



## DISCUSSION PAPER

Where will Sexual and Reproductive Health and Rights be anchored after 2014?

- A European Perspective

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# Abbreviations

ARV	Antiretroviral
Beijing PFA	Beijing Platform for Action
Cairo PoA	See ICPD PoA
CCM	Country Coordinating Mechanism
CPD	See UNCPD
CSP	Country Strategy Paper
CSW	Commission on the Status of Women – see UNCSW
DCI	Development Cooperation Instrument
EDF	European Development Fund
FPA	Family Planning Association
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund for AIDS Tuberculosis and Malaria
ICPD	International Conference on Population and Development (Cairo, 1994)
ICPD PoA	ICPD Programme of Action
IHP	International Health Partnership
IPPF	International Planned Parenthood Federation
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MSI	Marie Stopes International
ODA	Official Development Aid
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
SONGS	Strategic Options for NGOs Initiative
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections

TFR	Total Fertility Rate
UNCPD	United Nations Commission on Population and Development
UNCSW	United Nations Commission on the Status of Women
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
WB	World Bank
WHO	World Health Organisation

## Purpose of study

The Programme of Action resulting from the 1994 International Conference on Population and Development (ICPD PoA) has shaped the way European donors and advocates have framed their support for sexual and reproductive health and rights (SRHR). They have achieved this through a wide range of development cooperation programmes and positions, both at the United Nations and within the European Union. The ICPD PoA has served as the basis for much of the advocacy on sexual and reproductive health and rights (SRHR) in Europe for the past decade. Envisaged as a programme to last 20 years, it now has less than four years remaining. It is therefore important to assess what the end of the programme will entail for European support for sexual and reproductive health and rights. For this reason, the European Parliamentary Forum on Population and Development (EPF), in collaboration with and thanks to the support of UNFPA, commissioned the following study on the future of sexual and reproductive rights.

The study comprises two parts. The first part contains an analysis of where sexual and reproductive health and rights stand as a result of recent initiatives within the international community. It analyses programmes and funding that are relevant for SRHR at the level of the United Nations (UN), the World Bank, the G8, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the European Union (EU). The second part contains a survey that has been conducted with a number of key stakeholders in European donor countries. The purpose of this survey was to analyse the future prospects for sexual and reproductive health and rights once the ICPD PoA comes to an end in 2014.

This is not the only report that is currently being drawn up on this subject, as we believe that Steven Sinding has conducted a similar survey for the William and Flora Hewlett Foundation and the David and Lucile Packard Foundation, and that a similar study is also being compiled by the UN Foundation in the USA. We understand that each report will have a different geographical focus, and it is our hope that the three will complement each other, and collectively help the SRHR community to ensure that its voice will continue to be heard once the ICPD PoA comes to its conclusion in 2014. This report will address the issue from the perspective of key European stakeholders from national ministries and parliaments, the European Commission, UNFPA and selected NGOs.

## Methodology

The second part of this study presents and analyses the results of 25 telephone interviews that were conducted from June to August 2010 with representatives from UNFPA, IPPF, NGOs in different countries, Ministries of Foreign Affairs' development departments, the European Commission and Members of National Parliaments that are engaged in population and development issues. To enable the responses and thoughts of the respondents to be as open and frank as possible, the individual answers to the questions remain confidential. They have been analysed in the survey, and some (anonymous) quotations have been included to add richness to and illustrate the findings as a whole. A full list of interviewees can be found in the Annex of this document.

# Executive summary

## A. An Overview of the recent activities of the international community relating to SRHR

SRHR feature prominently in the range of international agreements that have been reached in recent years relating to the subject:

- The outcome document of the 2009 UN Commission on Population and Development (UN CPD), which marked the 15-year review of the ICPD PoA, made strong statements on the importance of the PoA for the MDGs. It has a strong human rights emphasis and reaffirms the commitments that had already been made about the UN CPD. The future of the ICPD PoA will be discussed at the next session in Spring 2011.

More recently, UN bodies that had not previously made statements about the ICPD PoA have contributed to the debate:

- the Human Rights Council adopted a landmark resolution, officially recognizing maternal mortality as a human rights issue.
- The World Health Assembly adopted a resolution on monitoring of the achievements of the health related MDGs, urging for new commitments to MDGs 4 and 5.

As a result, SRHR and the ICPD PoA are now embedded in a strong human rights framework and are closely linked to the international discussions on the MDGs and the strengthening of health systems.

- At the UN Summit on the Millennium Development Goals held in New York on 20<sup>th</sup> to 22<sup>nd</sup> September 2010, the UN General Assembly adopted an outcome document entitled 'Keeping the promise: United to achieve the Millennium Development Goals'. This document contains most of the comprehensive sexual and reproductive health services needed to achieve the MDGs, but it falls short on sexuality education, adolescents needs and unsafe abortion.
- UN Secretary-General Ban ki-Moon also launched the 'Global strategy on Women and Children's Health', establishing a roadmap to accelerate progress on MDGs 4 and 5 during the UN MDG Summit. At this launch, a number of international donors pledged over US\$ 40 billion for mother and child health, including for family planning and SRHR, over the next 5 years.
- The World Bank released a Reproductive Health Action Plan for 2010-2015. Its goal is to increase contraceptive coverage, family planning, antenatal care, skilled birth attendance emergency obstetric care and postnatal care.
- The G8 adopted the Muskoka Initiative on Maternal, Newborn and Under-five Child Health, focusing on achieving progress on MDGs 4 and 5, including using means such as family planning and sexual and reproductive health care and services. The G8 has pledged to mobilize US\$ 5 billion on top of the US\$ 4.1 billion annual contribution.
- The Global Fund to fight AIDS, Tuberculosis, and Malaria has taken steps to strengthen health systems in developing countries and explored options for optimizing synergies with maternal and child health, but it has done so without expanding its mandate to explicitly cover family planning and SRHR.

- The European Union continues to be a strong supporter of the ICPD PoA, but has seen a drastic change in its aid architecture, in line with the aid effectiveness agenda, which focuses on country ownership and on the use of budget support. This now makes it much more difficult to specifically focus on family planning and SRHR, as it requires agreement from the authorities in the partner countries who determine the policy domains that budget support funds are to be allocated to.

The EU adopted a Plan of Action on Gender Equality and Women's Empowerment in Development 2010-2015 to strengthen the gender-dimension of EU action. In the Council conclusions on the "EU's Role in Global Health", adopted on 10 May 2010, the EU focuses on health system strengthening, with particular attention to sexual and reproductive health as one of four main challenges. The European Commission, with the WHO, UNFPA and UNIFEM, will also promote the gender dimension of national health strategies in the policy dialogue with partner countries.

Meanwhile the European Commission's 'Twelve point EU action plan in support of the MDGs' calls upon decision makers in donor countries to focus on the most off-track countries and the most off-track MDGs, such as child and maternal mortality. The EU has played a strong role in safeguarding the language on family planning and SRHR as agreed in the ICPD PoA and the Beijing Declaration and Platform for Action, but has failed to deliver on sexual education, young people's needs and unsafe abortion. Jose Manuel Barroso's pledge of one billion extra Euros for the MDGs in September 2010, under the so-called MDG Initiative, provides an opportunity to invest more in MDG 5B, but the reality of where the funds will be spent all depends upon the policy dialogue with partner countries.

Finally, the analysis shows that despite growing opposition from conservative groups, the European Parliament is still capable of gathering a majority in the assembly on a strong commitment for sexual and reproductive health and rights.

Please also note that you will find an overview of references to SRHR in key international documents and dates of upcoming key events relevant to SRHR in the annex.

## B. Key findings of the survey

### 1. Has the ICPD PoA been beneficial for advancing European support to SRHR?

- All respondents highlight the historical importance of the ICPD PoA for SRHR.
- Most respondents feel that the ICPD PoA is a powerful tool for advocacy.
- Many respondents say that the ICPD PoA has helped to frame domestic policies and to strengthen their country's financial support for SRHR.
- Several respondents argue that the implementation and funding have not matched the initial commitments made.
- Most respondents say that the ICPD PoA has been successful in putting family planning and SRHR high on the European agenda, but many are convinced that since 2004 European leadership in the matter has been diminishing because of growing political opposition and competing priorities.

### 2. Will the formal conclusion of the ICPD PoA change European support for SRHR?

- Most respondents think that the MDGs have more political momentum and are a more successful model for implementation than the ICPD PoA.

- Almost all respondents agree that the MDGs cannot replace the ICPD PoA, because the MDGs do not promote a holistic programme, with a focus on gender and a rights-based approach.
- Several respondents fear that in the absence of the ICPD PoA sensitive issues such as access to safe abortion, sexuality education and young people's need would be dropped from the development agenda.
- Several respondents think that after 2014 the ICPD PoA should be continued since its realization is still far from being achieved.
- Many say that the formal conclusion of the ICPD PoA would lead to a loss of support for family planning and SRHR because of growing opposition.

### 3. Would a new ICPD PoA be desirable after 2014?

- Half of all respondents are convinced that the ICPD PoA, the Beijing Platform for Action (PFA) and the MDGs must be merged into a new MDG+ programme after 2015. This programme must present a new global framework for development, including a focus on population, family planning and SRHR.
- Most respondents find the MDG agenda politically stronger than the ICPD PoA and insist on the need for reporting in the new framework.
- The other half of the respondents are very skeptical about integration of the ICPD PoA in an MDG approach and find that the UN General Assembly (GA) should reconfirm the ICPD PoA.
- Many respondents think that full review of the ICPD PoA is not advisable, because this might dilute it.
- At the same time many are convinced the ICPD PoA must be updated to cover new developments such as climate change, migration and security.

