

# Sexual and reproductive health challenges and opportunities

PMNCH Board meeting, 14-15 July 2022

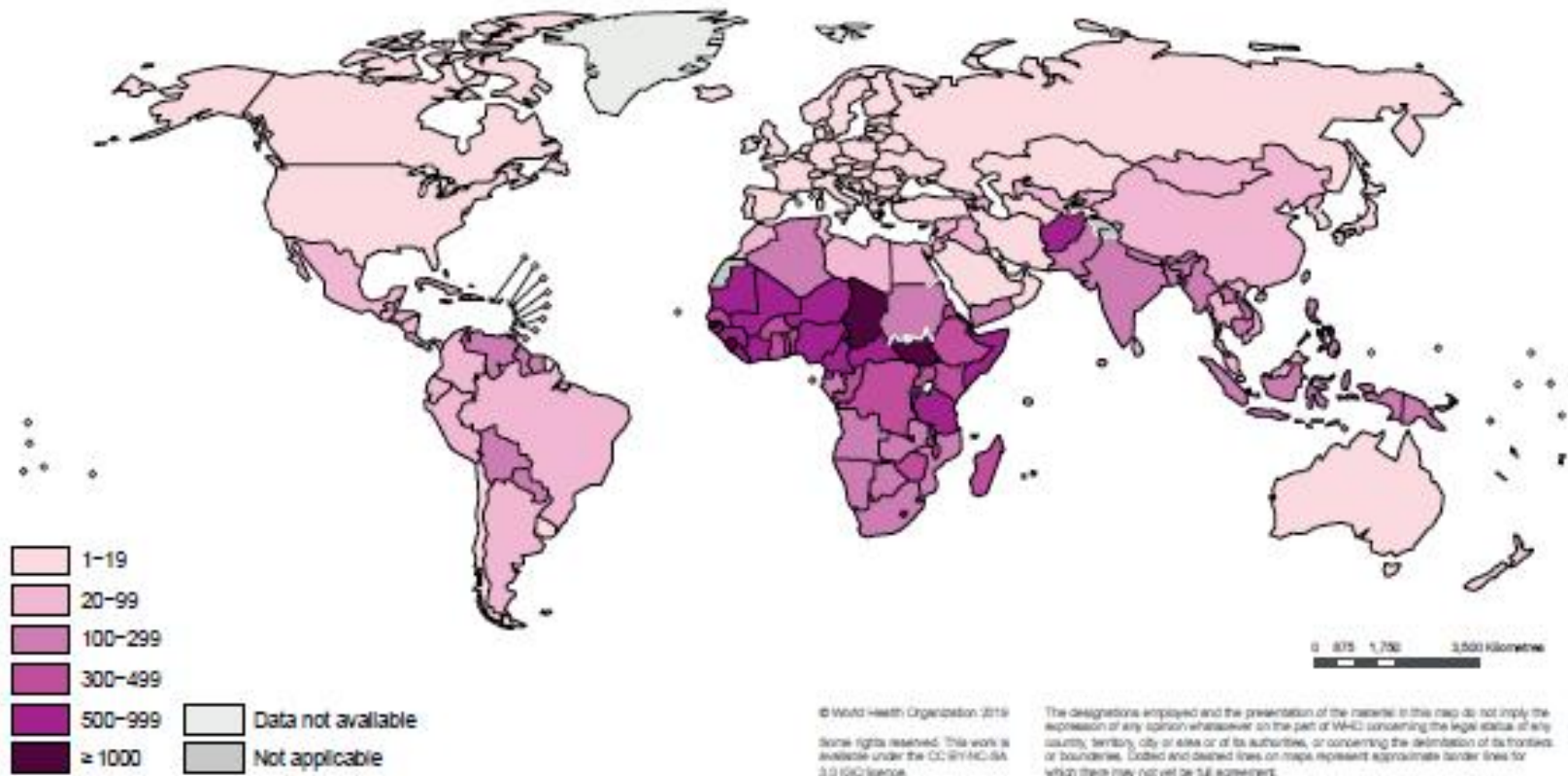
Dr Pascale Allotey, Director, WHO/SRH



# Sexual and reproductive health and rights: inadequate progress

- ❑ In a year, 121 million unintended pregnancies
  - 64 unintended pregnancies per 1000 women
  - 61% of unintended pregnancies end in abortion
- ❑ 1/3 women report having experienced physical and/or sexual violence at least once in their lifetime
  - Only 48% of countries responding to a WHO survey have clinical guidelines on health sector response
- ❑ Over 200 million girls and women have undergone female genital mutilation

