Belgian Platform for International Health

Be-cause health matters

March 2015 - Long version

# 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, 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, i.e. by each and every country.

The World Conference on Human Rights of Vienna did not acknowledge that women's rights are human rights until 1993. Since then, violence against women is considered a human rights violation. The 1994 International Conference on Population and Development (ICPD) in Cairo was another landmark as reproductive health and rights were accepted as cornerstones of population and development.

As a representative of women's organisations, Sen was proactive during the negotiations in Cairo. In her presentation *20 years of the International Conference on Population and Development. The way forward*, she was reminiscing on how hard and complex it was to obtain the final text resulting from the Cairo ICPD. Firstly due to right wing activism but also the obstinate opposition of one country, Iran, which blocked the insertion of safe abortion in the Programme of Action. But women did obtain the recognition of the importance of reproductive health and rights, and also of women's empowerment and gender equality.

Besides the efforts of the women's organisations, Sen highlighted the North/South alliance. It was precisely thanks to the cooperation between national family planning departments, ministries and civil servants that the global character of the final text was achieved. Europe played a key role in this process. Both the North/South alliance and the support of Europe, and specifically Belgium, are expected to continue in 2015 and in the future.

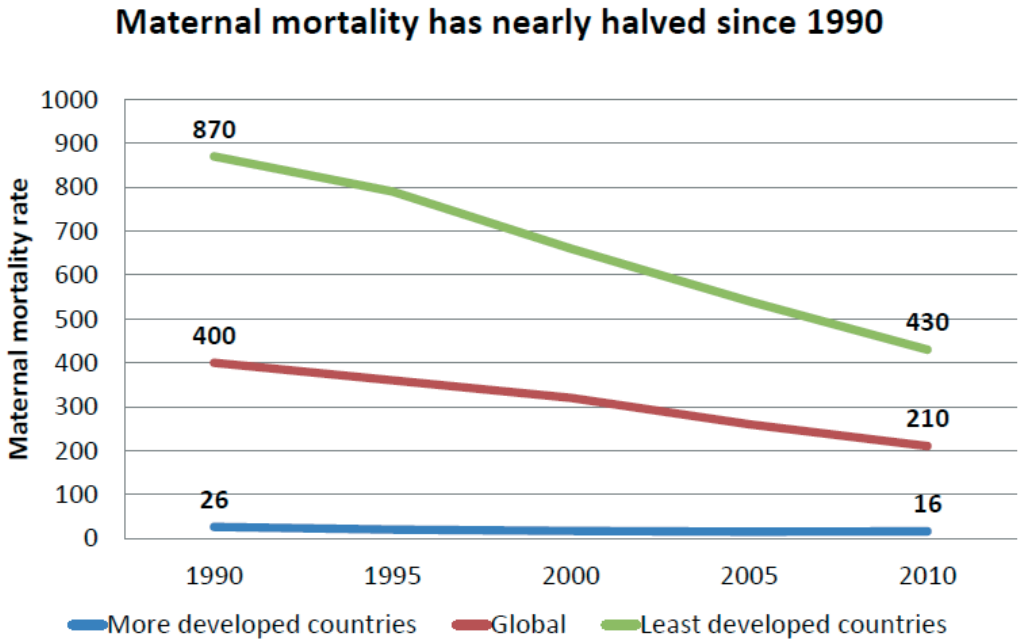
Twenty years after the ICPD, it is important to look at the lessons that can be be learned: what was good or what was not good enough, and what changes need to be made? Sen deplored the lack of bottom-up approach, causing the ineffective implementation of the agenda. There are still crucial implementation challenges: actions are divided into silos without a holistic vision, while a life course approach, without non-interlinked steps, has been recommended on several occasions.

Both the ICPD plan of Action 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 better addressed, access to safe abortion services has to be improved, and violence against women reduced. Many other topics were mentioned by the speakers as insufficiently covered, including, sexually transmitted infections, and gender equality in primary and secondary education.