### 4. Would the EU still support a strong global consensus on SRHR that is as strong as the ICPD PoA?

- Most respondents are pessimistic about the EU's leading role on SRHR, because of the mounting political opposition it faces and the global economic downturn.
- A significant number of respondents think that a strong position in the EU is still possible, if like-minded countries can push more to get recalcitrant countries on board and if countries that silently support the ICPD PoA can be more vocal.
- Several respondents see an important role for NGOs in mobilizing support for a new consensus on population and development. They point to the importance of advocacy, reaching out to public opinion and forming alliances with women's and youth organizations.
- Many respondents stress the importance of investing in alliances with the USA and with developing countries.
- Several respondents see UN WOMEN as a real opportunity for new political leadership on population and development issues, but some are concerned about the future role of the UNFPA.

# Part 1: An overview of the recent initiatives of the international community in the field of sexual and reproductive health and rights

## A. Recent UN initiatives<sup>1</sup>

Within the UN system, SRHR feature strongly in all the relevant international agreements that have been approved to date. Moreover in the recent past UN bodies that had not previously made statements on the ICPD PoA have also contributed to the debate. As a result SRHR and the ICPD are now embedded in a strong human rights framework and are closely linked to current discussion on the MDGs and strengthening global health systems.

In April 2009, the UN Commission on Population and Development (UN CPD) conducted a 15-year review of the implementation of the ICPD PoA. In the resolution, the UN CPD makes the strong statement that the implementation of the Cairo PoA is essential for the achievement of the MDGs. It highlights that support to prevent and address maternal mortality and morbidity and funding for family planning should be given priority. It places great emphasis on human rights, including sexuality, and repeats the commitment to take specific action to help bring about access to safe and professional abortion in circumstances where it is not against the law. It renews the commitment to comprehensive education on sexuality and gender equality, access to male and female condoms and reproductive health services for adolescents, without restrictive language on culture, religion, or parental rights. It asserts the importance of addressing HIV prevention through sexual and reproductive health services, information and education, in particular for girls and women.

The future of the ICPD PoA will be included in the agenda of the 44<sup>th</sup> session of the UN CPD in Spring 2011. The Bureau of the UN CPD remarked that in 2014, the 20-year period established for the achievement of the full implementation of the PoA would come to a close. It suggested that a major review of the implementation of the PoA should be conducted in the coming years and that a process to update or replace it should be launched. The decision would have to take into account the outcome of the 2010 High-Level meeting on the MDGs and the initial expectations of the international community that the MDGs would be achieved in 2015.

In June 2009, the UN Human Rights Council adopted a landmark resolution on 'Preventable maternal mortality and morbidity and human rights'.<sup>2</sup> This resolution explicitly refers to all relevant international conventions and programmes, including the Beijing Declaration and Platform for Action, the ICPD PoA and review conferences, the MDGs and their review in 2005. It marks the first time that the UN's most important human rights body has officially recognized maternal mortality as a human rights issue, affecting women's and girls' right to life, health, equality and non-discrimination, the right to benefit from scientific progress and the right to the highest attainable standard of health, including sexual and reproductive health. By placing women's maternal health squarely within the human rights framework, this resolution gives advocates a powerful tool for demanding government accountability. The resolution requests the Office of the UN High Commissioner for Human Rights to prepare a thematic study on preventable maternal

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<sup>1</sup> You will find an overview of references to SRHR in key international documents and dates of upcoming key events relevant to SRHR in the annex.

<sup>2</sup> See also:

[http://unfpa.org/webdav/site/lac/shared/DOCUMENTS/2010/4\\_CSJW\\_MM\\_Silence\\_Procedure\\_resn.doc](http://unfpa.org/webdav/site/lac/shared/DOCUMENTS/2010/4_CSJW_MM_Silence_Procedure_resn.doc)

mortality and morbidity and human rights, in consultation with WHO, UNFPA, UNICEF and the World Bank, which was discussed at the 14<sup>th</sup> session of the Human Rights Council which was held from 31 May until 18 June 2010.<sup>3</sup>

At its 63rd session in April 2010, the World Health Assembly adopted a resolution on the “monitoring of the achievement of the health-related MDGs”.<sup>4</sup> The resolution expresses deep concern that maternal, newborn and child health and universal access to reproductive health services remain constrained by health inequities, and at the slow progress made in achieving MDGs 4 and 5. It urges Member States to renew their commitments to prevent and eliminate maternal, newborn and child mortality and morbidity. They are urged to do so by adopting integrated strategies and programmes to address the root causes of gender inequalities and lack of access to adequate care and reproductive health, which include family planning and sexual health programmes and by promoting women’s rights. It further requests the Director-General to present the actions that the WHO will take, as part of its action plan for the renewal of primary health care, to strengthen its support for the realization of MDGs 4, 5 and 6.

The recent Millennium Development Goals report 2010 ‘Keeping the promise’,<sup>5</sup> launched by the Secretary-General in June, contains strong language on the importance of sexual and reproductive health services and family planning for the reduction of maternal mortality. According to the report more women are receiving skilled assistance during delivery, particularly in Northern Africa and South-East Asia. But in Southern Asia and sub-Saharan Africa less than half of the women giving birth are attended by skilled personnel. Disparities in skilled assistance during delivery and antenatal care are striking between the wealthiest and the poorest women and between urban and rural areas. The report shows that progress on the adolescent birth rate has slowed since 2000 and that the largest disparities in adolescent birth rate are linked to education. It also shows that progress in expanding the use of contraceptives by women has slowed since 2000 and that contraceptive prevalence continues to be very low in sub-Saharan Africa and Oceania, and among women with no schooling and those living in the poorest households. It moves on to state that meeting women’s unmet needs for family planning could result in a 27% drop in maternal deaths each year by cutting down unintended pregnancies. Yet financial resources for family planning services and supplies have declined sharply during the last 10 years. The report calls inadequate funding for family planning a major failure in fulfilling commitments to improving women’s reproductive health.

In April 2010, UN Secretary-General Ban Ki-Moon announced the development of a Joint Action Plan for accelerating progress on maternal and newborn health. At the UN Summit on the MDGs he released the ‘Global Strategy on Women and Children’s Health’.<sup>6</sup> The Global Strategy is a roadmap that identifies the finance and policy changes that are needed, as well as critical interventions that can improve health and save lives. It builds on commitments made by the Member States in various landmark international documents, most notably including the ICPD PoA and the Beijing Declaration and PfA amongst others.<sup>7</sup> The Global Strategy uses the term “maternal

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<sup>3</sup> See also: <http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.39.pdf>

<sup>4</sup> See also: [http://apps.who.int/gb/ebwha/pdf\\_files/EB126/B126\\_7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_7-en.pdf)

<sup>5</sup> See also: [http://www.un.org/millenniumgoals/pdf/sgreport\\_draft.pdf](http://www.un.org/millenniumgoals/pdf/sgreport_draft.pdf)

<sup>6</sup> See also: [http://www.un.org/sg/hf/Global\\_StrategyEN.pdf](http://www.un.org/sg/hf/Global_StrategyEN.pdf)

<sup>7</sup> These documents include the 2009 ECOSOC Ministerial Review on Global Health, the UNGA Special Session ‘Healthy Women, Healthy Children – Investing in our Common Future’, the 54<sup>th</sup> session of the Commission on the Status of Women, and regional commitments made in the Maputo PoA, the campaign on accelerated reduction of maternal mortality in Africa (CARMMA) and the African Union Summit Declaration 2010 for Actions on Maternal, Newborn and Child Health.

and child health” to cover the full spectrum of reproductive, maternal, newborn and child health needs. It focuses on MDGs 4 and 5, but links them to all other MDGs, highlighting the central role of women’s health in sustainable development, and linking women’s rights to safe motherhood and child survival.

Furthermore the strategy incorporates the following elements:

- country-led national health policies and plans
- financial estimates from the High Level Task Force for Innovative Financing of Health Systems
- new financing mechanisms
- evidence-based priority interventions and strategies (following the 5 pillars of the Global Consensus for Maternal, Newborn and Child Health)
- coordinated efforts to prevent and treat women and children against deadly diseases such as AIDS, TB and malaria
- clear commitments by countries and organizations on politics, finance and delivery
- an accountability mechanism

The Global Strategy focuses on the world’s 49 poorest countries. Regarding the financial gap for the health-related MDGs, it estimates that the requirements to achieve them will be US\$ 26 billion in 2011, and rise to US\$ 42 billion in 2015. The combination of reproductive, maternal, newborn and child health (including the costs incurred by health systems when supporting the delivery of children) along with HIV/AIDS and malaria, accounts for almost half of the estimated funding needed: US\$ 14 billion in 2011 to US\$ 22 billion in 2015; a total sum of US\$ 88 billion. Compared to current funding levels of about US\$ 4 billion annually for maternal and child health, the shortfall is substantial. Therefore, the Global Strategy calls for increased financing commitments, increased political commitments and more effective delivery.

At the launch of the Global Strategy (which took place within the framework of a special event during the UN MDG Summit), a number of heads of State and governments from developed and developing countries, along with the private sector, foundations, international organizations, civil society and research organizations, pledged over US\$ 40 billion in resources over the next 5 years. Targets include preventing 33 million unwanted pregnancies, saving the lives of more than 16 million women and children and ensuring access for women and children to quality health facilities and skilled health workers. German commitments include the development of a new initiative on voluntary family planning with resources to be made available for family planning and reproductive health and rights, as part of Germany’s ongoing annual commitment for mother and child health of 300 million Euros per year. The UK, in alliance with Australia, the US and the Gates Foundation will help 100 million more women to satisfy their need for modern family planning by 2015. The alliance plans to invest in selected high-need countries in sub-Saharan Africa and South Asia to accelerate progress in reducing unintended pregnancies, maternal and neonatal mortality and addressing the MDGs 4 and 5, where progress has been slow. The UK will double its annual support for maternal, newborn and child health by 2012 and sustain this level until 2015. France is pledging 500 million Euros for the period 2011-2015 to the Muskoka Initiative on maternal, newborn and child health for the period 2011-2015 and is increasing its contribution to the Global Fund over the period 2011-2013. However, it is not clear if all funding that was committed at the Summit is additional new money.

