Women's, Children's and Adolescents' Health
Hosted by the World Health Organization

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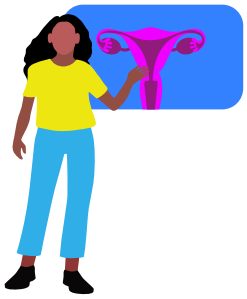
Sexual and Reproductive Health and Rights (SRHR) Discussion Note for the PMNCH Board (4-5 July 2024)

Introduction and objectives:

Sexual and Reproductive Health and Rights (SRHR) constitutes one of the three focus areas for PMNCH, alongside Maternal, Newborn and Child Health (MNCH) and Adolescent Well-being (AWB). PMNCH's holistic approach is crucial for enhancing health and well-being outcomes across maternal, newborn, child, and adolescent populations. This approach aligns with the comprehensive definition of SRHR outlined in the Guttmacher-Lancet SRHR Commission 2018 report[1], which delineates nine essential interventions for achieving SRHR.

Reflecting feedback provided by a range of PMNCH partners during an external assessment conducted during January-April 2024, it is recommended that PMNCH focus on the **comprehensive definition of SRHR** and the **full set of SRH interventions**, rather than prioritizing any individual component (such as abortion access, comprehensive sexuality education, or gender-based violence). This paper proposes that PMNCH and its members concentrate their efforts in 2024-2025 on three SRHR advocacy outcomes: 1) political and policy support for SRHR, including containing the anti-rights movement[2]; 2) increased domestic and donor financing; and 3) greater access to SRHR services through the integration of SRH interventions into primary health care (PHC) and universal health coverage (UHC).



Given PMNCH's historical prioritization of MNCH advocacy, along with the spotlight on AWB during 2023, there is both a need and an opportunity for PMNCH to invest greater attention and effort on SRHR advocacy over the next two years. These efforts should build on the key organizational strengths identified by partners: PMNCH's political capital and access to high-level decision-makers, the credibility of its advocacy voice, its broad and diverse membership, and its convening power and coalition-building expertise. The SRHR advocacy opportunities and priority outcomes suggested here are aligned with and support advocacy for women's, children's and adolescents' health and well-being, now and in the post-2030 development agenda.

[1] Starrs et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, 2018 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext.

[2] In this context, the "anti-rights movement" is defined as conservative groups that oppose comprehensive SRHR and the human rights of women, girls and LGBTIQ+ people; see https://rutgers.international/wp-content/uploads/2023/03/Rutgers-toolkit-Dealing-with-anti-rights-movement-in-international-spaces.pdf.

Recommended priority SRHR advocacy outcomes for 2024-25:

A. Effective **containment of the anti-rights movement,** including tackling dis- and misinformation campaigns and promoting inclusion of progressive language on SRHR issues in negotiated UN documents
B. **Increase domestic financing** for key SRHR interventions and commodities, while also maintaining/ expanding donor funding
C. **Mainstream and normalize SRHR** as contributor to global health and development outcomes and as an essential component of national health packages.

Current context:

Gaps in SRHR exact a significant toll on individuals, communities, and economies, especially those who are marginalized and most vulnerable. For example, 70% of women and girls living in humanitarian and crisis settings experience gender-based violence, compared to 35% worldwide.[3] Almost 50% of women in 57 countries face constraints on their bodily autonomy and reproductive agency, such as their ability to make their own decisions about whether to have sex, use contraception, and seek reproductive health care.[4] SRHR, alongside associated gender and human rights concerns, face direct challenges worldwide. Some of these challenges affect health as a whole, including constrained fiscal space, the disruption caused by conflict and humanitarian crises, and the urgent need to address climate change[5], as well as shrinking space for civic engagement and, in some settings, growing restriction on civil society organizations. Importantly also last few years have witnessed an erosion of human rights around the world.

