8th International Dialogue on Population and sustainable Development – Making sexual and reproductive rights a reality: what does it take? Berlin 5-6, 2010

ISSUE NOTE FOR SESSION 7 PREPARED BY: Sara Seims, Director, Population Program, William and Flora Hewlett Foundation

**Session 7: Linking rights based approaches to sexual and reproductive health to national and international action to achieve the MDGs especially those focused on Maternal and Child Health and HIV.**

*Issue 1: what are experiences in working with a rights-based approach in the areas of maternal health and safe motherhood?*

a. rights-based approaches have been effective in motivating and maintaining enthusiasm within the SRHR community . This is particularly the case for NGOs in the North and for some NGOs in the Global South, as well as the "like-minded" European bilaterals. It is not clear that a rights-based framework for maternal health, safe motherhood and other aspects of sexual and reproductive health is meaningful for developing countries, particularly ministries of finance, which is where resource allocation decision making is centered.

b. Unfortunately, this support for rights-based approaches has not translated into significant consistent improvements in all aspects of maternal and child health and HIV, particularly for the world's poorest people . For example, between 1990 and 2005 maternal mortality declined only by 2.13 percent in sub Saharan Africa (SSA). South Asia and SSA together account for 87 percent of the world's maternal deaths. Much more progress was made in reducing maternal mortality in other regions. However, improvements in maternal mortality lagged behind improvements in infant mortality and under-five mortality in all regions of the world. Similarly, reductions in HIV prevalence among adults have not been consistently widespread. In SSA, HIV prevalence declined from 5.54 % to 4.95% between 2000 and 2007. In East Asia and Latin America where prevalence rates are considerably lower, there has basically been no change between 2000 and 2007.

c. it is impossible to track the flow of donor and government funds to sexual and reproductive rights. The data collection systems do not allow for this to happen. As a result, we do not know how much money (or how little) goes to ensuring any of the basic elements of a rights-based approach to health. It is not practical in the short to medium term to expect any significant changes in these data collection systems so other accountability mechanisms need to be found.

d. Given the structures of development cooperation such as basket funding to health sectors and more focused efforts to reduce poverty and promote economic growth, there is an urgent need to document how sexual and reproductive rights affect health and how the health status of individuals has an impact on reducing household poverty and spurring economic growth. For example, a study in South Africa

finds that childbearing among teens has an adverse effect on their children's health and on the educational attainment of the teen parents. Another study in Vietnam illustrates how parents with fewer children are able to invest more in their education, thus setting the stage for future economic growth. There are surprisingly few first-rate studies of this nature.

**Recommendations:**

i. Develop practical outcome metrics to measure progress in the RtH, including SRHR, gain consensus for these measures, and hold donors and governments accountable. There should be different measures for short, medium and long term periods.
ii. Improve and monitor ODA flows so that resources for maternal health, safe motherhood and other aspects of sexual and reproductive health, reach the poorest of the poor.
iii. Invest in strengthening the evidence concerning the links between RtH/SRHR and poverty reduction and economic growth. Communicate more effectively the existing studies especially to economists in the development banks and to ministries of finance and plan.

*Issue 2 "my body belongs to me": how can we better understand the interrelations of women's rights and the right to health?*

a. Laws and policies that directly or indirectly affect women's rights also have an impact on their health. For example, laws and policies concerning the legal age at marriage, control of economic resources and gender-based violence have clear health implications. Even when countries have reasonable laws and policies, enforcement mechanisms are often weak. In most developing countries the civil society structures that monitor rights and advocate for reform are underfunded and often lack experience. This leaves women, particularly poor women, extremely vulnerable.

b. there is a need to identify practical steps to make rights a reality. Better laws and policies and enforcement mechanisms are important. Other sectors can also play a useful role. For example, expanding access to quality education for girls and boys would reap enormous benefits. Educated girls are less likely to accept infringements on their liberty such as being married off at a very young age and experiencing multiple unwanted pregnancies and unsafe abortions. Education also equips people to better navigate health systems and to be more demanding of the health sector.

*Recommendations:*

i. Donors should invest heavily in strengthening civil society structures in the Global South. This support should include practical training to get governments to adhere to their RtH obligations and to promote SRHR.
ii. SRHR community should expand their collaboration with other stakeholders, especially those promoting improvements in access and quality of education to the world's poorest and most vulnerable children.

*Issue 3:How to bring rights into MDGs, maintaining the momentum beyond 2014/2015?*

a. The various reviews of the MDGs offer opportunities to update stakeholders on how RtH/SRHR promote the achievement of the targets and how the lack of rights negatively affects progress. For example, stigma greatly complicates both HIV/AIDS treatment and prevention efforts. The provision of safe motherhood services is affected not only by resources but also by the on-the-ground ability of women to access these services. This information is found in many different sources but is not yet collated in a reader-friendly manner.

b. It appears that the UNFPA will not be holding an international conference on population and development in 2014, when the Cairo Programme of Action expires. It is also not clear at this point in time whether the MDGs will continue beyond 2015. Recent interviews with SRHR stakeholders from the North and the South uncovered a strong desire to have a major event or series of events in 2014 that could a. inspire the entire field about the importance of SRHR, b. educate and mentor younger people, and c. prepare practical, concrete and data-based recommendations of the importance of SRHR and the RtH that would prepare our community to successfully advocate for a more prominent place in the post 2015 development frameworks.

*Recommendations*

i. Prepare policy relevant briefs using available data to illustrate how the availability of rights, including SRHR, promotes the achievement of the health MDGs and, conversely, how the lack of these rights impedes achievements. This should be completed within the next year so as to inform the planning processes for 2014/2015.
ii. Donors should support in 2014 a conference similar to the Cairo+5 Hague meeting. The purpose would be to take stock of RtH/SRHR progress in the last 20 years, prioritize remaining actions to improve RtH/SRHR and review the relationship between RtH/SRHR on poverty and economic growth.