Temmerman then underlined the progress that had been made, such as a 50% reduction in maternal and child mortality, an increase in the use of contraception and reduction in the rate of new HIV infections. She also noted that many countries have issued innovative strategies and programmes to advance the sexual and reproductive health agenda.

## Inequities and gaps

Beyond the general statistics, there are still a lot of differences between and within countries, where national policies are not reaching all regions or social/age classes. For example 30% of all maternal deaths originate in two countries, India and Nigeria, and access to contraception and safe abortion remains poor among adolescents.




In his presentation, David Woodward (UNCTAD) pointed out the high variability of results between countries/regions: the Least Developed Countries (LCDs) Report issued in 2014 indicates that only one of 48 LDCs is on track for all 7 MDGs surveyed, six other LDCs in South/South East Asia are on track for a majority of them, and outside this region (Sub Saharan Africa, Pacific Asia, Haiti and Yemen), 90% are off-track on most targets.

The statistics appear particularly problematic for the first MDG, halving extreme poverty worldwide. Although the goal seems to have been reached already, the progress made by China hides the reality of other countries that did anything but halve their extreme poverty.

## Vicious circle has to become virtuous

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 the public social and health programmes. Poverty feeds poverty.

Working on themes such as nutrition, poverty, etc. the MDGs followed a linear approach with the aim of increasing the productive potential of the countries. But according to Woodward the SDGs should be more ambitious than the MDGs. Halving extreme poverty is not enough, it should be eradicated, and not only in some parts of the world but everywhere. As a consequence, the approach should not be linear anymore: it should 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. Economic security and public resources are fundamental for improving health services and reducing poverty, as healthy and 'wealthy' citizens contribute to economic development. This virtuous circle requires a very different approach, nationally and globally. Without consistent policies, health improvement (including SRH) will not be sustainable. Good health is important, not because of its economic value but for its contribution to public wellbeing.

The LDCs need an economic development that takes time, and structural changes that depend on an international favourable environment, including external aid. It means to add an international economic component to the SDGs. MDG 8–develop a global partnership for development–was unfortunately not quantified… Furthermore, economic, environmental and institutional elements that hamper sustainability should be identified. Even climate change has to be considered, for example through long-term rural policies in agriculture.

"all communicable disease campaigns have overwhelmingly demonstrated that only through falling back on strong basic health services in developing countries is it possible to achieve a consolidation of these campaigns"

*Halfdan Mahler (subsequently DG of WHO), 1966*

At the end of his lecture, Woodward quoted former WHO Director General Mahler expressing his concern regarding the sustainability of vertical policies or approaches in… 1965 and 1966. Urgent! And he concluded: the more it changes, the more it's the same thing.

## Beyond 2015: better indicators, consistent policies, gender focused

In the afternoon panel debate, Sen and Woodward pointed out the importance of integrating actions in a holistic vision, following the life-course of people and considering health as an element linked to economy. Improving the quality of SRHR services is a necessity to meet this objective, better or new indicators have to be developed.

Defining a new agenda for ICPD+20 and post-2015, Temmerman emphasised the urgent need to reduce inequality, to ensure quality of care, including a respectful attitude towards individuals, and to enhance accountability and monitoring. The latter should be effective and more accurate, relying on disaggregated data to ensure that discrimination and exclusion are not masked by national averages.

As director of the Department of Reproductive Health and Research at WHO, she stressed her organisation's positive role in norm setting, research, action and expertise. As a former Belgian senator, she asked Belgium to raise its voice in support of SRHR in the post-2015 framework and to prioritise SRHR issues within Belgian Development Cooperation.

The panel had the last word with its appeal to reconcile economy, social aspects and the environment. New themes in these matters, even energy, are present in the SDGs, said Dries Lesage (Ghent Institute for International Studies), and universal health is a stand-alone goal.

The national states have to be active and responsible for defending the individual and public rights. And when the states are not able or willing, the international community has to play its role, at least to complement national actions.

