PMNCH for Women's, Children's and Adolescents' Health

Hosted by the World Health Organization

Agenda item 3: Sexual and Reproductive Health and Rights (SRHR)

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Sexual and Reproductive Health and Rights (SRHR)

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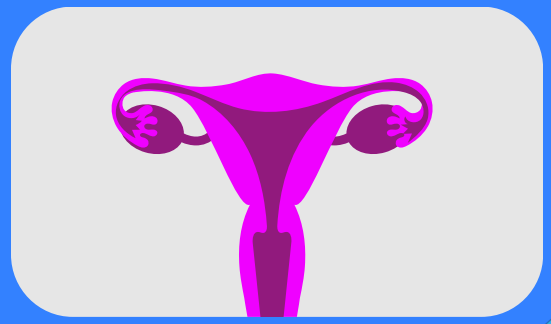

Sexual and Reproductive Health and Rights (SRHR)

Discussion Note for the PMNCH board

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Global SRHR Advocacy: A Landscape Assessment

During January-April 2024, PMNCH commissioned a landscape analysis of the sexual and reproductive health and rights (SRHR) advocacy space as an input for developing an SRHR advocacy roadmap for implementation by PMNCH and its partners in 2024 and beyond. Key elements included:

Identification and assessment of **key challenges and opportunities** for SRHR advocacy in 2024-25, building on PMNCH's strengths and value-add.

Appraisal of **existing SRHR platforms** (Nexus, She Decides, FP2030, etc.), as well as wider platforms (UHC2030, G7, Generation Equality Forum, Summit of the Future, etc.), that can be leveraged by PMNCH in pursuit of mutual goals related to SRHR.

Review of **existing SRHR country commitments** (e.g., those made for the 2019 Nairobi Summit, Generation Equality Forum, FP2030, and Global Forum for Adolescents) in terms of their alignment to the comprehensive definition of SRHR, geographic scope, mode, and duration.

Development of proposed **2024-25 SRHR advocacy roadmap**, building on past/ongoing PMNCH activities and aligned with the other issue areas and processes—maternal, newborn and child health (MNCH) and adolescent well-being (AWB).

Development of the **SRHR Strategy Paper/Discussion Note** for the PMNCH Board (4-5 July 2024)

The landscape assessment process included consultations with selected global and national partners, donors/ foundations, and multilateral organizations to inform the assessment report and advocacy roadmap, including:

Donors and Foundations

Global Affairs Canada

UK Foreign & Commonwealth Office

Sida

Bill & Melinda Gates foundation

CIFF Children's Investment Fund Foundation

USAID From the American People

NGOs and Multilateral Organizations

FP 2030

SheDecides.

Global Financing Facility

human reproduction programme hrp research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Women Deliver