At the UN Summit on the Millennium Development Goals in New York from 20<sup>th</sup> to 22<sup>nd</sup> September 2010, the UN General Assembly adopted a plan, entitled ‘Keeping up the promise: united to

achieve the Millennium Development Goals'.<sup>8</sup> In the action plan (which consists of 81 paragraphs) world leaders make specific commitments on each of the 8 MDGs. On MDG 5, to improve maternal health, they commit to speeding up progress in the following ways: by taking steps to realize the right of everyone to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health; by addressing reproductive, maternal and child health in a comprehensive way within strengthened health systems (providing family planning, skilled attendance at birth, emergency obstetric care and methods for preventing and treating sexually transmitted infections such as HIV/AIDS); and by ensuring that all women, men and young people know of and have access to the widest range of safe, effective and acceptable methods of family planning. On gender equality and women's empowerment, governments welcome the establishment of the United Nations Entity for Gender Equality (UN WOMEN) and commit to accelerating progress to achieve the goals of the Beijing Declaration and the commitments of the PoA of the ICPD. The action plan also contains a section on global public health where governments commit to accelerating progress in promoting global public health for all by realizing the values of primary health care, equity, solidarity, social justice, universal access, transparency, strengthening the capacity of national health systems to deliver equitable and quality healthcare services. Governments also commit to expanding access to essential commodities, including male and female condoms, early and effective treatment of STIs and promoting policies that ensure effective prevention, as well as accelerating further research and development of new tools for prevention, including microbicides and vaccines. Regarding service delivery, the plan stresses the need to integrate HIV/AIDS information and services with programmes for primary health care, sexual and reproductive health, including voluntary family planning and mother and child health.

The outcome document contains most of the comprehensive sexual and reproductive health services needed to achieve the MDGs, but it also falls short of using the language adopted in Cairo and reinforced by the 2009 UN Commission on Population and Development resolution, especially on the needs of young people and on the consequences of unsafe abortion. The Summit asks the UN General Assembly to review progress annually and hold a special event in 2013 to follow up on efforts to achieve the MDGs. Even if we consider the shortcomings of the outcome document on young people and abortion, the MDG Summit can be seen as a success, also with regard to content and financial commitments. It has brought political and financial momentum to push for the SRHR agenda in the coming years.

Lastly, in September 2009 the UN General Assembly agreed to establish a new UN entity for gender equality, UN WOMEN, to end the fragmented system of agencies, funds and programmes within the UN dealing with gender questions and to ensure that rights of women are better respected at all levels. The new 'composite body' will consolidate the mandates of 4 existing UN women's agencies: the Office of the Special Adviser on Gender Issues (OSAGI), the Division for the Advancement of Women (DAW), the United Nations Fund for Women (UNIFEM) and the International Research and Training Institute for the Advancement of Women (Instraw). It will work in 3 priority areas: the elimination of discrimination against women and girls, the empowerment of women and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. UN WOMEN will be led by an Under-Secretary-General, former Chilean President Michelle Bachelet, and will be a subsidiary organ of the General Assembly, reporting through the ECOSOC. UN WOMEN will work at three levels: the national, regional and UN level. UN WOMEN will have an initial budget of US\$ 500 million. Given that this agency is supposed to deal with issues affecting half of the world's population and that the funding is only a third of the UNICEF or UNDP budget, experts estimate that the new entity on gender equality should be funded at a level of US\$ 1 billion with increases over time. One important final question that is yet to be answered is how tasks will be divided

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<sup>8</sup> See also: [http://www.un.org/en/mdg/summit2010/pdf/ZeroDraftOutcomeDocument\\_31May2010rev2.pdf](http://www.un.org/en/mdg/summit2010/pdf/ZeroDraftOutcomeDocument_31May2010rev2.pdf)

between the mandates of UN WOMEN and UNFPA where their fields of competence intersect.

## B. The World Bank's reproductive health action plan 2010-2015

On 11<sup>th</sup> May 2010, the World Bank released a blueprint for its reproductive health work for 2010-2015. It is a five-year action plan to help developing countries reduce maternal and child mortality, to reduce high fertility rates and to improve reproductive health rights and needs. The action plan builds on the UN Joint Statement on Maternal and Neonatal Health,<sup>9</sup> adopted on 25<sup>th</sup> September 2008, through which the UN H4 (UNPFA, WHO, UNICEF and WB) are working with developing countries to ensure that core interventions for addressing maternal and neonatal health are addressed within the national health plans, including the IHP+ compacts and that this is implemented on the ground. This new action plan presents a detailed operationalization of the reproductive health (RH) component of the World Bank's 2007 Health, Nutrition and Population Strategy. It explicitly refers to the World Bank's commitment to the ICPD PoA and to MDGs 4 and 5.

The action plan outlines the current situation and the challenges and solutions involved in attaining the desired results. It states that most of the maternal morbidity and mortality of the last two decades could have been prevented with a coordinated set of actions, sufficient resources, strong leadership and political will, but that 'maternal health has not emerged as a political priority for a number of reasons and that the rise of competing priorities and the loss of focus on family planning within the broader ICPD agenda have contributed to declining attention and funding'. The plan demonstrates that in recent years there has been a declining share of development assistance for RH activities, but now there has been a significant increase in people's overall awareness and high level political engagement for RH, which are underscoring the need to ensure that investments are directed towards solutions that are seen as essential for reducing maternal mortality and morbidity. The plan aims to increase the coverage of contraceptives, reducing unmet needs for family planning, to reduce closely-spaced births, unwanted pregnancies and unsafe abortions, and to increase the incidence of antenatal care visits, skilled birth attendance, quality emergency obstetric care and postnatal care for mothers and newborns. It links these interventions with health system strengthening and training for health workers.

The World Bank's action plan will focus on 58 countries with high maternal mortality rates (MMR) and high total fertility rates (TFR), as well as specific vulnerable population subgroups in countries with low MMR and high TFR or with high MMR and low TFR. It will focus on strengthening health systems according to the framework provided by the WHO (with 6 building blocks<sup>10</sup>). It will further focus on reaching the poor and adolescents. The plan's intended purpose is also to allow the World Bank to work together with a variety of partners and representatives of civil society in a variety of ways, including through the Health Systems Funding Platform (GAVI, GFATM, WB and WHO).

In financial year 2010 the World Bank is expected to increase its health financing to US\$ 4.1 billion. Part of this money should be spent on this reproductive health action plan. But even though it is showing a strong commitment to RH it also admits that the share of its health spending devoted to RH fell from about 18% in 1995 to less than 10% in 2007. The action plan does not specify the financial commitment it will make for RH in the years to come.

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<sup>9</sup> See also: [http://www.unfpa.org/upload/lib\\_pub\\_file/613\\_filename\\_bkmaternal.pdf](http://www.unfpa.org/upload/lib_pub_file/613_filename_bkmaternal.pdf)

<sup>10</sup> For more information please refer to: [http://www.wpro.who.int/sites/hsd/hsd\\_framework.htm](http://www.wpro.who.int/sites/hsd/hsd_framework.htm)

## C. G8 and the 'Consensus for Maternal, Newborn and Child Health'

Spearheaded by the Partnership for Maternal, Newborn and Child Health (PMNCH), the G8 leaders agreed on the Consensus for Maternal, Newborn and Child Health<sup>11</sup> in L'Aquila (Italy) in July 2009. This Consensus recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of policies and interventions to accelerate progress on MDGs 4, 5 and 6. It lists the following five priority actions:

1. Political leadership and community engagement
2. A quality package of evidence-based interventions, delivered through effective health systems, including comprehensive family planning advice, services and supplies, skilled birth attendance and safe abortion services (where legal)
3. The removal of barriers to access, with services free at the point of use for all women and children
4. Skilled and motivated health workers with the necessary infrastructure, drugs, equipment and regulations
5. Accountability for results

The Consensus identifies necessary actions, including modern methods of family planning, skilled antenatal and postnatal care and calculates the cost of achieving these targets at US \$30 billion for the period 2009-2015, with annual costs ranging from US \$2.5 billion in 2009 to US \$5.5 billion in 2015. At the 2009 L'Aquila Summit, a senior Level Working group was also established to unify the G8's efforts under a common G8 accountability framework on global health commitments.

In September 2009 at a landmark event at the UN in New York, convened by the PMNCH and the Taskforce on Innovative International Financing for Health Systems (chaired by former Prime Minister of the UK Gordon Brown and Robert Zoellick, president of the World Bank), some 300 high-level participants committed themselves to this 'Consensus' and pledged more than US \$5 billion in multi-year funding.

At the next G8 meeting, leaders are set to operationalize the commitments made in L'Aquila through quantitative financial and outcome commitments and the development of a clear action plan to achieve MDGs 4 and 5. In preparation for the G8 Muskoka Summit in Canada in June 2010, the PMNCH called for a doubling of the resources, to be spent through bilateral support, multilateral financial mechanisms (WB, GFATM, GAVI) and UN agencies programmes and funds. The additional money should support nationally led health plans.

