

Sexual and Reproductive Health and Rights

Working Group Presentation



Overview

- **214 million** women in developing countries who want to avoid pregnancy, are not using a modern method of contraception
- 19% of women in developing countries become pregnant before 18
 - 7.3 million of which occur to adolescents < 18 and 2 million to those < 15
- HPV infection is responsible for an estimate 530,000 cases of cervical cancer and 264,000 cervical cancer deaths each year
- 357 million new cases of 4 curable STIs among people aged 15—49 years.
- I/3 women are subject to physical or sexual violence by an intimate partner and 200 million girls and women are subject to FGM
- 7% of girls in developing regions marry before age 15 years



New definition and actions Guttmacher-Lancet Commission

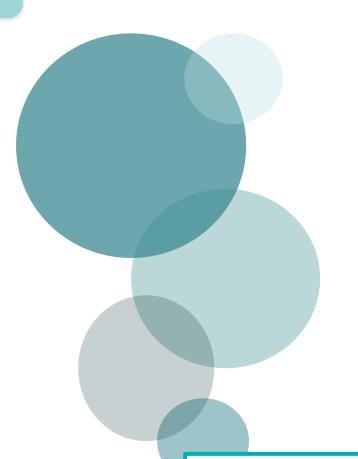
- Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.
- All individuals have a right to make decisions governing their bodies and to access services that support that right.
- Achievement of SRH relies on the realisation of sexual and reproductive rights which are based on the human rights of all individuals



Essential SRH services must meet *public health* and *human rights* standards



Challenges and Opportunities



- Growing international pressure has weakened political and financial support for SRHR.
- SRHR is not sufficiently prioritized in national health development plans
- Challenges exist for tracking and analyzing existing data on resources flows for SRHR
- UHC provides a unique opportunity to expand access to an essential package of sexual and reproductive health interventions

SRHR is one of the most powerful opportunities in ensuring health and wellbeing of women, adolescents and girls and in creating a productive, equal and healthy society.



What can and should be done?

Stakeholders across sectors must *unite* to address financial and programmatic gaps across the SRHR agenda so that the fundamental rights of every girl and woman are *promoted*, *provided*, *protected* and enhanced.

This can be done by:

Creating an enabling environment

Building individual, household and community capacity for SRHR, including changing social norms

Strengthening services and programmes for SRHR





PMNCH Added Value

The Partnership's contribution can be grouped into four broad categories:

Increased political commitments and intersectoral collaboration and harmonization for SRHR in UHC

Synthesising and disseminating knowledge and evidence for action

Advocacy for critical issues

Driving accountability



SRHR Working Group Questions

- Identify 2 to 3 frontier issues regarding SHRH in UCH that should be given priority by PMNCH. Why should they be given priority? Keeping in mind the 4As (Alignment, analysis, accountability, advocacy), what role do you envision PMNCH would play in addressing these issues?
- What suggestions do you have for sharpening the proposed deliverables for the SRHR workstream to ensure PMNCH's Business Plan 2018-2020 contributes to achievement of the EWEC 2020 targets?
- What role should PMNCH play in securing commitments related to SRHR in UHC? What accountability activities or measures should PMNCH lead or prioritize?
- How can PMNCH best leverage the Partners forum including the lead up to mobilize and engage the PMNCH constituencies to take on the SRHR in UHC agenda?
- What are the most important political milestones/actions for the UHC/SRHR agenda to be incorporated into the PMNCH political engagement strategy?



