

Putting People at the Heart of Development.

Sexual and Reproductive Health and Rights in the post-2015 era.

Seminar Be-cause health, 28 November 2014, Brussels

Introduction

This Be-cause health matters is a reflection on the 2014 Be-cause health seminar "Putting People at the Heart of Development. Sexual and Reproductive Health and Rights in the post-2015 era".

2015 is a crucial negotiation year as a new development agenda is being created on the highest political level. The sequel of the Millennium Development Goals, which end on 31 December 2015, is referred to as Sustainable Development Goals. These goals are broader in scope and alongside poverty and health also cover issues such as energy, economy, peace and justice.

During these negotiations, sexual and reproductive health and rights (SRHR) are a much debated topic and consensus on SRHR is very hard to reach. This seminar wanted to show the primordial importance of SRHR within the new post-2015 development agenda. It consisted of two plenary sessions, offering a general picture on SRHR and sustainable development and two series of parallel sessions touching on a wide range of subtopics. The parallel sessions resulted in a list of pertinent recommendations, which were communicated to the Belgian Minister of Development Cooperation.



Plenary sessions

Lessons to be learned

In the morning plenary session, Gita Sen (Harvard School of Public Health) and Marleen Temmerman (WHO), highlighted the past but enduring difficulties of women to see their rights recognised internationally. Both the ICPD plan of Action¹ and the MDGs are far from finished and should be incorporated in the post-2015 development agenda. The quality of SRHR services is critical, the SRHR needs of adolescent girls and boys should be addressed better, access to safe abortion services has to be improved, and violence against women reduced, among others.

Gaps and vicious circles

Beyond the general statistics, there are a lot of differences between countries and within countries, where national policies are not reaching all regions or social/age classes. In his presentation, David Woodward (UNCTAD) pointed out that 90% of Least Developed Countries is off-track on most MDG targets.

An economist, Woodward also described the vicious circle of poverty and human development. Poverty means poor education, bad health and nutrition, and leads to poor economic performance, low income, insufficient revenue for public social and health programmes. Poverty feeds poverty.

The SDGs should be more ambitious than the MDGs and take into account the national economy and the economic environment of countries as well as sustainability. If the economy is managed better, which will result in better remunerations and higher fiscal revenues, the circle can become virtuous.

Beyond 2015: better indicators, consistent policies, gender focused

Both Gita Sen and David Woodward called for the integration of actions in a holistic vision, following the life-course of people. Improving the quality of SRHR services is a necessity to meet the new post-2015 goals in general and specifically those on health and gender. Better and/or new indicators have to be developed to monitor and evaluate the implementation of the SDGs.

Human rights, including sexual and reproductive rights, will be at the heart of the Belgian development cooperation policy

The Minister of Development Cooperation, Alexander De Croo, noted that a lot of work remains to be done, especially in the areas of early pregnancy, child marriage, education for girls, unsafe abortions, and sexual and reproductive services. All these issues are human rights related. The minister reiterated his intention to systematically address authorities of the Belgian partner countries on these sensitive issues: "Human rights, including sexual and reproductive rights, will be at the heart of my policy."



¹ The 1994 International Conference on Population and Development (ICPD) articulated a new vision on the relationships between population, development and individual well-being. At the ICPD in Cairo, 179 countries adopted a forward-looking, 20-year Programme of Action that continues to serve as a comprehensive guide to people-centred development progress.

Parallel sessions

Session 1: Advancing the right to sexual and reproductive health

Despite a vast (international) legal basis determining the responsibility of states regarding SRHR, we observe that states fail in respecting, protecting and fulfilling these rights. Three representatives of civil society organisations from Peru, the Philippines and Ecuador shared their struggles and successes and put them in a political and socio-economic national context. In all these experiences, civil society has proven fundamental to open the debates on SRHR, to advocate for better (implementation of) laws, to give a voice to marginalised groups to improve their capacities, to produce evidence, to provide SRH-services and to sensitise the overall population.

Session 2: Health System Strengthening and SRHR

This session was set up around two main questions or concerns: “Can (sometimes vertical) initiatives on SRHR contribute to the global strengthening of the health system?” and “Does health system strengthening contribute to better and more respectful SRHR?” Six national and international experts formulated answers and illustrated them with experiences from the field.