In their parliamentary appeal to G8/G20 Heads of State and Government,<sup>12</sup> agreed in Ottawa in June 2010, parliamentarians from around the world call on governments to pool resources, including new funding of US\$ 12 billion to reach a total of US\$ 24 billion, under an international funding mechanism specially for MDG 5, which will provide targeted assistance for sexual and reproductive health and rights, family planning and access to safe abortion when and where it is legal and therapeutic abortion. A similar call was launched in the parliamentary statement at the 2010 Women Deliver conference<sup>13</sup> in Washington, where parliamentarians from all regions of the world called for an additional US\$ 12 billion a year to be invested in women and girls. They also

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<sup>11</sup> See also: [http://www.who.int/pmnch/events/2009/mnchconsensus\\_fr.pdf](http://www.who.int/pmnch/events/2009/mnchconsensus_fr.pdf)

<sup>12</sup> See also: <http://www.cappd.ca/prototype/files/Appeal.pdf>

<sup>13</sup> See also: [http://www.womendeliver.org/assets/Parliamentary\\_Statement\\_Women\\_Deliver.pdf](http://www.womendeliver.org/assets/Parliamentary_Statement_Women_Deliver.pdf)

committed to working in partnership with governments, civil society, the private sector and other key stakeholders to meet the US\$ 24 billion that is needed to provide access to family planning and maternal and newborn care to all women in developing countries, and to actively work towards the establishment of a global funding mechanism for family planning, mothers and children with other international donors.

However, during the preparations for the G8 Summit, the Canadian Foreign Minister, Lawrence Cannon, announced the Canadian government's decision to exclude family planning from the G8 maternal and child health initiative, due to be launched at the Summit. After weeks of heavy campaigning from NGOs and parliamentarians from across the world, who were pointing out that this intention contradicts the overwhelming consensus of the global health community on essential components of maternal health, Prime Minister Harper finally said that his government '...is not closing the door to any option, and that includes family planning'. But in April, the Canadian federal government disclosed that Canada would consider funding family planning measures, such as contraception, but will not fund abortions under any circumstances in its G8 maternal and child health initiative for developing countries. International Cooperation Minister Oda declared that they were 'using a definition of family planning in the discussions that does not include abortion'.

Finally, the G8 Muskoka Initiative on Maternal, Newborn and Under-Five Child Health<sup>14</sup> was adopted. It is related to MDGs 4 and 5, with links to MDGs 1 and 6, and focuses on achieving progress on health system strengthening in developing countries facing high levels of maternal and under-five child mortality and an unmet need for family planning, such as Mali, Haiti, Mozambique, Tanzania and Afghanistan. The Initiative includes elements such as attended childbirth, post-partum care, sexual and reproductive health care and services (including voluntary family planning and health education), treatment and prevention of diseases, prevention of mother-to-child transmission of HIV, immunizations, basic nutrition and actions in the field of safe drinking water and sanitation. Although the Initiative does refer to sexual and reproductive health care and services, including family planning, the fact that it does not refer to the Consensus on Maternal, Newborn and Child Health, and avoids making an explicit reference to safe abortion services where legal, proves that the G8 are moving away from the comprehensive Cairo agenda. The G8 undertake to mobilize US\$ 5 billion of additional money on top of the US\$ 4.1 billion annual contribution. Although the new financial commitments are to be welcomed, the total amount falls short of the money that is needed to address MDGs 4 and 5 worldwide and it is not clear if the pledges concern new money.

#### D. GFATM: possible expansion of mandate?

Since its creation in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has become the main source of funding for programmes to fight HIV/AIDS, TB and malaria. The main focus is on the three diseases, but the GFATM has taken steps to strengthen health systems and community systems, through a model of country ownership based on the Country Coordinating Mechanisms (CCM). While the GFATM in principle includes support for SRH in its activities, it depends on the CCMs to draw up sound proposals that include SRH in the national planning. In its 2009 report 'Scaling up for impact. Results Report'<sup>15</sup> the GFATM acknowledges that many CCMs include a number of interventions in relation to SRH, but the report does not give gender-disaggregated data and the interventions are mainly related to HIV/AIDS prevention and

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<sup>14</sup> See also: [http://www.unicef.org/malaysia/G8\\_MUSKOKA\\_INITIATIVE.pdf](http://www.unicef.org/malaysia/G8_MUSKOKA_INITIATIVE.pdf)

<sup>15</sup> See also: [http://www.theglobalfund.org/documents/publications/progressreports/ProgressReport2008\\_en.pdf](http://www.theglobalfund.org/documents/publications/progressreports/ProgressReport2008_en.pdf)

treatment, with the bulk of the money going to treatment rather than primary prevention. In 2008 the GFATM adopted a Gender Equality Strategy that must help to ensure that vulnerabilities of women and girls are addressed in the strategies. In 2009 this was complemented with a Strategy in Relation to Sexual Orientation and Gender Identities.<sup>16</sup>

In March 2010 the GFATM published a report 'Investments in the Health of Women and Children: Global Fund support of Millennium Development goals 4 and 5'.<sup>17</sup> Although the report highlights the links between MDGs 4, 5 and 6 and makes references to SRH, it also insists upon the fact that around half of maternal deaths in Africa are not related to pregnancy. The report illustrates that the GFATM investments contribute substantially towards reaching MDGs 4 and 5 by citing examples of GFATM-supported programmes on antiretroviral (ARV) therapy, prevention of mother-to-child transmission of HIV (PMTCT), and insecticide-treated bed nets. However, the GFATM insists that a review of successful HIV proposals submitted to the Fund in round 1 to 7 include a wide range of interventions to promote sexual and reproductive health: 70% included one or more of the four broad elements of SRH (information, education and communication on SRH, condom promotion and distribution, diagnosis and treatment of STIs and PMTCT), 20% included interventions to address gender-based violence and 30% included HIV testing and counseling programmes integrated in SRH services.

In its 2010 report 'Innovation and Impact',<sup>18</sup> the GFATM explicitly refers to the second target under MDG 5 on universal access to reproductive health. It states that almost all GFATM-supported programmes provide SRH-related services, including treatment of STIs, behaviour-changing communication on safer sex, distribution of condoms, HIV counseling and testing, and care and support to people living with HIV and their families. However, it is impossible to see in the report what proportion of investments is spent on SRH.

In recent years the GFATM has expanded its scope to include support for health system components in disease-specific programmes and to fund 'horizontal' health system components. In this context the 2008 Washington seminar agreed on the idea of a joint World Bank-WHO-GFATM-GAVI platform to strengthen health systems. This mechanism should reduce transaction costs and streamline funding for national health strategies and plans and will be tested in 2010.

At its 21st Board meeting, the GFATM explored options for optimizing synergies with maternal and child health (MCH). For the first time, the Board strongly acknowledges the links between MDGs 4 and 5 and the GFATM core mandate of MDG 6. The Board notes that despite support for integrated MCH services in the GFATM portfolio, some areas of the MCH continuum, including comprehensive family planning, skilled care for women and newborns during and after pregnancy and childbirth, will not be addressed by 2015. Therefore, the Board encourages countries to integrate MCH in their HIV/AIDS, TB and malaria applications in the CCMs. It also makes it clear that to deliver better results on the integration of MCH in the GFATM programmes, additional finances will be necessary. The 22<sup>nd</sup> board meeting from 13<sup>th</sup> to 15<sup>th</sup> December 2010 will consider the option for strengthening and enhancing the Global Fund's contribution to MDGs 4 and 5.

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<sup>16</sup> See also: [http://www.theglobalfund.org/documents/strategy/TheGenderEqualityStrategy\\_en.pdf](http://www.theglobalfund.org/documents/strategy/TheGenderEqualityStrategy_en.pdf) and 'The role of reproductive health and reproductive health supplies in strengthening health systems', Joyce Haarbrink for Countdown 2015 on behalf of IPPF

<sup>17</sup> See also: [http://www.theglobalfund.org/documents/replenishment/2010/Investment%20in%20Health%20of%20Women%20and%20Children\\_GF%20Support%20to%20MDG%204%20and%205.pdf](http://www.theglobalfund.org/documents/replenishment/2010/Investment%20in%20Health%20of%20Women%20and%20Children_GF%20Support%20to%20MDG%204%20and%205.pdf)

<sup>18</sup> See also: [http://www.theglobalfund.org/documents/replenishment/2010/Progress\\_Report\\_Summary\\_2010\\_en.pdf](http://www.theglobalfund.org/documents/replenishment/2010/Progress_Report_Summary_2010_en.pdf)

## E. European Union: developing new tools in a changing aid architecture

Traditionally, the European Union has always supported the ICPD PoA and developed strong language on SRHR. In 2004 the Council adopted conclusions on ICPD+10, reaffirming that the implementation of the ICPD PoA is key to poverty reduction and fundamental to achieving the MDGs. In the 2006 European Consensus for Development, the Commission, the Council and the Parliament indicate that the EU recognizes health as an essential objective within the MDGs and that the Community will support the full implementation of strategies to promote sexual and reproductive health and rights. However, when it comes to the instruments the EU can use to help achieving these goals, the evolution during recent years has shown a drastic shift away from earmarked programmes and SRHR funding to increasing use of (general) budget support. These have principally come about through the geographical programmes with partner countries mobilized by European Development Fund (EDF) and the Development Cooperation Instrument (DCI).

The focus of the EU at present is very much on strengthening health systems, with the inclusion of sexual and reproductive health services as one of the basic elements of quality basic health care, but that does not automatically translate into more funding going to health in general or SRH specifically. In line with the Paris Declaration and the Accra Agenda for Action on Aid Effectiveness<sup>19</sup>, the EU wants to strengthen the principle of 'country ownership' of its ODA, and therefore the area of development affected by its aid will tend to depend upon the sector that is chosen by partner countries in their Country Strategy Papers. Research on the 2007 EU Country Strategy Papers (CSP) shows that in ACP countries only 2 have health as a focal sector, in Latin America none of the 15, and in Asia 5 of the 15. A 2008 report by the European Court of Auditors on EC Development Assistance to Health Services has shown that the Commission is largely absent from the health sector and that EC headquarters and EC delegations lack sufficient staff with health expertise needed to support partner countries.

The relatively small thematic programme 'Investing in People'<sup>20</sup> has 'good health for all' as one of its sub-headings, but most of the money is spent on the GFATM, UNIFEM, UNFPA, GAVI and WHO programmes.<sup>21</sup>

It seems therefore that the EU will have to significantly improve its instruments to be able to live up to its political commitments. A few recent developments show that the EU institutions are working on this.