A) Within the context of **sexual and reproductive health this is manifested as a pushback against human rights and gender equality** operating across global, regional, national, and local spheres[6], which specifically targets core elements of SRHR such as women's and girls' agency, abortion access, comprehensive sexuality education (CSE), and LGBTIQ+ rights. This movement is systematically seeking to dilute rights-based language (including SRHR) within the United Nations (UN) system, directly and through its influence on government officials, jeopardizing advances in global health and development. PMNCH has an important role to play in promotion and protection of sexual and reproductive health and rights and ensuring human rights are at the center of global, regional and national policy and programming efforts.

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[3] Global Humanitarian Overview 2021, UN Office for the Coordination of Humanitarian Affairs, December 2020. https://2021.gho.unocha.org/global-trends/gender-and-gender-based-violence-humanitarian-action/

[4] My body is my own: Claiming the right to autonomy and self-determination, UNFPA State of the World Population 2021, https://www.unfpa.org/sowp-2021.

[5] Narasimhan M., Say L. & Allotey P., Three decades of progress and setbacks since the first international conference on population and development, Bulletin of the World Health Organization 2024, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10976866/pdf/BLT.24.291654.pdf and World Health Organization, Protecting maternal, newborn and child health from the impacts of climate change: A call for action, 2024. https://www.who.int/publications/i/item/9789240085350.

[6] Wilton Park. Working Together to promote comprehensive, universal, sexual, and reproductive health and rights, April 2023. https://www.wiltonpark.org.uk/reports/working-together-to-promote-comprehensive-universal-sexual-and-reproductive-health-and-rights/summary/.

Potential PMNCH response to the anti-rights movement:

- Utilizing its strength in translating data and evidence, PMNCH can leverage its connections and expertise to develop tailored, context-specific messaging to refute dis- and misinformation on SRHR, and to define and disseminate language on sensitive SRHR issues that appeals to stakeholders who are neutral or focused on other priorities
- While remaining committed to the core principles of SRHR and to evidence-based interventions, PMNCH can play a critical role to build consensus via different constituencies on complex issues (e.g. Comprehensive Sexuality Education) to appeal to those who are uncommitted or not deeply engaged in the topic (the "mushy middle"). The SRHR digital advocacy hubs can be leveraged to create partner dialogue and consultation within and across constituencies – e.g., to identify critical questions/challenges for advocacy; share information on the messages and approaches used by the anti-rights movement and how to counteract them effectively; and raise awareness of lessons learned, especially from advocacy successes (such as the Green Wave movement).
- PMNCH can increase the political salience of SRHR issues through the engagement and support of high-level champions, such as Global Leaders Network members, PMNCH Board champions, and parliamentarians.[7] Collaborative Advocacy Action Plan (CAAP) lead partners in-country can utilize their networks and PMNCH resources to influence domestic SRHR policy. And, PMNCH can disseminate SRHR advocacy priorities through appropriate partners (e.g. Nexus and Global Partnership Forum) and channels directly to WHA and UNGA delegations to promote inclusion of progressive language on SRHR in WHA and UN resolutions, Summit of the Future outcome documents, and G7/G20 communiqués.

B) We are seeing **stagnating (or even declining) financing for WCAH**, including SRHR, both in terms of domestic and donor budgets. This trend reflects a number of challenges, including climate change, humanitarian conflicts, and shrinking fiscal space due to debt burden. For example, domestic government funding for family planning declined by 3% between 2021 and 2022, to US$1.68 billion.[8] Donor government funding for family planning also declined in 2022, to US$1.35 billion, a decline reduction of 9% from 2021 (US$1.48 billion)[9]. The 2022 figure marks the lowest level of donor funding for family planning since 2016 (US$1.31 billion).

Potential PMNCH response to the declining funding for SRHR:

PMNCH can utilize its direct links to heads of state and other champions in LMICs, as well as its donor and foundations constituency, to:

- Push for substantial and sustainable targets for domestic financing for SRHR, such as clear government commitments to the procurement of SRHR commodities (contraceptives, medication abortion, MNH products, etc.) and the provision of SRHR services. CAAP lead partners in relevant geographies must push for

[7] See, for example, the joint statement by PMNCH and the Inter-Parliamentary Union (IPU) opposing the repeal of the law in Gambia banning female genital mutilation (https://pmnch.who.int/news-and-events/news/item/30-03-2024-statement-from-pmnch-ipu-leadership-on-repeal-of-law-banning-female-genital-mutilation-in-the-gambia).