UNFPA

UN Women

IPPF International Planned Parenthood Federation

NEXUS INITIATIVE

PMNCH adolescent and youth constituency reps

CAAP Lead Partners

Africa Health Budget Network

Clinton Health Access Initiative

Aga Khan Foundation

amref health africa

SRHR Approach and Framing – Multiple Options

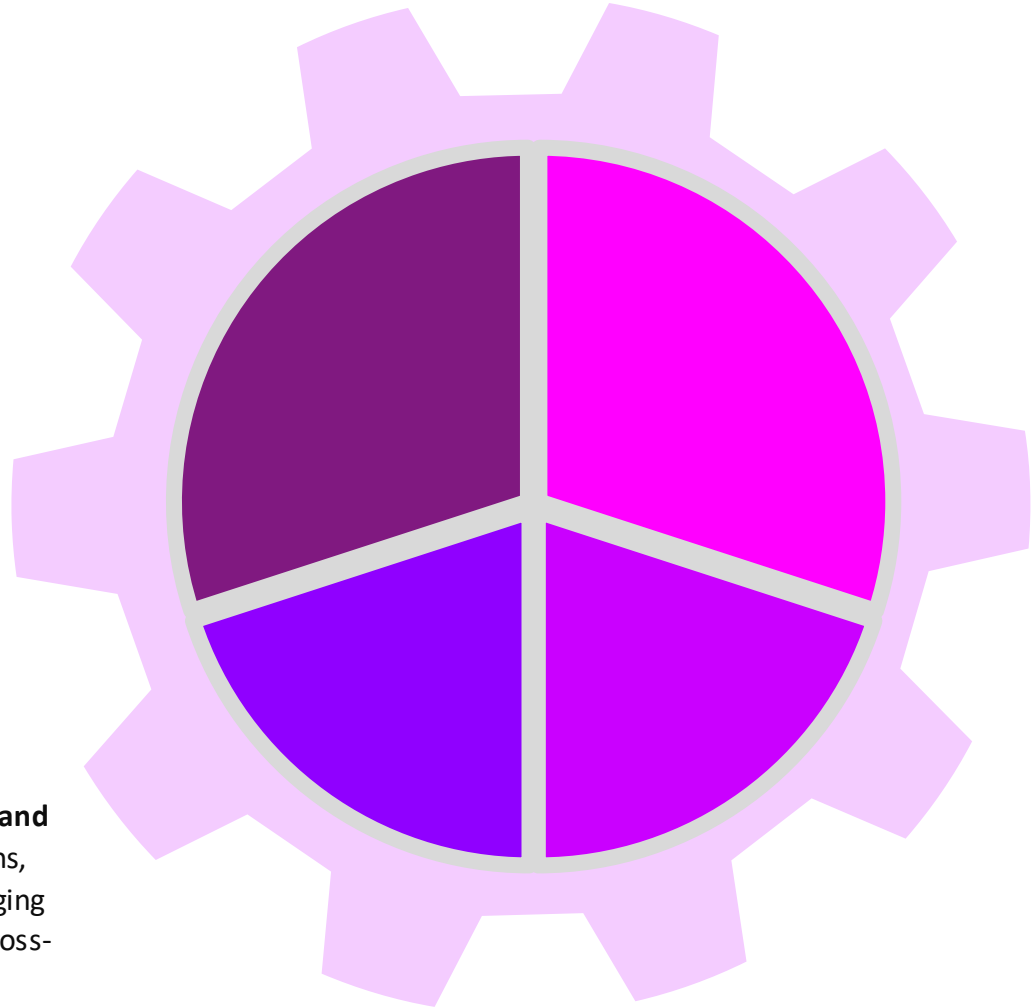
Informed by partner interviews and desk research, the graphic below summarizes visually how different partner organizations may approach SRHR – i.e., as an essential element of PHC systems/UHC packages, as a prerequisite for achieving gender equality and respecting human rights, and/or as a contributor to economic growth and environmental protection. ***PMNCH and its members may choose to utilize one or more of these framing options,*** *depending on their own context and mission, and the outcomes they are aiming to achieve.*

Public Health Outcomes

SRHR interventions improve population health and reduce maternal, newborn, and child mortality, and can thus be framed as a **component of primary health care.**

Life Course

SRHR is interconnected with MNCH and AWB, with overlapping interventions, aims, and outcomes; as such, messaging for each PMNCH focus area should cross-reference the others.



Gender Equality and Human Rights

SRHR outcomes **support** the achievement of gender equality and are **enabled** by it – i.e., the ability to avoid unwanted pregnancy, go safely through pregnancy and childbirth, and prevent STIs helps girls and women* pursue opportunities in education, employment, and political engagement. In turn, bodily autonomy and agency enable them to make and act on decisions about their sexual and reproductive health.

Secondary Links

SRHR has less obvious but still direct links to other development frames, including economic growth, poverty reduction, climate justice, and humanitarian/conflict settings. **Cross-advocacy with these communities offers opportunities** for broader engagement and ownership.

**In referencing "girls and women", this assessment defines a girl or woman as anyone who has lived experience as a girl or woman, or identifies as a girl or woman; it also recognizes and respects the varying gender identities represented in the populations served.*

PMNCH Value Add

The categories and bullets below represent a distillation of interviewees' responses when asked about their awareness of and engagement with PMNCH in the SRHR space, although most if not all of the comments are broadly applicable to PMNCH's structures and priority functions. Some of the responses reflect interviewees' future expectations of selected structures (e.g., digital advocacy hubs, Global Leaders Network) which were still under development at the time of this assessment.