# Sexual and reproductive health and rights: slow progress – maternal mortality

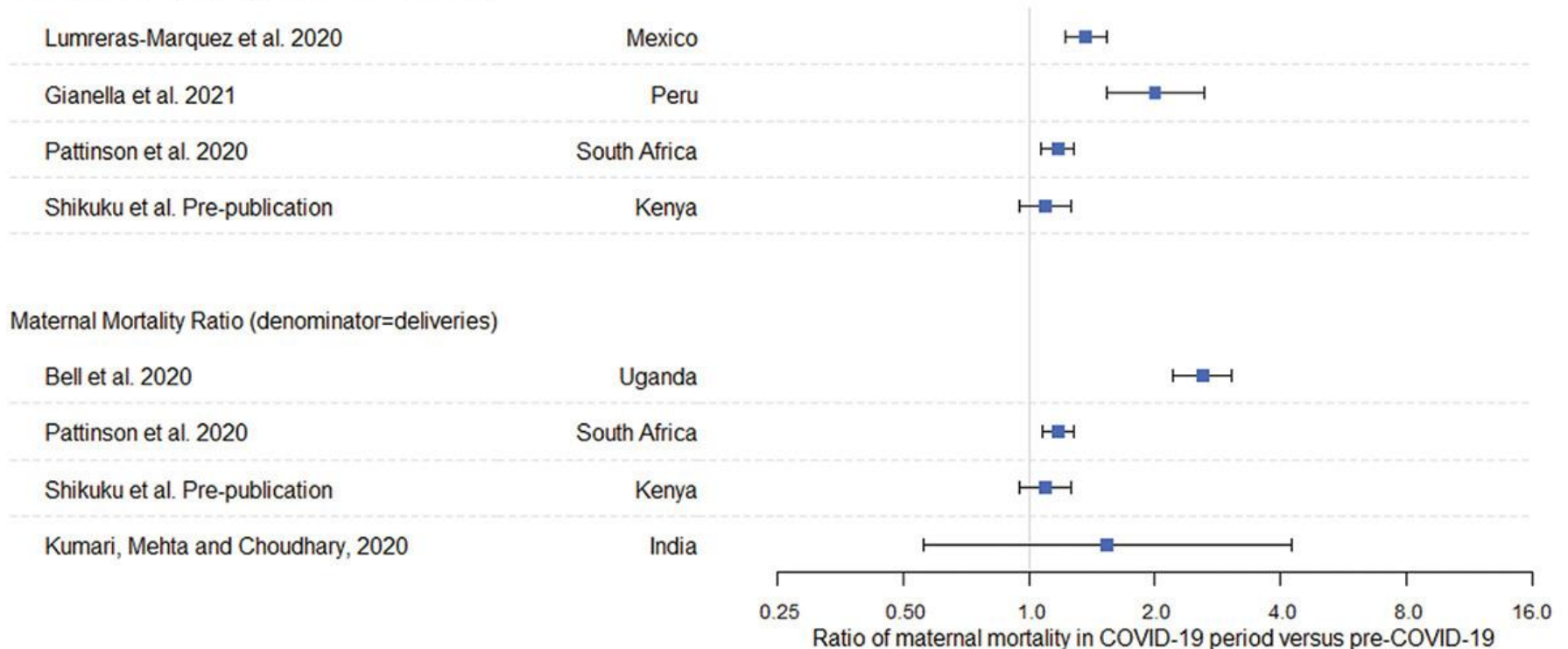


# Maternal mortality in the Covid-19 pandemic

## Changes seen in MMR pre-/post-Covid-19 in a rapid systematic review



Maternal Mortality Ratio (denominator=live births)