[8] Domestic Government Expenditures, FP2030 Measurement Report 2023, https://progress.fp2030.org/finance/ .

[9] Donor Government Funding for Global Family Planning Declines to Lowest Level Since 2016, April 2024, https://www.kff.org/global-health-policy/press-release/donor-government-funding-for-global-family-planning-declines-to-lowest-level-since-2016/.

implementation of national SRHR commitments and for the full inclusion of SRHR interventions through PHC systems and UHC benefits packages.

- Work with FP2030, Countdown 2030 Europe, and other advocacy platforms to mobilize specific, measurable, and sustained donor financing commitments for SRHR especially in humanitarian and fragile settings; funding should prioritize local youth-and women-led organizations, especially for combating the anti-rights movement.
- Work with the replenishment campaigns for global financing mechanisms in 2024/25 (Global Financing Facility for Women, Children and Adolescents (GFF) World Bank's International Development Association (IDA); Global Fund to Fight AIDS, Tuberculosis and Malaria;and Gavi Alliance) to prioritize SRHR in their campaign messaging and commitments, and hold them accountable for SRHR financing aligned with the comprehensive definition of SRHR.
- Advocate for intersectoral and public-private partnerships to explore innovative SRHR financing mechanisms and bridge funding gaps, while ensuring that governments, rather than financial institutions and actors, determine which kinds of health care are available to those in need.

C) Geopolitical tensions are generating policy and political clashes in a range of global and regional settings, including the World Health Assembly in Geneva and the UN General Assembly in New York. At least 64 countries, as well as the European Union, will hold elections in 2024[10], placing political support for SRHR at even greater risk. Multilateralism writ large is facing a serious challenge, exacerbated by **humanitarian and conflict crises** (e.g., Gaza, Ukraine, Sudan, Yemen, etc.) as well as climate change. These multiple crises are contributing to displacement, gender-based violence, greater inequity, and other social and economic disruption that affect women and adolescent girls, in particular.

Potential PMNCH response to the policy and political clashes for SRHR:

PMNCH is well-positioned to mainstream and normalize SRHR as a global health development and priority, by framing SRHR as a contributor to other health and development outcomes. Options include:

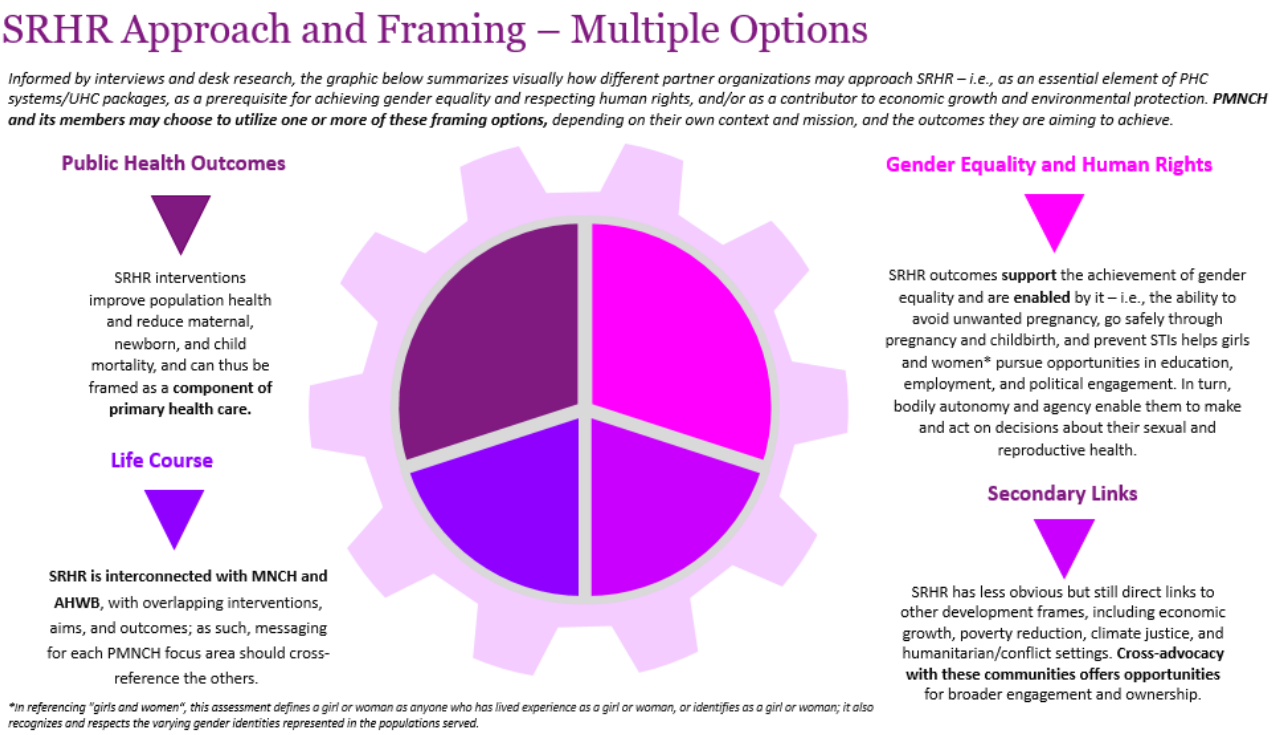
- Link SRHR to UHC and leverage that framing with WHO, UNFPA and other UN agencies, as well as regional bodies. For impact at the country level, support CAAP lead partners to advocate for strengthening the healthcare workforce for provision of SRHR services, advance integrated service delivery, and ensure progress toward provision of the essential package of SRHR interventions by 2030.
- Clearly articulate the “virtuous cycle” of SRHR and gender equality, tapping into feminist groups, youth coalitions, and women’s rights activists as advocacy partners and supporting their framing and messaging.
- Ensure that PMNCH advocacy materials provide members with a platform for solidarity and support with broader development challenges, including analyses of how SRHR contributes to climate resilience, mitigating the damage of humanitarian/conflict crises, and economic development.

[10] Time, December 2023, https://time.com/6550920/world-elections-2024/.

- Be responsive to new data and research and use it to elevate key issues and drive advocacy messages (e.g., stagnating progress on maternal/newborn mortality, massive financing gaps for contraceptive commodity procurement, stagnating funding for SRHR as a whole). Consider developing an investment case for SRHR.

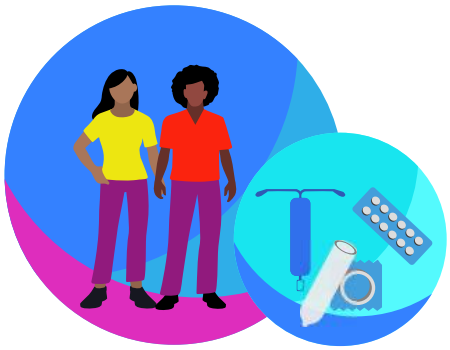
Opportunities for cross-thematic and cross-functional action:

Advocacy for inclusion of WCAH in PHC/UHC packages should highlight all three of PMNCH's thematic areas, including SRHR, and the linkages across them via the life course approach. All three are directly linked to other health and development challenges, including poverty reduction, climate change, and humanitarian and fragile settings. All three thematic areas interact with gender equality and human rights, both influencing and being influenced by issues of bodily autonomy, women's and girls' agency, GBV, etc. Ensuring universal access to SRHR leads to significant improvements in the health and well-being of women and girls. Additionally, gender equality and the empowerment of girls and women cannot be achieved without the realization of SRHR. The following visual summarizes the various framing options for SRHR *(from PMNCH's Global SRHR Advocacy Assessment—Final Report).*



All of PMNCH's structures and platforms – including the Global Leaders Network, the CAAP in-country advocacy and accountability processes, the digital advocacy hubs, the PMNCH board, constituencies, and membership network – must address all three thematic areas. If full support for the SRHR agenda is not within the mandate of any specific member organization, it should at least be expected not to actively oppose elements of comprehensive SRHR.

Key questions:



- 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.

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Annex: Key milestones for SRHR advocacy 2024 - 2025