The March 2010 Commission staff working document 'EU Plan of Action on Gender Equality and Women's Empowerment in Development 2010-2015'<sup>22</sup> starts by pointing out that sexual and reproductive health and rights are still neglected or denied in many countries, that maternal death is very often related to pregnancy and childbirth and that gender inequalities and gender-based violence have been fuelling HIV/AIDS. The plan proposes a three-pronged approach to strengthen the gender-dimension of the EU action: strengthening the political and policy dialogue on gender equality (with gender integrated in PRSPs and CSPs), gender mainstreaming (with better gender-segregated data, gender analysis and gender-sensitive monitoring and evaluation systems)

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<sup>19</sup> See also: [http://www.oecd.org/document/18/0,3343,en\\_2649\\_3236398\\_35401554\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html)

<sup>20</sup> See also: [http://ec.europa.eu/europeaid/how/finance/dci/investing\\_en.htm](http://ec.europa.eu/europeaid/how/finance/dci/investing_en.htm)

<sup>21</sup> For more detailed overview of EU programmes and funding, see: 'The role of reproductive health and reproductive health supplies in strengthening health systems', Joyce Haarbrink for Countdown 2015 on behalf of IPPF

<sup>22</sup> See also: [http://ec.europa.eu/development/icenter/repository/SEC\\_2010\\_265\\_gender\\_action\\_plan\\_EN.pdf](http://ec.europa.eu/development/icenter/repository/SEC_2010_265_gender_action_plan_EN.pdf)

and specific actions. The Action Plan aims to structurally enhance a common EU practice on gender equality in development by 2015. Progress will be discussed on a yearly basis at EU ministerial level. A midterm review will take place in 2013. The Gender action plan was adopted by the Council of the European Union in June. In its conclusions, the Council firmly supports the establishment of a composite UN Entity for Gender Equality and the Empowerment of Women.

In line with the European Commission's communication on the "EU's Role in Global Health"<sup>23</sup> and the accompanying staff working papers<sup>24</sup>, in the May 2010 Council conclusions the Council expresses concern with the slow progress of MDGs 4 and 5 and states that health systems should pay special attention to gender equality, women's needs and rights. It explicitly recognizes women's right to have control over, and decide freely and responsibly on, matters related to their sexual and reproductive health. It reaffirms the links between HIV/AIDS policies and programmes and SRHR policies and services, and underlines that full implementation of and access to policies and services (as set out in the ICPD/Cairo Declaration and PoA, the Beijing Declaration and PoA and other relevant international instruments and internationally agreed development goals, including the MDGs) is crucial for women's rights, gender equality and women's empowerment. The Council therefore calls on the EU and the Member States to prioritize their support for strengthening comprehensive health systems in partner countries and ensuring full participation of civil society and other stakeholders to deliver universal coverage of basic health care, through a holistic and rights-based approach, with particular attention to the four main health challenges (sexual and reproductive health, child health, communicable and non-communicable diseases). The Council calls on Member States to gradually move away from earmarked funding to general budget support, channeling two thirds of health ODA through partner countries' own development programmes, but insists on the need to forecast and monitor the EU distribution of direct and indirect health aid. The Council recognizes results achieved by the GFATM and GAVI, but asks them to enhance their focus on strengthening comprehensive health systems.

In its staff working documents accompanying the communication, the Commission announces that it will organize collective EU analysis and a list of priority countries, defined on the basis of the health financing gaps by the International Health Partnership (IHP). They will monitor programmed and forecast direct EU health aid and increase the collective EU capacity in the health dialogue and global health issues with a set of concrete initiatives. Commission services, in collaboration with the WHO, UNFPA and UNIFEM will assess progress and promote policy dialogue at country level on the gender dimension of national health strategies, ensuring universal access to reproductive health and a better gender balance in human resources for health.

In its April 2010 communication on 'a twelve point EU action plan in support of the MDGs',<sup>25</sup> launched in preparation of the UN Summit in September, the Commission identifies as one of the 12 priorities 'to improve the impact of policies in key sectors, such as health and education'. However, the concrete commitments in this action plan relate to political and financial support for global initiatives such as the GFATM, GAVI and the Education for All fast track initiative<sup>26</sup>. The staff working document accompanying the communication clearly states that MDG 5 is the most off track and that maternal mortality only decreased by less than 1% per year between 1990 and 2005, far below the 5.5% needed to reach the MDG. It identifies unsafe abortion as one of the leading causes of maternal mortality and points out that to improve maternal health, access to skilled attendants, emergency obstetric care and family planning services must be increased. The

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<sup>23</sup> See also: [http://ec.europa.eu/development/icenter/repository/COMM\\_PDF\\_COM\\_2010\\_0128\\_EN.PDF](http://ec.europa.eu/development/icenter/repository/COMM_PDF_COM_2010_0128_EN.PDF)

<sup>24</sup> See also: [http://ec.europa.eu/development/services/dev-policy-proposals\\_en.cfm](http://ec.europa.eu/development/services/dev-policy-proposals_en.cfm)

<sup>25</sup> See also: [http://ec.europa.eu/development/icenter/repository/COMM\\_COM\\_2010\\_0159\\_MDG\\_EN.PDF](http://ec.europa.eu/development/icenter/repository/COMM_COM_2010_0159_MDG_EN.PDF)

<sup>26</sup> See also: <http://www.educationfasttrack.org/>

document contains a separate chapter on the Maputo Plan of Action on Sexual and Reproductive Health. It identifies the following challenges (amongst others): focusing on the most off-track goals and countries, addressing fragility, increasing emphasis on equity and social justice and addressing demographic growth.

In its June 2010 session the Council of the European Union welcomes the twelve-point EU Action Plan. It agrees with focusing efforts on the most off-track countries and most off-track MDGs, such as child and maternal mortality. The Council still believes that the MDGs can be globally achieved by 2015. It is interesting to note that the Council 'calls upon all partners in the international community to mandate the UN Secretary-General to timely launch a reflection process in order to build a broad-based bottom-up, country-owned and country specific development agenda beyond 2015'.

At the UN MDG Summit in New York, the EU took an important stand to have language relating to human rights, including sexual and reproductive rights, adopted in the outcome document. It negotiated efficiently to have references to family planning, using ICPD language as well as defending language on 'services'. The EU pushed the gender equality and women's rights agenda and worked to ensure a recommitment to Beijing and the ICPD in the outcome document. However, due to its mandate that was limited to the Council Conclusions on Global Health and on the MDGs, The EU failed to push for progressive agreed language on comprehensive sexuality education, specific needs of adolescents and unsafe abortion.

European Commission President José Manuel Barroso announced the launch of a one billion EUR MDG Initiative,<sup>27</sup> aimed at the countries that are most committed to making progress on the MDGs and needy for help in doing so, especially focusing on the targets that are the furthest from being achieved. The EU MDG initiative is re-allocating unspent funding from the 10<sup>th</sup> EDF, and is therefore not additional money. But it could provide opportunities for funding to the most off-track MDGs, and thus to MDG 5 and 5B. However, the Commission made it clear that the spending of the MDG initiative will be decided on the basis of requests in specific areas, formulated by partner countries. Given the low priority in the CSPs on health and the complete absence of prioritizing family planning and SRHR in the CSPs, it is questionable whether the policy dialogue with partner countries will bring increased investments in these sectors. By wishing to work with countries showing commitment and results, the performance angle that was added to the Council conclusions makes it difficult for fragile and post-conflict countries, where MDGs 5 and 5B are most off-track, to be eligible for the money. Details about target countries, objectives and implementation will be discussed with Council by the end of 2010.

## F. Is there still support for SRHR in the European Parliament?

The European Parliament's Report on "Progress towards the achievement of the Millennium Development Goals: Mid-Term Review in preparation of the High-Level Meeting in September 2010",<sup>28</sup> authored by Michael Cashman, MEP (S&D, UK) in June 2010, responded to the Commission communication, and asked the Commission, the Member States and developing countries to address MDGs 4, 5, and 6 in a coherent and holistic way, along with MDG 3 on gender equality and women's empowerment. It called on all Member States and the Commission to allocate at least 20% of all development spending to basic health and education, to increase

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<sup>27</sup> See also: <http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/10/465>

<sup>28</sup> See also: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A7-2010-0165+0+DOC+PDF+V0//EN&language=EN>

contributions to the global health fund and to prioritize maternal health and combating infant mortality. Developing countries should spend at least 15% of their national budgets on health care and enhance their health care systems. It called on the Member States and the Commission to reverse the worrying decline in funding for SRHR in developing countries and to support policies on family planning, abortion, treatment of sexual diseases and provision of condoms.

In its report on "The effects of the global financial and economic crisis on developing countries and on development cooperation"<sup>29</sup>, authored by Enrique Guerrero Salom, MEP (S&D, Spain) in March 2010, the parliament noted with concern the reduction in ODA efforts for public health, in particular sexual and reproductive health and rights.

In its report on "Gender equality between women and men in the European Union – 2009"<sup>30</sup>, authored by Marc Tarabella, MEP (S&D, Belgium) in February 2010, the parliament emphasized that women must have control over their sexual and reproductive rights, notably through easy access to contraception and abortion, and that women must have access free of charge to consultation on abortion. It supported measures to improve women's access to sexual and reproductive health services and to raise awareness of their rights, and invited the Member States and the Commission to implement measures to make men more aware of their responsibilities in relation to sexual and reproductive matters. The report contains a broad definition of sexual and reproductive health, defined as a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and states that recognition of the full physical and sexual autonomy of women is a precondition for any successful sexual and reproductive health rights policy.

Despite growing opposition from conservative groups, the European Parliament is still capable of gathering a majority in the assembly with a strong commitment for protecting sexual and reproductive health and rights.

