“SDGs can make up where MDGs fell short”

SRHR in the 2030 Agenda – Report on Be-cause health’s seminar of November 18th 2015, BTC

The sustainable development goals (SDGs) give us the chance to do better than the Millennium Development Goals. That was one of the main messages at the Be-cause Health seminar on SRHR in the new 2030 Agenda. From its start in January 2016, we will have about 5000 days to realize that new agenda. The seminar identified opportunities and challenges on the way ahead.

Opportunities across goals

UNFPA-representative Nadine Krysostan highlighted the opportunities the new 2030 Agenda provides for realizing people’s sexual and reproductive health and rights (SRHR).

Not only do we have specific targets on these issues (e.g. 3.7 and 5.6), the agenda also allows the promotion of SRHR as a means to accelerate progress on other goals. Think of the importance of SRHR for ending poverty everywhere (goal 1), access to equitable and quality education (goal 4) and reducing inequality within and among countries (goal 10). Consequently we should, both as advocates and policy makers, focus our work on SRHR across all 17 goals.

Challenges ahead

The road is going to be bumpy. That much is clear. Presenters and panellists identified a range of challenges, the first one being the need to agree on a sound and measurable range of global indicators for all the goals’ targets. The discussions on indicators are in full swing.

Good Indicators

Good indicators to measure progress on target 3.7 (*By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*) would be the percentage of women aged 15-49 who have their need for family planning satisfied with modern methods, and the number of young people aged 10-14 and 15-19 giving birth.

For target 5.6 (*Ensure universal access to sexual and reproductive health and reproductive rights*) good indicators would be the proportion of women aged 15-49 making their own sexual and reproductive decisions; and the proportion of countries with laws and regulations that guarantee all women and adolescents access to sexual and reproductive health services, information and education.

Data

Those most in need often go uncounted, and more generally there is a huge data gap in many countries. Measuring maternal mortality e.g. or the adolescent birth rate is hard when civil birth or death registrations are lacking. Countries need support to improve data collection and management.

Exemplary are the numbers on maternal mortality in the DRC. Whereas the number of maternal deaths was thought to be at 549/100.000 deaths per live births in 2007, 2014 estimations showed that it might be as high as 846/100.000, making it one of the highest in the world.

Country ownership of the 2030 Agenda

At country-level many people, including policy makers, are still unaware of the newly decided agenda. A huge investment is needed in mobilizing politicians, civil society actors and the public at large to ensure ownership of the agenda.

Obstacles at country-level

Guests speakers from Senegal and DRC, Magatte Mbodj (Member of Parliament Senegal, executive Director of Alliance National Contre le Sida) and Mbengi Loyama Doudou (Chef de bureau Appui Technique Division Provincial de la Santé Tshopo, DR Congo) identified a range of obstacles in their countries as to the realization of the 2030 Agenda.

First of all countries like Senegal and DRC cannot do it on their own. Continued international financial support will be needed. Secondly, there is a need to push the government to respect the Abuja Declaration, in which the members of the African Union committed to increase national funding for health to at least 15% of the national budget.

Thirdly there are cultural obstacles to be tackled, such as negative perceptions regarding family planning, taboos around young people's sexuality and ambiguities in the law with regards to the rights of vulnerable groups. The latter will take time to change. DRC's national legislation e.g. still prohibits the use of family planning and criminalizes young people's sexuality. This points at the importance of advancing the legal environment in partner countries on the one hand, and encouraging and supporting a vocal civil society on the other, so as to advocate, monitor and follow-up.

A multisectoral approach

While all speakers recognized the importance of a multisectoral approach to SRHR, up until today we often fail to deliver. Most bilateral agreements do not reflect a multisectoral approach. This has to do with the silos between sectors and their responsible ministries, e.g. the Minister of Education is not involved in the dialogue on the national health plan of a country, and is consequently disregarding the importance of sexuality education for SRHR. Policy dialogue about SRHR should thus involve more ministries than the Ministry of Health only. Also, when health systems are weak and huge health system strengthening projects are undertaken, HIV and family planning often remain only minor issues within such projects, proving to be difficult to follow-up.

The Minister's messages on SRHR

Messages of the Minister of Development Cooperation De Croo to the participants of the seminar included a reconfirmation of his commitment to a rights-based approach to sexual and reproductive health, and the need to enable a welcoming legal environment. Particular attention will be paid to SRHR in the bilateral cooperation with partner countries Mali, Morocco, Benin, Niger and Guinea.

Furthermore the Minister will see to it that civil society actors are included in the policy dialogue with partner countries as civil society participation should help to ensure the rights-based approach.

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