Marge Berer (Reproductive Health Matters) stated that globally, health systems should be given more money, healthcare should be free of charge and qualified professionals should be available everywhere. Human rights should be controlled more by a framework; consequently national states will be aware of their responsibilities and negligence or failure will be pinpointed.

Sen continued to put into perspective the results of the MDGs. She believed the indicators of success were not good enough. She gave the example of slums that disappeared here and there, but how they disappeared was not above board. Approving the new mentality expressed through the SDGs, she nevertheless pointed out the gender issue. If SRHR indicators are not included in the stand-alone gender goal, improvements will not be sustainable. If you do not survey the implications of violence against women, the vicious circle of poverty will remain vicious.

Woodward agreed with vertical programmes if they are integrated in a consistent holistic framework. The monitoring of future actions should be delegated to civil society, rather than to the UN. He acknowledged that gender equality is essential and progress on gender equality should go faster.

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

After receiving the recommendations that came out of the parallel sessions, the Minister of Development Cooperation, Alexander De Croo, noted that even if some progress has been made during the past 20 years, a lot of work remains to be done. Especially in the areas of early pregnancy, child marriage, education for girls, unsafe abortion and an improved response regarding sexual and reproductive needs. All these issues are human rights related: there is a lack of free choice, a lack of education and knowledge, and a lack of access to qualitative healthcare services, including reproductive healthcare.

Acquired sexual and reproductive rights have been put back into question in Spain, Turkey (stricter laws on abortion) and Mali, where the legal marriage age for girls decreased from 18 to 16 (or to 15 in some cases). In the LCDs, children are hardly registered, leading to possible marriage and child bearing at an even younger age.

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."

The post-2015 debate will be crucial for SRHR. The minister pointed out that the only way to discuss SRHR will be through demography. The world should realise that respecting the rights of women and girls, in particular in SRHR, will be at the heart of poverty reduction, sustainable development and economic growth. The Belgian Cooperation law identifies health, including SRHR, as a priority sector.

In addition to health, the Minister will remind his development partners of multidisciplinary international commitments such as the Convention on the Elimination of all Forms of Discrimination against Women. Both via the bilateral and the multilateral cooperation, he is in favour of a '*more for more*' policy, taking into account indicators on SRHR.

To increase awareness on SRHR in his department and the External Affairs department, he will be vigilant to incorporate gender mainstreaming in training for diplomats and cooperation attachés.

Last but not least, the minister promised to continue working with the Be-cause health platform and the working group on SRHR, notably by taking into account the recommendations made today and in the past.

# Parallel sessions

## *Session 1: Advancing the right to sexual and reproductive health*

Natalie Van Gijsel (Third World Health Aid) and Paola Vallejo (FOS) organised this first session, and focused on two main elements: the national and international legal frameworks and principles regarding SRHR and the efforts of civil society to promote SRHR and influence states to take up their role in the development and implementation of policies and commitments.

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. A rights-based approach encompasses key principles such as transparency, equality, non-discrimination, accountability and meaningful discrimination. However, these principles are not put into practice enough.

In this session two key principles received special attention: accountability which requires high-performance monitoring systems for the health system and other social, cultural and legal factors at several levels, and meaningful participation requiring access to information to determine what is working and what needs to be (structurally) addressed.

To illustrate the problem, three representatives of civil society organisations from Peru, the Philippines and Ecuador shared their struggles and successes while putting them within a political and socio-economic national context. The first intervention by Susana Chávez (PROMSEX) highlighted that in Peru inequality is resilient despite the recent economic growth. Poverty is rival in large segments of society and children and teens are hit most harshly. Although issues such as malnutrition and education receive most attention, other (SRHR-)problems are completely disregarded such as rape of young women and teen pregnancies. Impunity is rival with very few rape cases being reported/prosecuted. Teen pregnancies have skyrocketed. Although civil society has achieved the recognition of SRR as human rights and stimulated more debate, the struggle continues. There is an urgent need to invest more in teens, provide more sexual education, better access to sexual and reproductive health services, more integral services for rape victims, to decriminalise abortion and to change mentalities.