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<sup>29</sup> See also: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A7-2010-0034+0+DOC+PDF+V0//EN&language=EN>

<sup>30</sup> See also: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A7-2010-0004+0+DOC+PDF+V0//EN&language=EN>

## Part 2: Informal survey of key stakeholders in European Donor Countries on the future of sexual and reproductive health and rights once the Programme of Action on Population and Development (ICPD PoA) concludes in 2014

- A. Has the existence of an internationally agreed UN Programme of Action on Population and Development, such as the ICPD PoA, been beneficial for advancing European support for international sexual and reproductive health and rights?

Key findings:

- All respondents highlight the historical importance of the ICPD PoA for SRHR.
- Most respondents feel that the ICPD PoA is a powerful tool for advocacy.
- Many respondents say that the ICPD PoA has helped to frame domestic policies and to strengthen their country's financial support for SRHR.
- Several respondents argue that the implementation and funding have not matched the initial commitments made.
- Most respondents say that the ICPD PoA has been successful in putting family planning and SRHR high on the European agenda, but many are convinced that since 2004 European leadership in the matter has been diminishing because of growing political opposition and competing priorities.

In evaluating the overall effect that the ICPD PoA has had, all respondents are quick to highlight its historical importance, as it has placed women's empowerment and their sexual and reproductive health at the centre of development. It is seen as a very useful reference document that is comprehensive, contains all the details, singles out the problems and identifies the solutions. The PoA has helped the EU and individual countries in Europe to make it a woman's right to decide over her body. It has highlighted the importance of family planning in enabling women to realize that right, and has promoted it as an important international standard in policies relating to development cooperation. Furthermore it is seen to have deepened and widened the discussions on the policy choices of national governments. Most respondents also refer to the importance of the shift away from purely Malthusian demographic policy choices, and some say that without the ICPD PoA, the Beijing Platform for Action <sup>31</sup>and the Maputo plan <sup>32</sup>would never have been possible.

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<sup>31</sup> See also: <http://www.un.org/womenwatch/daw/beijing/platform/plat1.htm>

<sup>32</sup> See also: [http://www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)

Most respondents find that the ICPD PoA is a powerful tool for advocacy for NGOs. It has the legitimacy of a consensus document, although it contains footnotes and has declarations attached that demonstrate some areas of contention that exist. This has helped countries in the EU to work on SRH in their development cooperation policies. Some of the respondents also state that the ICPD PoA has served as an explicit reference for governments and parliamentarians to strengthen their support for domestic policies in the field of family planning and women's rights. This has also been the case in countries where SRHR were already well accepted and in countries where before Cairo the issue had been difficult to discuss. One respondent also added that the ICPD PoA has greatly contributed to the understanding of the issue by civil servants.

According to several respondents, including both government officials and FPAs, the ICPD PoA has also helped to bolster their country's financial support for SRHR, or for organizations such as IPPF, MSI or UNFPA. Even in some countries like Ireland or Portugal, where SRHR still was a sensitive issue in domestic policies at that time, the ICPD PoA has become a reference point for the country's ODA. Donor contributions only fell once AIDS became a competing issue. Furthermore in one country SRHR has become a key area in the development policy strategy, and this has only been possible because of the ICPD PoA and thanks to strong lobbying by the family planning association and the parliamentary group.

However, others argue that the delivery is the weakest point of the PoA, particularly when SRHR is viewed in comparison to HIV/AIDS. For the text is powerful and comprehensive, but its implementation has not followed the theoretical commitments made by its signatories. One respondent felt that funding for the PoA did not live up to what had been promised, adding that that the HIV/AIDS community has been much more efficient with obtaining funding than the SRHR community 'because the SRHR community does not advocate for funding but merely for content of policies'. One respondent put it more bluntly, simply asserting that 'the HIV/AIDS community never used the ICPD PoA. However, they do have a lot of money'. Several respondents felt that this was partly due to the fact that the ICPD PoA is strong in language, but not in accountability mechanisms. When comparing the accountability of the MDGs with the SRHR agenda, many respondents saw the MDGs as a much stronger tool than the ICPD PoA, but that they cannot replace it (see also question 2). One respondent also thinks that SRHR doesn't sell well, because it lacks the drama that is connected to HIV/AIDS, and because maternal mortality is portrayed too simplistically.

According to one respondent, another obstacle in the implementation of the ICPD PoA is the new aid architecture, which now incorporates the Paris Declaration on aid effectiveness and its focus on country ownership, donor coordination and general or sector-based budget support. In her country a thematic review of the support to SRHR and family planning has been carried out, to see what lessons can be learnt from the past. This review shows that official support for the ICPD PoA by donor countries does not automatically guarantee that SRHR and family planning get the priority and the financial commitments they deserve in the partner country's strategies. Partner countries don't prioritize SRHR or family planning in their health sector strategy and, except for a few countries, donors don't insist on their importance. One of the conclusions was that sector budget support is unlikely to provide measurable SRHR outcomes, unless there is political will in the partner country, technical expertise, adequate and predictable resources and a strong monitoring framework. The respondent insists that much more has to be done to reinforce expertise and training for staff in the country offices. The thematic review will be used to create an informed view on the follow-up of the ICPD PoA.

For most respondents the ICPD PoA has been successful in putting family planning and SRHR high on the European agenda and influential in designing good policies, especially during the first 5 or 6 years of its existence. After that, it became more difficult to keep the ICPD PoA on the agenda, since other development issues such as AIDS and the MDGs have become more important. Several respondents state that the ICPD PoA has been useful to 'hold the line' against the growing opposition since 2004. Some are convinced it has helped the European Commission to repel anti-choice attacks in the European parliament. However, some respondents clearly state that since

2004, things have changed. Whilst in 2004 most new Member States supported the ICPD PoA (explicitly or silently), since then the mood in the European Union has shifted to become 'Cairo-hostile'. Ireland, Poland but especially Malta were mentioned as the main causes of that shift. Whilst Malta remained silent in 2004, the country now takes strong positions, not just in anti-abortion issues but also against the Cairo principle of a woman's right to choose. One respondent called the fact that one country can hijack the EU 'a horrible turn in EU politics', as previously the majority determined the EU's position and those who did not agree had to justify their position. "The fact that the opposition is more outspoken causes tiredness amongst the coalition-of-the-willing that is crumbling", says one respondent. Another respondent thinks that the leadership the European Union showed during the time of the Bush administration is diminishing because of competing priorities and because the countries in Europe "do not speak the same language anymore".

Finally, a number of respondents from family planning associations point to the fact that the lack of support for the ICPD PoA in public opinion is the major problem, and that this has been caused by a simple lack of knowledge. For the general public simply does not know the Cairo plan. In one respondent's opinion this fact is being abused by the opposition, which is mobilizing support for anti-choice issues with false arguments.

## B. Is the formal conclusion of the ICPD PoA in 2014 likely to change European support for sexual and reproductive health and rights?

### Key findings:

- Most respondents think that the MDGs have more political momentum and are a more successful model for implementation than the ICPD PoA.
- Almost all respondents agree that the MDGs cannot replace the ICPD PoA, because the MDGs do not promote a holistic programme, with a focus on gender and a rights-based approach.
- Several respondents fear that in the absence of the ICPD PoA sensitive issues such as access to safe abortion, sexuality education and young people's need would be dropped from the development agenda.
- Several respondents think that after 2014 the ICPD PoA should be continued since its realization is still far from being achieved.
- Many say that the formal conclusion of the ICPD PoA would lead to a loss of support for family planning and SRHR because of growing opposition.

In response to this question many of the respondents point out that some of the MDGs have been based on the ICPD PoA and that the MDGs will continue to be guiding principles for development cooperation within the European Union for the foreseeable future. Some also feel that the MDG model is more successful than the ICPD PoA, as its more global programme and the regular reports on the progress of the MDGs enable them to gain more political momentum.

However, almost everybody agrees that the MDGs cannot replace the ICPD PoA, because SRHR and family planning do not have a strong place in the MDGs, with only one target and only two indicators explicitly linked to family planning. MDG 5b is seen by many as a useful benchmark, but

most people insist that it does not cover the Cairo agenda. "Much ado about safe motherhood from birth on" says one respondent, "but what about family planning?" Another respondent indicates that it took 8 years to get the indicators on MDG 5b approved and states that it was not a coincidence that the goal was excluded from the MDGs at first. Several respondents, especially from family planning associations, are concerned that sensitive issues such as access to safe abortion, sexuality education and the needs of young people will be completely dropped from the development agenda, if the MDGs were the only reference. For most respondents, the gender and the rights-based approach are missing. One respondent states that the MDGs lack the integrated holistic approach and aim too much at 'quick wins'. Some add to this that the problem with the MDGs is that they do not indicate the way in which they should be achieved, unlike the ICPD PoA.

Several respondents indicate that the ICPD PoA must be continued after its official conclusion, since we are still far from achieving its aims in the field. Many mention the Beijing Platform for Action as being another crucial document in the field as well. Some think that the official conclusion of the programme will not change much, as the text of the document still exists, and the principles and the content will continue to be a reference, as one respondent said, "Donors will not stop their financial contributions to SRH if the advocacy by the SRHR community is strong enough". However, others argue that the official conclusion of the Cairo programme in 2014 could cause a tremendous backlash in the position that European countries take on issues such as family planning and SRHR, considering the strength of the opposition voices in Europe and the lack of leadership on the issues. This point was neatly expressed by one respondent, who said, "If Cairo finishes, it will automatically lead to a loss of support for the content of the programme. That could lead to a crisis with the conservatives starting to act at international level". Meanwhile another respondent expressed a more general fear, as "with ICPD gone, it would mean that there is a risk of losing all legitimacy for support for family planning and SRHR". Opinions vary as to the extremity of the problem, with one respondent suggesting that "the committed group of countries might maintain its position, but without renewal after 2014, SRHR could be lost as an international norm". They then added that SRHR needs a 'home' on equal footing with other development issues.