Clara Calvert, Jeeva John, Farirai P Nzvere, Jenny A. Cresswell, Sue Fawcus, Edward Fottrell, Lale Say & Wendy J. Graham (2021) Maternal mortality in the covid-19 pandemic: findings from a rapid systematic review, Global Health Action, 14:sup1, DOI: [10.1080/16549716.2021.1974677](https://doi.org/10.1080/16549716.2021.1974677)

# Disruptions in SRHR/MCH services during Covid-19



1/3

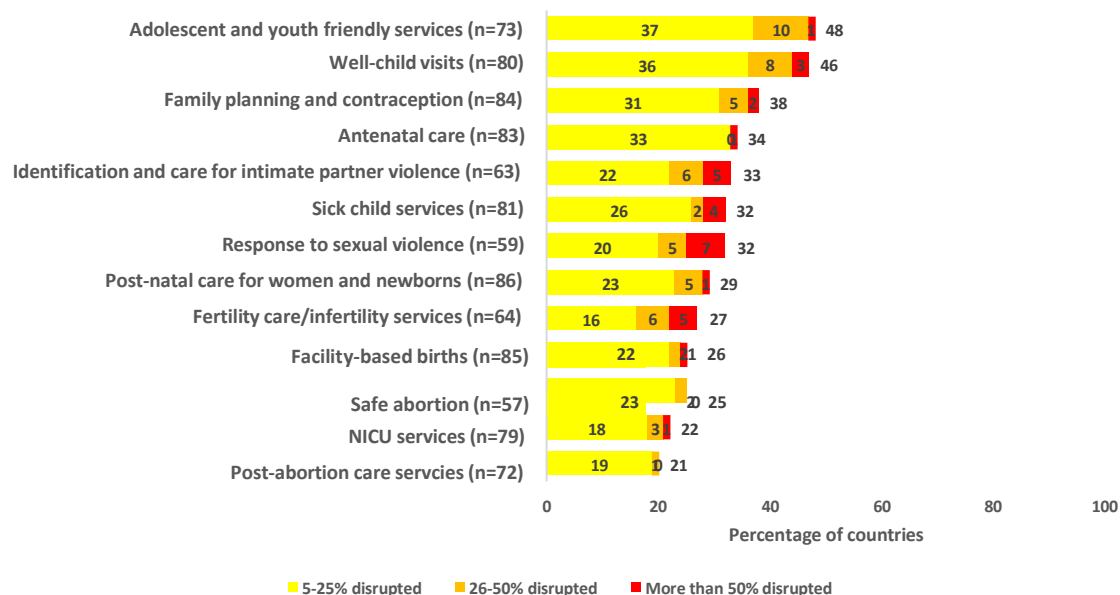
Approximately 1/3 of countries report disruptions to:

- family planning and contraception services
- antenatal care and postnatal care
- Sick child services
- Identification and care for intimate partner violence

~45%

Disruptions were most reported in well-child visits and adolescent health services