The second intervention by Marites Bacunata (Advocates for Community Health) focused on the struggle for a pro-poor, rights-based, scientific and comprehensive reproductive health law that addresses the health needs of marginalised women. After lengthy negotiations with the government, a weak reproductive health law was eventually passed which focused on population control. It is a law that ignores the responsibility of the state in solving the underlying causes that resulted in the Philippines having one of the highest maternal mortality rates in the region. Instead of dealing with poverty, the lack of skilled birth attendants and the inappropriateness and inaccessibility of health facilities, policies such as the no-home birth policy are introduced, hospitals are privatised and contraceptives have become profitable business for multinationals. The organisation is determined not to lose its '*harinawa*' (hope) and will continue to fight for a law that is worthy of the name Reproductive Health Law.

The last intervention by Efraín Soría (Fundación Ecuatoriana Equidad) focused on the sexual rights of the Ecuadorian LGTBI-community. At first glance, Ecuador might seem a 'legal paradise' since the law and the constitution prohibit any kind of discrimination and officials claim that policies are LGTBI-inclusive. However, no ministry or politician is responsible for this inclusion, there is no action plan on how to work on LGBTI-inclusiveness and the president openly opposes LGTBI-modes of co-habitation. In addition, the LGTBI-community faces grave discrimination and stigmatisation in health services, the labour market, education, justice, etc. and suffers from violence in both the public and private sphere.

Equidad continues to fight for a better acceptance by the rest of society and to provide LGBTI-friendly services that are not provided by the public health system.

In all these experiences, civil society has proven fundamental in breaking open the debate on SRHR, to advocate for better (implementation of the) 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, chaired by Stefaan Van Bastelaere and Marleen Bosmans (both Belgian Development Agency) was set up around two main questions or concerns:

1. Can (sometimes vertical) initiatives on SRHR contribute to the global strengthening of the health system?
2. Does health system strengthening contribute to better and more respectful SRHR?

As a guiding matrix for the session, the health system building blocks of the WHO were used (see figure below). The topics addressed were healthcare financing, health workforce, information and research and service delivery.

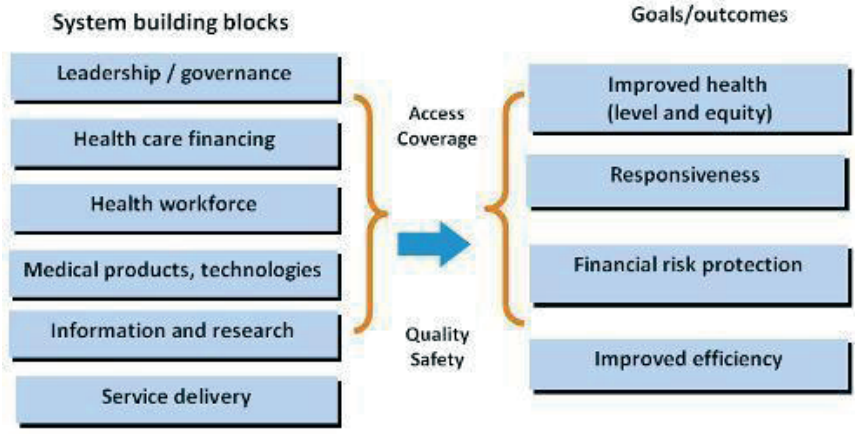



**Figure 1: The WHO Health System Building Blocks**

A first presentation by Jean-Marie Ipay Itha and Ernesto Papa (both MEMISA) showed the success of community participation in the setup of a referral system for medical and obstetrical emergencies in RDC, the Mosango District. This initiative showed that maternal and neonatal mortality can be efficiently dealt with through affordable investments in the referral system, with community participation as a critical success factor.

