mechanisms, (treaty bodies, special procedures, and universal periodic review) also provide valuable information on gaps and contradictory laws and regulations.

For each country, a national validation committee reviews and validates all input from the self-reported survey. The validation committee comprises representatives from:

a) UN country teams including agencies such as WHO, UNFPA and UN Women. These agencies also compile country specific information on legal and regulatory developments on issues pertaining to their respective mandates
b) Civil society groups, who are best placed to have access to information about the legal frameworks guaranteeing women and men's access to sexual and reproductive healthcare, information and services and the hierarchy of relevant laws and regulations
c) National Statistics Offices
d) Other government partners

Data Sources

Data are collected through an electronically administered, self-reported national survey tool, which has been developed to measure the legal and regulatory environment across a wide range of parameters of sexual and reproductive health care, information and education, including all parameters related to Indicator 5.6.2. The survey tool has been designed to pre-code responses where applicable, and to allow space for open-ended responses to add descriptions and explanations. It has been designed with skip patterns to avoid redundancy.

Collection process:
It is envisaged that UNFPA will appoint a focal point from the UNFPA Country Office (or Regional Office in the case of countries without a Country Office) to coordinate completion of the survey by liaising with the relevant government ministries, departments and agencies. Following completion of the survey, the UNFPA focal point will coordinate a national validation meeting, in which representatives from UN Country teams including agencies such as WHO, UNFPA and UN Women, civil society groups, National Statistics Offices, and government partners will review and validate the survey responses. UNFPA is also exploring possibilities for further collaboration with the UN Population Division (DESA) to administer the survey tool as part of the *UN Inquiry Among Governments on Population and Development*.

Data Availability

Indicator 5.6.2 is a new indicator. The initial administration of the 5.6.2 survey tool will be used to establish baseline data.

Time series:
Not applicable

Calendar

Data collection:

Baseline data collection is planned for 2019. Data collection will be scheduled every 2-3 years.

Data release:
2019

Data providers

Data will be provided by relevant government ministries, departments and agencies.

Data compilers

UNFPA, with inputs from partner international agencies.

References

Survey tool and technical note
Survey scoring sheet

Related indicators

Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

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.