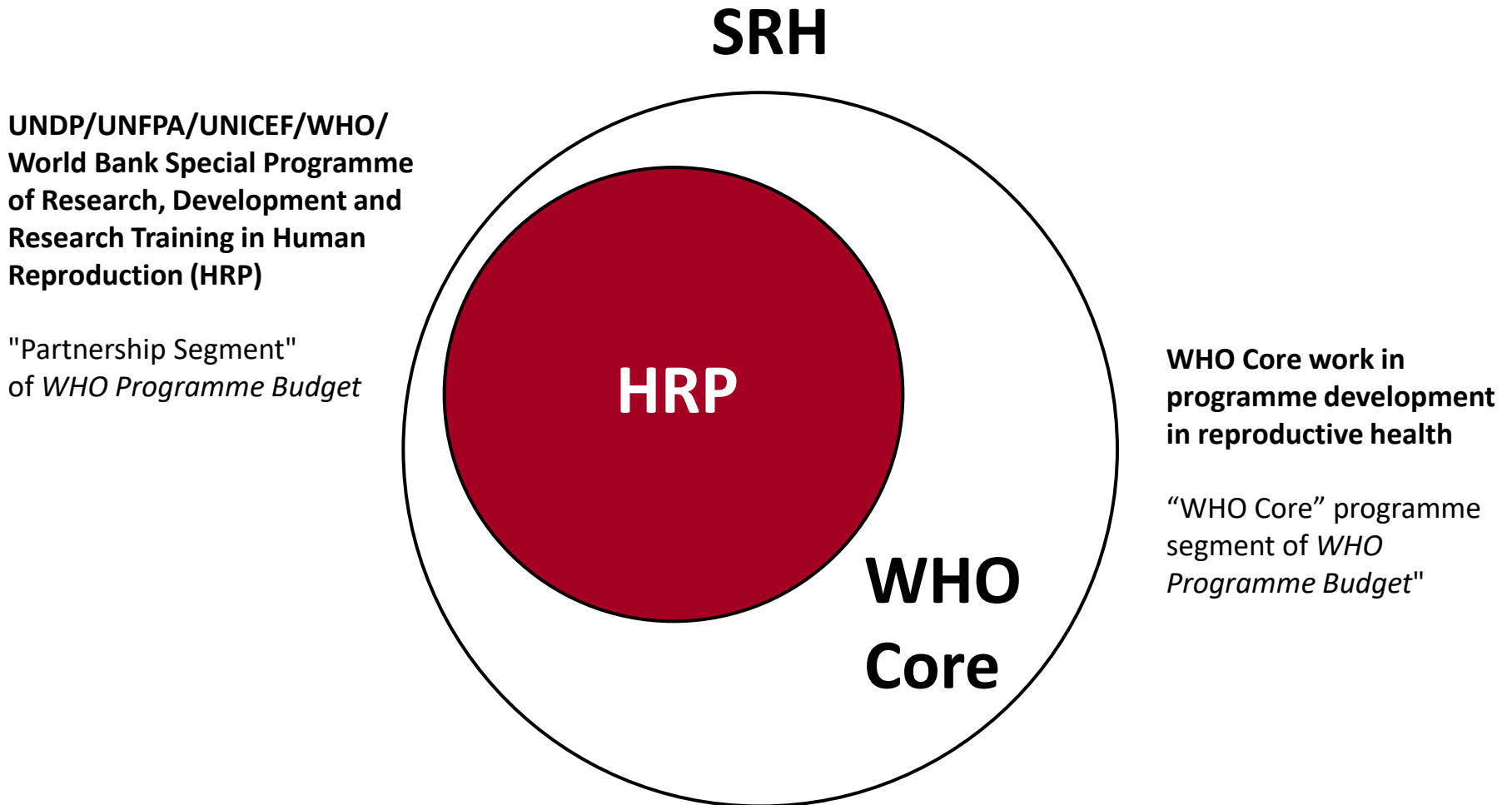
Percentage of countries reporting disruptions in sexual, reproductive, maternal, newborn, child and adolescent health services in Q4 2021