A second presentation by Severine Caluwaerts (MSF Belgium) documented the success of the efficient referral systems linked with operational CEmONC units (Comprehensive Emergency Obstetric and Neonatal Care) in the Kabezi District, Burundi. The MSF findings demonstrated how access to quality CEmONC through an efficient ambulance referral system linked to a CEmONC facility with a strong surgical component, led to a rapid and substantial reduction in maternal mortality.

On the health workforce building block, Nathalie Maulet (UCL) shared the results of the process evaluation of a research-action programme on Adolescents Sexual and Reproductive Health (ASRH) service uptake in Niger. The main topic of this presentation was the potential influence of individual perceptions of ASRH on programme implementation and outcomes. The research brought evidence that the gap between ASRH international norms and the personal norms and values of the service providers–determined by the society they live in–affects content and style of interventions.

On health workforce again, Christiane Bosman (independent consultant with BTC) shared the key elements of the reforms of the A2 Nursing training in the Burundi public and private training centres. The main topic of the presentation was the organisation of specific comprehensive SRHR training modules in the reformed A2 training in Burundi which greatly contributed to better sexual health.

A fifth presentation focused on Performance Based Financing (PBF) in South Kivu, RDC, and how PBF contributed to the integration of SRHR activities in the local health system. Pacifique Mushagalusa showed the promising results of PBF in the strengthening of SRHR activities, indicating the importance of committed local authorities and a coherent legal framework.

The last presentation by Nicole Curti (Budget Support Adviser in Rwanda) took the audience through the different aid modalities and especially Sector Budget Support (SBS), using Rwanda as an example. With its support to sector strategic plans, SBS can indeed contribute to a much stronger national respect for SRHR, if the sector dialogue is effective, leadership is present, donor coordination in place and the monitoring and evaluation system functional.

## Session 3: SRHR needs of adolescents and young people

The session focused on the SRHR needs of adolescents and young people and was organised by Wim Van de Voorde and Karel Blondeel (both Sensoa) and Emilie Peeters (Stop AIDS Alliance). The following three speakers presented case studies and their views and experiences on the topic:

Dialikatou Diallo (Mouvement d'Action des jeunes, Sénégal), Nadia Ndayakeza (Reseau National des Jeunes vivant avec le VIH) and Kristien Michielsen (International Centre for Reproductive Health, Ghent University). The session was introduced and moderated by Eef Wuyts (European Regional office of IPPF).

In her introduction, Eef Wuyts pointed out some figures illustrating poor SRHR outcomes of young people. She reiterated that a quarter of the world's population is aged between 10 and 24, amounting to approximately 1.8 billion people. Never before in history are so many young people on the verge of starting, or have recently started, their sexual and reproductive lives.

- Complications from pregnancy and childbirth are the second leading cause of death globally among adolescent girls aged 15-19;
- 39,000 girls a day are subject to child, forced and early marriage;
- AIDS is the second leading cause of death among adolescents globally and estimates show that HIV deaths among adolescents are actually increasing;
- Half of the new HIV infections occur in young people, and each year one in 20 young people is believed to contract another sexually transmitted infection (STI);
- 3 million girls, the majority under the age of 15, are at risk of undergoing female genital mutilation each year.

Focusing on Senegal, Dialikatou Diallo gave more information on the numerous barriers and obstacles to SRHR for young people, including high out-of-pocket costs for the patient, long-distance to the services, gender inequality, negative attitudes about sexuality, unenforced laws against harmful tradition practices (e.g. early marriage) and a number of legal barriers (e.g. access to safe abortion services is against the law). She explained how her organisation is working to overcome these barriers by investing in youth-friendly services.

Nadia Ndayikeza gave more information on the situation of vulnerable young people and the concentrated HIV epidemics within young men who have sex with men and young sex workers in Burundi, a country where same-sex relations are being criminalised and where people living with HIV and AIDS have to deal with stigma and discrimination. Services are seldom accessible or adapted to the specific needs of vulnerable young people. The services offered by RNJ+, an organisation run by young people, are confidential, non-judgmental and accessible to all young people, irrespective of their age, marital status, sexual orientation or ability to pay.