Session 3: SRHR needs of adolescents and young people

Never before in history are so many young people on the verge of starting, or have recently started, their sexual and reproductive lives. A civil society activist from Senegal illustrated the numerous barriers and obstacles to SRHR for young people, as did her colleague from Burundi. Both stressed the importance of civil society organisations to overcome these barriers by investing in youth-friendly services. When addressing the SRHR needs of young people we should take into account and deal with ‘complexity’: the multitude of factors and the full range of complex drivers and interplay of these forces, which contribute to SRHR outcomes of young people.

Session 4: a multi-sectoral approach: SRHR beyond the health sector

The aim of this session was to identify the lessons learned from the multi-sectoral approach of the HIV and AIDS response and how this approach can be used for the promotion of a multi-sectoral approach to SRHR. First some milestones in the multi-sectoral approaches to HIV were illustrated, followed by national experiences in Rwanda and Burundi. The potential beneficial effects of a multi-sectoral approach in SRHR was shown by a programme aimed at involving men and boys in order to improve SRHR outcomes, to reduce gender based violence and to build more respectful relationships.

Session 5: Fostering gender equality, improving SRHR

Fostering gender equality can be done in various ways. From the highest political level: Resolution 1325 of the UN Security Council on women, peace and security has been instrumental to integrate gender in policies, mainly at community level; to the local level: talking to men about sensitive issues related to gender equality and SRHR, such as female mutilation. The session ended with a ‘fish-bowl’ on patriarchy.

Session 6: SRHR, population dynamics and sustainable development

At the ICPD conference in 1994 in Cairo, strong statements were made on the link between population dynamics and sustainable development, but today the attention for population dynamics has faded. However, phenomena such as population growth, urbanisation, migration and ageing still have a major impact on many aspects of society. We must acknowledge the mistakes of the past, step outside our comfort zone and explore the links between population dynamics and SRHR, work together with environmentalists, development groups and the women’s movement, and develop projects that integrate population, health and environment issues.

Two examples of projects illustrating this approach were presented: a project from the Philippines which focused on food security and marine conservation in areas with high population growth and density and the construction of a health system in Benin, integrating all the stewardship actors and taking into account diverse interests, including family planning and economic well-being.

Recommendations

Session 1 - Rights

1. To ask for civil society organisations and community based organisations to be included in global policy processes (such as the implementation of the SDG-framework and the CPD) and include them in bilateral discussions on priority areas of development cooperation with the partner countries.
2. To use strong language on SRHR, especially for the most vulnerable, in international debates and put SRHR high on the agenda when discussing bilateral agreements with partner countries.
3. To keep investing in middle income countries through civil society and community based organisations to ensure that the most vulnerable and marginalised groups are not left behind.

Session 2 – Health system

1. To be attentive to SRHR and to the development of human resources in all institutional strengthening interventions.
2. To ensure that any SRHR intervention is always part of a vision of building a holistic health system.

Session 3 – Youth

1. To invest in the capacity building of public services and civil society to allow them to deliver services adapted to youth by youth and to promote a comprehensive sexuality education, especially for key populations in a sustainable way.
2. To support research in the field of analysis of specific local situations and to prioritise process evaluation to understand the complexity, and increase the effectiveness of programmes and interventions for youths.

Session 4 – Multi-sectoral approach

1. To build on the lessons learned from the multi-sectoral AIDS response, ensure that people and communities are at the centre of a multi-sectoral approach to SRHR and ensure that they are part of all stages and at all levels of intervention.
2. To invest permanently in effective multi-sectoral SRHR approaches, both from international and domestic resources, at global, national and community level.

Session 5 – Gender

1. To train all stakeholders of development, technical and financial partners included, in gender approach and gender equality, and to incorporate it in the cycle of all projects/actions/interventions.
2. To systematically intersect themes such as social and economic empowerment and sexual and reproductive health with an analysis of gender, gender equality and human rights.
3. To address the concept of masculinity in all health programmes, including sexual and reproductive health programmes.

Session 6 – Sustainable Development

1. To take into account population, environmental and SRHR aspects and aspire to a multi-sectoral approach in all development projects.
2. To base all SRHR plans on a sound dialogue with the population involved and to reinforce their autonomy.

The long version of this report and all presentations of the seminar can be found on the website of Because health. Please go to www.becausehealth.be/events/annual-seminars.