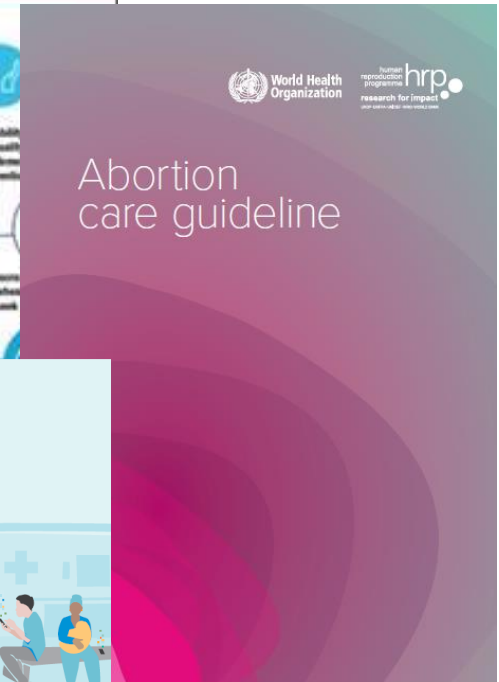
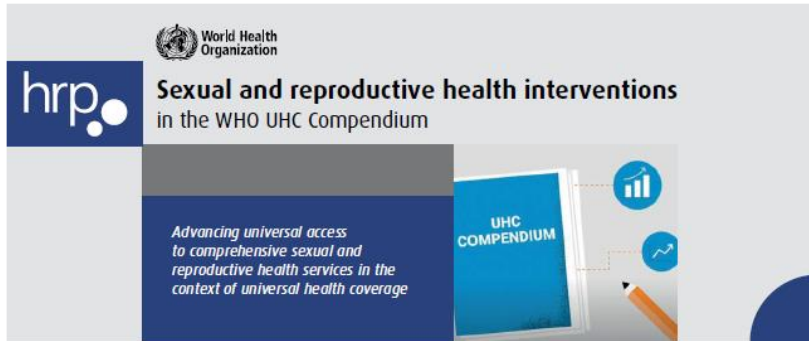
Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

# WHO/Department of Sexual and Reproductive Health and Research (SRH)

includes both WHO Core functions and a special research programme (HRP)



# Evidence-based WHO Guidelines – examples





# Supporting inclusion of evidence-based recommendations in policy and practice especially through SRHR integration in UHC and PHC



- ❑ Implementation research
- ❑ Capacity strengthening
- ❑ Technical support to countries and partners
- ❑ Partnerships and joint efforts



# SRHR in UHC – reaching the most vulnerable

- ❑ **Inclusion** of all population groups, with an attention to most vulnerable
  - E.g., adolescents, migrants, poorer populations
  - governance and laws that safeguard the most vulnerable
- ❑ **People-centredness**
  - focus on people as rights holders, not just as consumers
  - community engagement
- ❑ **Intersectionality** – e.g., how income intersects with acute vulnerability
- ❑ Poorest sections of the population should not experience a **financial** burden
- ❑ Financial protection is necessary but not sufficient
  - **Strengthening health systems** (including quality of care) is essential

# Partnerships for impact: at all levels



Building sustainable capacity for research for Health in Africa



AFRICA BUILD

GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

UN Secretary-General Ban Ki-moon



# Recent challenges with progressing the SRHR agenda

- ❑ Political landscape
  - limiting women's access to crucial SRH services, in particular, safe abortion
- ❑ Funding cuts/reductions for SRHR in view of economic downturn, the global food crisis, climate change and other emerging priorities
- ❑ Conflicts and humanitarian crises; outbreaks (e.g. Covid-19)
  - requiring new ways to maintaining and prioritizing essential sexual and reproductive health services.
- ❑ Epidemiological changes
  - obstetric transition, demographic trends (e.g., increased numbers of older people, adolescents)
- ❑ Continued challenges in the use of evidence for policy, financing and service delivery

# Creating opportunities and new approaches

- ❑ Rethinking and better presenting the evidence on the impact of good SRHR on well-being and development
- ❑ Capitalizing on the renewed commitment to PHC and recognition of the need for resilient health systems
  - Lessons from Covid-19
- ❑ Innovations such as digital technologies; different approaches to service delivery
- ❑ Growth of people-centred care, e.g. self-care interventions
- ❑ Building and supporting alliances
  - Including with groups focusing on new challenges, like climate change

# For discussion

- ❑ PMNCH role in supporting efforts to address challenges in SRHR
- ❑ Strategies to address the significant shrinking of spaces for the promotion of SRHR
- ❑ How best to amplify a diversity of voices for engagement in evidence gathering and research dissemination