When addressing the SRHR needs of young people we should take into account and deal with 'complexity', according to Kristien Michielsen. With this she means the multitude of factors, the full range of complex drivers and the interplay of these forces, contributing to SRHR outcomes of young people. Therefore structural factors or drivers such as stigma, discrimination and gender equality should be fully understood and taken into account when developing and evaluating policies and programmes. She also made an appeal to focus more on the SRHR needs of very young adolescents, a group often neglected by development stakeholders. From her research it became clear that there is a problem with the way SRHR programmes for young people are evaluated. In her opinion, evaluations should put more emphasis on the process to understand why a certain intervention for a certain population in a given context does not deliver the expected results.

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

The session focused on the multi-sectoral approaches to improve SRHR outcomes and was chaired by Marleen Bosmans (BTC) and Wim Van de Voorde (Sensoa). The aim of the 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. Four speakers illustrated this and explained which lessons we can learn from the AIDS response to promote a multi-sectoral approach to SRHR.

Henk Van Renterghem (UNAIDS) identified a number of milestones in the multi-sectoral approach to HIV on a global level from a historical perspective. He illustrated a number of good practices, mainly from Namibia, showing the added value of involving a number of key sectors at different levels of society in addressing the causes and impact of the HIV/AIDS epidemic. In Namibia the AIDS response was also key to address other SRHR topics such as sexual and gender-based violence.

Albert Tuyishime (HIV Division, Rwanda Biomedical Center) explained that the success in the AIDS response in Rwanda would not have been possible without the strong commitment to mainstream HIV across all sectors, including in the country's National Poverty Reduction Strategy. Moreover, SRHR issues are being integrated in the national HIV Strategic plan. In Rwanda, the multi-sectoral response is not only steered on national level but also through HIV multi-sectoral committees on district level.

Marine Jacob (BTC) gave more information on the HIV component in the project which supports the reform of national security in Burundi. Marine highlighted some of the challenges and obstacles in mainstreaming HIV in the reform project, such as the concentration of activities in the capital, the high mobility of trained personnel, the lack of reliable figures and a number of cultural taboos. She also pointed at a number of successes such as the strong involvement of senior level management, which is a precondition for this kind of initiatives to have a more sustainable impact.

Koen-Pieter Van den Heuvel (Rutgers WPF) shared information on the innovative MenCare+ programme, a 4-country initiative to promote men's involvement as equal, responsive, nurturing and non-violent fathers and caregivers. The programme aims to involve men and boys in SRHR to improve SRHR outcomes, to reduce gender based violence and to build more respectful relationships. A number of cross-sectoral activities contribute to these objectives, such as group education with men and couples, community campaigns, the training of health professionals, male counselling and advocacy.

## Session 5: Fostering gender equality, improving SRHR

This session was jointly prepared and organised by Thérèse Delvaux (Institute of Tropical Medicine), Marie De Brouwere (GAMS) and Pascale Maquestiau (Monde selon les Femmes). Jeanne Bitsure (Network of Women and Allies artisans of Peace, Burundi) explained how the organisation used Resolution 1325 of the UN Security Council on women, peace and security as a means to integrate gender in policies, mainly at community level. The project was implemented during the first post-conflict elections in 2005, which was particularly poignant after years of civil war, because Resolution 1325 speaks of peace and security. It is worth noting that in 1999, women made up only 13.5% of parliamentarians in Burundi. In the last election, after a big campaign to elect and be elected, women accounted for 30% of Parliamentarians, 32% of senators, 30% of provincial governors and 34.7% of ministers. At local level, however, the representation of women remains low, 4.7% of elected officials. Action has been taken to raise awareness of Resolution 1325 among local decision makers and communities, resulting in the inclusion of gender in municipal plan community development. An evaluation of this project remains to be done.