Other respondents, from governmental departments as well as from family planning associations, state that the conclusion of the ICPD PoA would probably not change their country's attitude to family planning and SRHR in their development policies. But they do feel that it would send the wrong signal to the world about the importance of this unfinished agenda.

### C. Would a new ICPD PoA after 2014 be desirable (or a similar UN document representing a global consensus on population and development/SRHR)?

Key findings:

- Half of all respondents are convinced that the ICPD PoA, the Beijing PfA and the MDGs must be merged into a new MDG+ programme after 2015. This programme must present a new global framework for development, including a focus on population, family planning and SRHR.
- Most respondents find the MDG agenda politically stronger than the ICPD PoA and insist on the need for reporting in the new framework.
- The other half of the respondents are very skeptical about integration of the ICPD PoA in an MDG approach and find that the UN General Assembly (GA) should reconfirm the ICPD PoA.

- Many respondents think that full review of the ICPD PoA is not advisable, because this might dilute it.
- At the same time many are convinced the ICPD PoA must be updated to cover new developments such as climate change, migration and security.

When asked about possible scenarios for after 2014, opinions are divided. But no strict distinction can be drawn between the opinions of official government representatives and those of NGOs.

Almost half of all respondents are convinced that the ICPD PoA, the Beijing Platform for Action and the MDGs must be merged to become a new global MDG+ programme after 2015. Some of them explicitly argue that a separate UNGASS for ICPD, Beijing and the MDGs within a few years time, is simply too much. Several respondents state that ‘stand-alone platforms’ addressing specific themes were OK in the past, but that this time is over. “Special thematic conferences have created a lot of momentum for pushing the agenda, politically and financially, but they are also very costly” adds one respondent. But another would argue that “At the moment it is neither politically nor financially feasible to hold a new conference that could agree a more progressive programme of action”. For this reason both the Cairo and the Beijing Platform must be integrated in a new development agenda.

As a whole the respondents concur that the revised MDG+ programme must present a new global framework for development that includes population issues, family planning and SRHR. Some explicitly insist on the importance of keeping the sensitive issues, such as access to services, abortion and adolescent sexuality within the framework. One respondent insists on the fact that whatever follows the MDGs must have a rights-based approach and that gender equality must be transversal. Most people in this group think that the MDG agenda is politically stronger and that reporting must be a key component of the new framework. Three other respondents think that family planning and SRHR could be reinforced in the MDGs through the use of more targets and indicators. “We need more figures on the table, not just on the costs but also indicators on the objectives that should be reached and where we are. We also need to show best practices and show donors what they can achieve with their contribution” says a respondent. One of them states that the fact that MDG 5b speaks of ‘access to’ shows that a human rights approach in the MDGs is possible. But other respondents are convinced that new additional targets and indicators, such as MDG 5b, will not be possible, especially not on issues like abortion or young people’s sexuality.

Within the group of respondents favouring an MDG+ scenario, some respondents show concern over the future role of UNFPA in such a new development framework, since UNFPA is the watchdog of the ICPD PoA, but has no clear role in the MDG process.

Other respondents are very skeptical about the scenario in which the ICPD should be integrated into an MDG approach. One of them signals that there are signs that the next global development agenda will look different to how it is at present, as the 3 health related MDGs will probably be merged and more attention will be given to the growing concerns of climate change, population ageing and the rise of non-communicable diseases. In this context the place of family planning and SRHR is very uncertain. Another respondent states that an MDG approach will never have the broad agenda that Cairo covers, that young people’s sexuality and family planning will get lost and that the rights-based approach is missing. One respondent says that the MDGs are given strength and content by the Cairo and Beijing Platforms, and that issues on women’s empowerment are simply not covered in the MDGs.

For these reasons, half of all respondents think that the UN General Assembly should reaffirm the ICPD PoA. Time is not ripe for a full review of the ICPD PoA, because the danger exists that opening up the discussion on ICPD PoA could dilute the content of the programme, but respondents in this group argue that the programme should be reconfirmed. Some think it could be updated

with issues that were not at stake in 1994, such as climate change, migration and security. "20 years of development policy with Cairo may not be forgotten", says one respondent "This agenda must be continued, but with an additional chapter to cover new developments, such as climate change, consumption patterns in North and South, a much higher focus on young people and special attention to cooperation with the private sector". One respondent also wants the successor of the ICPD to be much more specific and concrete, with country- or region-based empirical information, clear targets and funding flows to follow up progress. Another respondent believes that the conclusion of the Cairo and Beijing Platforms and that of the MDGs that come around the same time can create opportunities, but that the focus must be on a rights-based agenda. "The ICPD PoA needs a successor for the sake of peace, development, the environment and the economy, and human rights", says this respondent.

In considering the way forward for supporters of the ICPD PoA, another respondent is convinced that now is not the time for international conferences that have to build on an international consensus, because the opposition to the cause is bigger now than in 1994. He thinks it is better to work less on substance, but to focus on new partnerships between donor and partner countries, civil society organizations and the private sector, because the development agenda is too state-driven now. One respondent sees two important process challenges to guarantee a successful outcome as being technical and political, stating, "the first one we have historically done well in, but we need to invest in the specialists. The second, we tend to fail in. Let's not wait until the political process fails to start the technical process".

A further interesting observation from one respondent was that the ICPD PoA should be celebrated at an UNGASS meeting and at an NGO conference, rather than at an international conference, emphasizing that "we should think more creatively and build stronger North-South alliances. Why not think of organizing an event all over the world on the same day, mobilizing young people, women, grass-roots organizations and the media to sensitize the broader public opinion?"

Interestingly, a few respondents think there is no need to choose one specific strategy, but that a two-track approach must be developed. The first track should be an UNGASS or a High-Level UN meeting to reconfirm the ICPD PoA and safeguard its content, re-focusing the attention of governments and the media on the importance of SRHR and ensuring that the ICPD PoA remains a reference document after 2014. One respondent thinks this conference should be more like the conference that marked the five-year review of the ICPD, which took place in The Hague in 1999 and involved like-minded stakeholders who all support the ICPD PoA. These respondents also feel that the conference should be prepared by holding review conferences in different regions, with a focus on best practices and areas of failure. The second track should then be to develop a strategy to brand SRHR and family planning issues as being firmly within the MDG framework and in the global health agenda at the global policy level. Some of them point to the Joint Action Plan for accelerating progress on maternal and newborn health that will be presented by UN Secretary-General Ban Ki-Moon at the UN High Level Meeting in September, saying that "maternal mortality is high on the agenda. We should insist on the links between the MDGs, especially MDG 5, and the ICPD PoA". A few respondents add that "The ICPD PoA is much more than SRHR and family planning, the issues that the SRHR community focuses on. We should start talking more about the links with climate change and global health to win support for SRHR".

D. In your opinion, given the current and foreseeable political landscape between now and 2014, would the European Union be able to support a global consensus on population and development/SRHR which is at least as strong as the ICPD PoA?

Key findings:

- Most respondents are pessimistic about the EU's leading role on SRHR, because of the mounting political opposition it faces and the global economic downturn.
- A significant number of respondents think that a strong position in the EU is still possible, if like-minded countries can push more to get recalcitrant countries on board and if countries that silently support the ICPD PoA can be more vocal.
- Several respondents see an important role for NGOs in mobilizing support for a new consensus on population and development. They point to the importance of advocacy, reaching out to public opinion and forming alliances with women's and youth organizations.
- Many respondents stress the importance of investing in alliances with the USA and with developing countries.
- Several respondents see UN WOMEN as a real opportunity for new political leadership on population and development issues, but some are concerned about the future role of the UNFPA.

When considering the role that the European Union and the countries in Europe could play in building a global consensus on population and development and SRHR, most respondents are pessimistic. They tend to feel that the momentum has been lost for European leadership on these issues. "Most of the countries in Europe are on the right side, but it is an eternal battle to keep this position", says one respondent pointing out how Malta and Poland managed to prevent the European Union from taking a strong position in the Commission on the Status of Women. "The EU is not in the driver's seat any longer" says another. Another notes that "Some countries do their best to form a coalition to allow the European Union to speak with one voice. But the talks are endless and it never works". Another adds that "The political context in Europe is not favorable. Maternal health is getting a lot of attention, but young people's sexuality gets the sack, because it is too sensitive an issue that raises much resistance, even in Europe". One respondent also points to the negative effect of the crisis. "Europe is wrestling with itself. The crisis makes us look much more inwards. Timing is bad for a new generous consensus".

Other respondents think that a strong position in the European Union still is possible, even if the position at present is frustrating. The following selection of quotations illustrates the range of views that respondents have on the issue, and how the problem can be solved:

- "The split in the positions in the Union is bad and frustrating".
- "Countries like the Netherlands and Sweden have made a lot of effort to overcome the split, but Brussels could do more. It is not certain that the conservative positions that are sometimes taken at international conferences really are positions of the capitals. In the past it was possible to find language that was acceptable for all, thanks to footnotes and declarations".

- “Embassies should work to get Ireland on board. Public opinion is moving on sensitive issues such as abortion. We should tell the Irish: let’s get it done and move on. Maybe Poland and Malta will follow later”.
- “If France and Germany were very vocal at the G8 conference about the conservative position of Canada, how can this not be possible within Europe?”
- “Like-minded countries should push more to get the recalcitrant countries on board. But at the same time, countries that support the ICPD PoA should let their voices get heard at important international occasions. The consensus principle is becoming a real difficulty”.
- “We should do much more targeted advocacy work with the critical countries and focus more on out-reach and dialogue with organizations and individuals, especially with young people, to show them that the enemy picture they have about European countries that support the ICPD PoA is wrong”.
- “This surely is a work for many years, but family planning organizations and the UNFPA can play a role in mapping out who could become allies and involving them in joint projects”
- “To build a new European consensus, we should work more with the women’s movement and with human rights organization in critical countries. But that could take years. In the Nordic countries a discussion is going on about whether or not they should form a spearhead group that can take more progressive positions”.
- “At international conferences such as CPD and CSW this group could make it clear that we don’t compromise. But it is a real dilemma: would this make the SRHR agenda move more?”
- “The Netherlands and the Nordic countries should start a dialogue with countries that support the ICPD PoA, but are less outspoken. Their silence is astonishing, because civil society organizations in these countries are advancing the Cairo agenda”
- “If the silent countries would speak out, the opposition would appear to be greater than we expected”.

