SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The vision of the Partnership for Maternal, Newborn and Child Health (PMNCH) is a world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind. The COVID-19 pandemic has laid bare the structural barriers inside and outside of the health system that disadvantage women, children and adolescents, particularly those most marginalized. In response to the pandemic and the needs of partners, PMNCH has issued a seven-point Call to Action calling on governments to strengthen political commitment, financing and policies to protect and promote the health and rights of women, children and adolescents and to strengthen health systems during the COVID-19 response and recovery phases.

Why is SRHR a focus area for 2021–2025?

The Guttmacher-Lancet Commission found in 2017 that meeting the unmet need for contraception of 214 million women in developing regions would avert 67 million unintended pregnancies annually. It would also reduce maternal deaths by an estimated 76 000 each year. Although investing in sexual and reproductive health and rights (SRHR) produces substantial benefits, and many countries are including common elements of SRHR (primarily family planning and maternal and newborn health) in their universal health care (UHC) packages and plans, inclusion of a comprehensive package of SRHR interventions is rare, usually because of budgetary constraints and/or lack of respect for sexual and reproductive rights. Now, in the midst of the COVID-19 pandemic, the shifting of funds to pandemic response is further hampering women’s and adolescents’ access to sexual and reproductive health care, including services relating to gender-based violence. An estimated 12 million women have experienced disruptions in family planning services due to the pandemic, leading to 1.4 million unintended pregnancies, according to new estimates from the United Nations Population Fund.

What needs to be done?

By strengthening national policies, laws, strategies and programmes to increase access to evidence-based SRHR interventions, countries can significantly reduce morbidity and mortality due to unintended pregnancies, sexually transmitted infections, including HIV, and unsafe abortion. Ensuring universal access to high-quality, age-specific SRHR information, services and commodities will enable adolescent girls to complete education, and enable women to decide if and when to have children and to participate in the labour force: all key for the development of inclusive societies and sustainable growth. Stakeholders across sectors need to work together to address financial and programmatic gaps in the SRHR agenda and to improve the tracking and analysis of resource flows for SRHR.

How is PMNCH making a difference?

PMNCH continues to work to uphold essential SRHR interventions and ensure ongoing progress in financing and equitable access to comprehensive SRHR packages. PMNCH, through its partners, drives effective evidence-based advocacy to uphold people’s rights to essential sexual and reproductive health interventions. This is done by undertaking coordinated and integrated advocacy campaigns to strengthen political commitment and policies, and to increase funding for the full spectrum of SRHR interventions, including safe abortion services. PMNCH pays special attention to the human rights dimensions of the SRHR agenda, particularly those reflecting the additional pressures being caused by the COVID-19 pandemic.

PMNCH engages in extensive advocacy efforts to advance SRHR in UHC and for increased financial commitments to SRHR. In 2019/20, PMNCH supported partners by launching a Call to Action for the inclusion of SRHR in national UHC packages, and lobbied successfully for SRHR language to be explicitly included in global policy documents. PMNCH also supported a special issue of Sexual and Reproductive Health Matters focused on SRHR in UHC from a rights perspective.

**Highlights of PMNCH’s deliverables in 2021-2025**

**Campaigns and outreach**

PMNCH mobilizes and equips global advocates and champions to stimulate governments to announce and implement financial and policy commitments to SRHR by:

- organizing events that will share the latest evidence on SRHR, enable advocates, programmers and political leaders to exchange experiences and best practices, and stimulate coordinated action for increased coverage of the full package of SRHR interventions (e.g. annual Lives in the Balance Summits and accountability breakfast, events dedicated to SRHR, such as the townhall meeting organized by PMNCH with the Independent Panel on Pandemic Preparedness and Response in January 2021, which produced insights into the impact of COVID-19 on SRHR to inform the Panel’s report);
- championing advocacy through direct outreach and media engagement, aimed at mobilizing government commitments for fully financed national health plans to ensure universal access to SRHR, including opinion pieces, press releases and interventions in relevant fora (e.g. in March 2021, PMNCH Board Chair the Rt Hon Helen Clark intervened in plenary and parallel sessions during the Mexico City launch of the Generation Equality Forum, positioning SRHR within the gender movement, and in January 2021, PMNCH issued a statements about the repeal of the Mexico City policy, also known as the Global Gag rule);
- strengthening media capacity to report on women’s, children’s and adolescents’ health, including SRHR, through national workshops, partnership generation and content creation (e.g. a press release announcing the Government of Nigeria’s commitment to some of the issues, including SRHR, highlighted in PMNCH’s COVID-19 Call to Action, resulted in 38 stories in April 2020);
- continuing to support partner campaigns, such as What Women Want and the SWASTI-led “The impact of COVID-19 on sexual and reproductive health and rights: a social listening report”, through social media; and mobilizing commitments for SRHR, building on PMNCH’s efforts in late 2020 which generated US$ 20.6 billion in commitments to women’s, children’s and adolescents’ health and the COVID-19 Call to Action, including by collaborating with FP2030. Ff 11 commitments made in December 2020, eight included a focus on SRHR.

**Partner engagement**

PMNCH mobilizes members to advocate for the delivery of a comprehensive package of SRHR interventions by:

- supporting PMNCH members, in particular civil society organisations, to advocate for SRHR, including by sharing evidence and resources; and
- enabling partners to communicate with each other through online communities of practice.

**Knowledge synthesis**

PMNCH generates and synthesizes knowledge to inform SRHR advocacy and programmes by:

- developing and disseminating advocacy tools to support partner advocacy for delivery of comprehensive packages of SRHR interventions (e.g. updating SRHR information and resources in the COVID-19 live digital compendium, developing an advocacy brief on SRHR

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3 These include the World Health Assembly’s and Inter-Parliamentary Union’s UHC resolutions, as well as the United Nations General Assembly Declaration on UHC.
interventions in the WHO UHC compendium of interventions, and commissioning a short film about the role of self-care in preventing violence against women;

• disseminating key SRHR resources, including the forthcoming manual on integrating social accountability in contraceptive provision; and