POLITICAL CAPITAL AND ACCESS

- PMNCH's **high-profile board members and champions** can push for SRHR issues in more exclusive discussions and settings, including 1:1s with heads of state/ministers, heads of agencies, and other VIPs.
- PMNCH **engages in various platforms**, such as World Economic Forum (WEF), parliamentary convenings, and UN spaces, where civil society may have limited or no access.

BROAD & DIVERSE MEMBERSHIP

- PMNCH's **large membership across 10 constituencies** adds substantially to its credibility and the impact of its voice when it speaks "on behalf of" partners and movements – it is seen as representing a broad and influential consensus, not "just" NGOs, or "just" UN agencies, or "just" donors.
- The members of PMNCH also serve as an important mechanism for advocacy and accountability, **maximizing attention to and amplification of key messages**.
- With its broad network across issues areas and constituencies, PMNCH is a **conduit for sharing evidence and technical information**.

CREDIBLE VOICE

- PMNCH's advocacy has **substantial credibility,** given its partnership with and access to WHO, other UN partners, and academic/research institutions.
- Because of its commitment to women, newborns, children and adolescents, PMNCH is seen as **speaking up for the vulnerable.**

CONVENING POWER

- Because of its authority and broad membership, PMNCH is effective in **convening partners for strategic discussions and consultations**; it facilitates access to audiences that partners may not be able reach on their own.
- The digital advocacy hubs, once fully operational, offer the potential for a **bottoms-up approach**, where partners can jointly define needs and opportunities, engage in participatory planning processes, and foster country engagement.
- The **Global Leaders Network** has the potential for unprecedented access for key PMNCH messages and priorities by engaging Heads of State; PMNCH needs to ensure GLN members cover all 3 of its focus areas, including SRHR.

External context for SRHR advocacy

The **anti-rights movement**, particularly as it expands its reach in Africa, is **directly targeting SRHR issues,** especially abortion access, adolescent SRH (including CSE), and LGBTIQ+ rights. It is a threat to public health, gender equality, and democracy.

- The anti-rights movement is systematically seeking to dilute rights-based language within the UN system, directly and through its influence on government officials and elected representatives.
- Influenced by patriarchal ideologies, anti-rights agendas are anchored in heteronormative family values and exploit various social and political circumstances.
- These include the shrinking sphere for civil society, ascent of far-right political factions, and the prevalence of disinformation and the erosion of free and independent press. (1)

Stagnating/declining domestic and donor financing for WCAH, including SRHR, as attention and resources shift to climate change, humanitarian/crisis settings, and other global priorities. (1)

- Domestic funding for family planning declined by 3% between 2021 and 2022, to $1.68 billion.
- Donor government funding specifically for family planning also declined by 9% from 2021 to 2022, from $1.48 billion to US$1.35 billion (3)

Geopolitical tensions are causing policy & political conflict in a range of UN member state settings.

- At least 64 countries, and the European Union, will take part in elections in 2024, offering unprecedented opportunity for political engagement on SRHR. (4)
- Multilateralism writ large is facing a serious challenge—exacerbated by humanitarian and conflict crises (e.g., Gaza, Ukraine, Sudan, Yemen, etc.).
- Declining fertility in some countries is leading to pro-natalist policies and reduced commitment to SRHR. (5)

There are **growing conflict, humanitarian, and climate crises,** causing displacement, gender-based violence, greater inequity, and other social & economic disruption *affecting women and adolescent girls in particular.*

- 70% of women in humanitarian contexts experience gender-based violence, compared to 35% worldwide.
- Adolescent girls in conflict zones are 90% more likely to be out of school than girls in non-conflict settings.
- 60% of preventable maternal mortality (500 deaths per day of women and adolescent girls) takes place in settings of emergency, conflict, displacement, and natural disasters. (6)

Opportunities & Recommendations: **SRHR advocacy outcomes**

Respondents emphasized the need for PMNCH to articulate clear advocacy outcomes for its workplan – i.e., not just identifying specific products, events, or messages, but highlighting a focused set of advocacy outcomes that PMNCH and its members are aiming to achieve in 2024-25 (and beyond). The bullets below represent the top priorities recommended in interviews, validated by PMNCH leadership and members, and serve as the basis for the 2024/25 SRHR Roadmap.