Seydou Niang (Daphné project, Gams) explained how throughout his personal journey he realised his own "prejudices" vis-à-vis women. He shared his approach to talk to men about sensitive issues relating to gender inequality and to sexual and reproductive health, such as female mutilation. Understanding and changing attitudes takes time (a long time), you have to use the right words not to shock and it is very important to know the culture of the people you are talking to. Among the different ways to address sensitive issues relating to SRHR he mentioned the following: telling men about the profit they can make while improving the sexual and reproductive health of women; the link between suffering (e.g. pain during sexual intercourse) and the origin of this suffering (FGM); finally, explain to people that everyone is concerned, although you might not be a direct victim of a practice, you are entitled, in the name of human rights, to get involved.

Patrick Govers (Haute Ecole Libre Mosane, Belgium) introduced and moderated a fish bowl session on the patriarchy, which led to the following insights:

- Dialogue is paramount: the "for or against" option will not help anyone to move forward;
- Patriarchy has three large intertwined dimensions: economic (redistribution of wealth), the symbolic one–social and cultural (recognition) and political–rights institution (representation / participation);
- The commitment of men to women's / men's equality must embrace these three dimensions and materialise through egalitarian social practices;
- It is therefore necessary to take a position: why and how I became a different man for a more egalitarian and just society socially.

Visit www.menengage.org

## Session 6: SRHR, population dynamics and sustainable development

Dirk Van Braeckel (ICRH), chair of this session, presented the keynote presentation *SRHR, population dynamics and sustainable development – interconnected challenges and solutions*, prepared by Sarah Fisher (UK Population and Sustainability Network), who was unable to attend the seminar due to health problems.

At the ICPD conference in 1994 in Cairo, strong statements were 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. An example of this is the complex, controversial and critical connection between population and the environment. Climate change has an important impact on numerous people, and this impact is magnified by population growth, which decreases the availability of natural resources, increases demand and heightens human vulnerability to natural disasters, amongst others by forcing more people to migrate to areas at risk.

The fact that population dynamics has moved to the background is not because it is not important anymore, but is partly due to the horrendous mistakes that have been made in the history of population/family planning. Unacceptable practices such as forced sterilisations and coercion have given population issues a bad reputation. However, addressing population issues does not have to be contradictory with the full respect of human rights. On the contrary: those interests often go very well together. An example of this is meeting the unmet need for family planning, which can lead to the prevention of 54 million unintended pregnancies each year, of 2 in 3 maternal deaths and of 1.1 infant deaths per year. At the same time it would help to keep more girls in school, slow down climate change, empower women

and advance gender equality and improve food and water security. Population dynamics and SRHR influence each other in several ways, and should be addressed together. 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.

Dr Joan Castro (PATH Foundation, the Philippines) presented the 'IPOPCORN' project, that works across population, health, environment and livelihood sectors. It focuses on food security from the sea and marine conservation in areas with high population growth and density. The project resulted in an increased use of family planning from 43% to 83% in three years, an increase in income of 21% and improved conservation. These results prove that integration makes sense, also from an economic point of view. Challenges include the need for integrated indicators, the lack of intersectoral funding sources and the religious influence that may hamper such projects.

Graziella Ghesquière (BTC, Benin) described the construction of a health system integrating all the stewardship actors and taking into account diverse interests, including economic well-being. The project resulted in an increase in knowledge and uptake of family planning. The adoption of a method of contraception gave women more time to engage in economic activities and earn more income. The fact that women earned more money improved their decision making power within the family. However, the additional income was used more for household expenditures than for the individual needs of the women. The impact on the environment was less clear, though a considerable minority of the participants identified a decreased pressure on land. Ghesquière concluded by underlining the need for an integrated and multi-sectoral approach and for a good follow-up of the achievements of experimental projects.

# 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 short version of this report and all presentations of the seminar can be found on the website of Be-cause health. Please go to www.becausehealth.be/events/annual seminars.