1. **Effective containment of the anti-rights/opposition movement's attacks on SRHR**, supporting adoption of progressive national policies and UN resolutions and countering misinformation on a range of SRHR issues

   a. Analysis of anti-rights messaging and identification of effective data/messaging to counter dis- and misinformation campaigns
   b. Inclusion of progressive language on comprehensive SRHR as well as key components (abortion access, sexuality education, bodily autonomy) in UN, G7/G20, and regional resolutions
   c. Significant grass-roots voices (including women's and youth groups) and parliamentarian support for laws/policies protecting SRHR

2. **Increase domestic financing and maintain/expand donor funding** for key SRHR interventions and commodities

   a. Articulate the short-, medium-, and long-term impact of investing in SRHR to influence donor/domestic funding
   b. Alignment and partnership with other advocacy platforms to advocate for donor and domestic financing commitments (e.g., UK government and CAAP partners, respectively)
   c. Ensure SRHR is on the agenda for replenishment campaigns for global financing mechanisms in 2024/25

3. **Mainstream and normalize SRHR** as a contribution to health and development outcomes and ensure the essential package of SRHR interventions is included in national, regional and global PHC/UHC strategies and mechanisms, recognizing the need for progressive realization* based on national contexts

   a. Highlight the virtuous cycle of SRHR and gender equality and address the implications of stagnating funding
   b. Track and leverage SRHR commitments through advocacy and accountability activities and by key in-country partners (i.e., CAAP partners)
   c. Promote SRHR messages and advocacy framings through political influence in key UHC discussions, leveraging other development agendas for advocacy, and providing members with a platform for solidarity and support

*Progressive realization is defined as States having a specific and continuing obligation to move as expeditiously and effectively as possible toward the full realization of the right to health (UN High Commissioner for Human Rights)

Questions to the Board

- Given PMNCH's structure, mandate, and level of resources, how deeply engaged should it be in efforts to counter the anti-rights/opposition movement on sensitive SRHR issues? Do you agree that PMNCH should focus on promoting the comprehensive definition of and essential interventions for SRHR, and while letting members/partners zero in on issues such as safe abortion, LGBTIQ+ rights, and sexuality education?

- Is it realistic and politically feasible to identify specific targets for donor and/or domestic resource allocation for WCAH and/or SRHR – i.e., a percentage of ODA or health ODA, or a percentage of domestic health budgets? What analytical products are needed (e.g., investment case/analysis of ROI) to contribute to advocacy efforts?

- How should PMNCH engage effectively with and amplify key global and regional advocacy and accountability platforms to achieve SRHR advocacy outcomes? Options include: G7, G20, IPU, WHA, UNGA, FP2030, and UHC2030.

*ANNEX: Comprehensive Definition of SRHR**

The assessment and report were informed by and align with **the comprehensive definition of SRHR*** articulated in the Guttmacher-Lancet SRHR Commission 2018 report.

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

Achieving sexual and reproductive *health* relies on realizing sexual and reproductive *rights*, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence

The essential package of sexual and reproductive health interventions includes:

- Comprehensive sexuality education
- Counseling and services for a range of modern contraceptives, with a defined minimum number and types of methods
- Antenatal, childbirth, and postnatal care, including emergency obstetric and newborn care
- Safe abortion services and treatment of complications of unsafe abortion
- Prevention and treatment of HIV and other sexually transmitted infections
- Prevention, detection, immediate services, and referrals for cases of sexual and gender-based violence
- Prevention, detection, and management of reproductive cancers, especially cervical cancer
- Information, counseling, and services for subfertility and infertility
- Information, counseling, and services for sexual health and well-being

*The Guttmacher-Lancet Commission definition of SRHR has been widely adopted by donor agencies, NGOs, and other stakeholders. It is largely aligned with SRHR frameworks used by WHO and UNFPA.

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