Meanwhile one respondent is convinced that it will be much more difficult to get a strong position in the European Union, but warns at the same time that we should not be driven by fear from the start: “It is true that there is a strange coalition of the unwilling worldwide that gathers Extremists, tea-party people, Radicals... Also in Europe, conservatism is growing. But the opposition would not stop if we stopped working for a new consensus”. This respondent went on to say that we should map out allies, opponents and the silent countries in Europe, in order to work more strategically towards a new consensus.

A group of respondents clearly sees an important role for the NGOs being to mobilize support for a new consensus on population and development and SRHR in Europe. The Berlin Forum showed that the NGOs are preparing; the SONGs initiative <sup>33</sup>will ensure follow-up. However, some respondents are concerned by the absence of NGOs that can take the lead in Poland, Malta or Slovakia, were a lot of campaigning remains to be done. Several respondents to the survey shared the opinion that “the London General Assembly should mobilize the NGOs in the North and in the South and we should clarify at that occasion what we want”.

Several respondents were keen to emphasise the great importance of advocacy and the way the issue is communicated to the wider public:

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<sup>33</sup> See also: <http://www.eurongos.org/Default.aspx?ID=23303>

- “To build a new consensus on population and development, leading forces in the SRHR community should pay much more attention to the public opinion”.
- “The weakness of the strategy stems from the fact that public opinion does not understand the ICPD PoA; messages are too oriented towards like-minded people; evidence-based information is missing. We need stronger messages”.
- “Messages must be better harmonized and easier to understand. We must stop talking only to ourselves”.
- “The messaging on population issues is too dominated by the environmental community and lacks a rights-based approach. We should bring that approach back in”.

Meanwhile some respondents say that the SRHR community is too closed and that must change, and this point was clearly made by one respondent, who stated that “the focus of EuroNGOs is too much on family planning only to get broad support. Organizations from the women’s movement are not strong enough to mobilize a new consensus on population and development. They should be revitalized and form alliances with youth organizations”. A respondent from a national parliament also reminded us that joint action of members of parliament and NGOs is crucial for mobilizing public opinion and the media.

Many respondents are convinced that Europe will need to liaise with other countries and continents to find support for a new consensus on population and development and SRHR. One respondent pointed out that “Europe should invest more in alliances with the South”. Another looked to progress being made in Latin America, where “in some countries separation between the Church and the State is taking place”. And another respondent felt that “Partners can be found in Asia and Africa, where advocates are convinced that the ICPD PoA has been helpful for their countries”.

Many respondents are disappointed by the change in attitude in Canada, a country that has always supported the ICPD PoA in the past. Most of the respondents show optimism with the arrival of the Obama administration, but some of them warn that preparing for ICPD+20 with the US should start now. Some respondents think it is very important that countries who support the ICPD PoA should discuss what steps have to be taken to ensure continuity for the PoA at the UNGA meeting in New York in September. Another pointed out that the meeting of the Commission on Population and Development in 2011 will also be a key moment for the future of the development agenda.

Some respondents emphasise the importance of the UN showing strong leadership to ensure a new consensus on population and development in the future. In this context one referred to the leadership of the UNFPA, where they feel that “Thoraya Obaid has managed to take balanced positions in sometimes difficult situations.” They move on to say “let’s hope that the new leadership of UNFPA will be strong on SRHR”. Another looked right to the top of the UN, where “Next year Secretary-General Ban Ki-moon’s term comes to an end. We must ensure that population and development issues and SRHR will be prioritized by the new leadership”.

Finally, it is at the UN level where some of the people surveyed see the most potential for the future. For they see the creation of the new UN Gender Entity, UN WOMEN, as a real opportunity for powerful new political leadership on population and development issues, providing it is well funded and staffed by skilled people, and that SRHR are enshrined within its terms of reference. But at the same time the formation of UN WOMEN is also causing concern at present, as its relationship with UNFPA is as yet unclear. As one respondent says on a cautionary note, “UNFPA is the UN body that is linked to the ICPD PoA. It has a long tradition of working with NGOs and parliamentarians. UN WOMEN will never be strong enough to build a new consensus on population and development”. For the future of SRHR within the international development agenda, therefore, this relationship will be crucial, and the roles and responsibilities of the entities will need to be clearly determined.

## Postscript

This survey was conducted before the UN Summit on the Millennium Development Goals took place in September this year. The focus on MDGs 4 and 5 during the Summit and the launch of Secretary-General Ban Ki-moon's Global Strategy on Women and Children's Health have brought new political momentum to advance family planning and SRHR in the framework of the MDGs. It is therefore likely that the answers given by the respondents in this survey would have been influenced in a positive way by the outcome of the Summit.

Meanwhile, Countdown 2015 Europe has organized an expert meeting on the implementation of Europe's commitment to MDG 5B by 2015, where strategies have been discussed on how to ensure the inclusion of MDG 5B in development policies.

The SONGS initiative of EuroNGOs will ensure follow-up for the Berlin Forum in mobilizing support for a new global consensus on SRHR in Europe. In November 2010 the EuroNGOs conference in London, "Gender and SRHR at the heart of the MDGs", will bring together the international SRHR community with other important stakeholders from the fields of development cooperation and women's and humanitarian issues. This will provide the opportunity for relevant actors to build coalitions to strengthen SRHR, as well as gender and women's empowerment in European and global civil society advocacy efforts.

## Key findings & Outlook

From the range of responses given by respondents to the four questions, the following points represent the areas upon which there are extensive areas of consensus:

- Respondents tend to agree that in recent years great progress has been made in ensuring that SRHR is included in processes and agreements where it had not originally been intended. The clearest example of this would be the MDG Framework (MDGs 5a and 5b in particular), which have enabled specific areas of SRHR to feature prominently in the most high-profile features of the international development agenda.
- Most of the respondents (and particularly the representatives of governments) explicitly stated that they would welcome having a place and structure to discuss the future of the ICPD PoA further. They felt that these discussions should take place at a central event in 2014, which could be preceded by smaller regional preparatory events. This structured collaboration following a fixed timeline would enable them to develop the collective ideas of the SRHR community and build the alliances that the community relies upon to operate effectively. However, it is worth bearing in mind that there are differences of opinion about whether such a structure should only comprise 'like-minded' people, or should aim to build the largest possible consensus.

Opinions about the future of SRHR and its prominence in development policy are in evolution at present. Similarly SRHR stakeholders cannot yet agree on the most effective way to ensure that a strong new consensus is reached in 2014. But it is crucial that the community develops momentum in its strategy to safeguard the legacy of the ICPD PoA after 2014.

The next session of the UN Commission on Population and Development in spring 2011 will discuss the future of the ICPD PoA and consider launching a process to update or replace it, taking into account the approaching conclusion of the MDGs in 2015. It is important for the SRHR community to have developed clear ideas on possible scenarios for the future of the ICPD PoA by then, to build

alliances with other civil society organizations for women, youth and development cooperation, and to rally support with governments in preparation of this CPD session.

At present SRHR looks likely to lose the specialized and focused framework that was afforded to it by the ICPD PoA. On the one hand this will give it the chance to establish itself across the development spectrum in a range of agreements, policies and processes, including the MDG+ programme. However, in the face of voluble opposition, it also faces the risk of losing prominence and facing attack from its opposition once its current home ceases to exist.

This report has shown that a hunger exists among stakeholders for a framework in which they can discuss SRHR, but this framework is still to be determined. The end of the ICPD PoA must not mark the end of the era when SRHR were considered to be priorities by the international community. It should instead mark the point of transition, when SRHR issues are allowed to acquire their rightful place at the core of mainstream development issues, at the root of successful ODA policy with a sustained impact.

The EPF hopes that this document will be able to play a useful role in helping the SRHR community achieve this. But for the cause to retain its prominence, preparations for the MDG+ programme must begin.

Anne Van Lancker

Gent, 8 October 2010



## Annex

### A. Overview of references to SRHR in key international documents

	Reference to SRHR?	Reference to ICPD PoA?	Financial Commitments	Focus	Follow up
UN CPD 2009 Resolution (April 2009)	X	X		15-year review of ICPD implementation. Strong emphasis on human rights, funding for family planning should be given priority, repeats commitment to take specific action for access to safe and quality abortion services where they are legal	
UN Human Rights Council 2009 Resolution (June 2009)	X	X		First time that UN HRC officially recognises maternal mortality as human rights issue. Women's & girl's maternal health are formally placed within human rights framework	Resolution requested the Office of UN High Commissioner for HR to prepare thematic study on preventable maternal mortality and morbidity & human rights. The report on "Preventable maternal mortality and morbidity and human rights was discussed during 14 <sup>th</sup> HRC Session in May/June 2010
World Health Assembly Resolution on health MDG achievements (April 2010)	X			Resolution expresses deep concern by slow progress regarding MDG 4 and 5. Urges Member States to specifically focus on these MDGs including adequate care to RH, including FP and sexual health and to eliminate gender inequalities by promoting women's rights	Requests Director-General to present WHO actions, as part of its action plan for renewal of primary health care, to strengthen support for MDGs 4, 5, and 6
MDG Report 2010 "Keeping the Promise" (June 2010)	X			Commitment by Member States to address reproductive, maternal and child health in a comprehensive way by, amongst other, providing FP and access to safe, acceptable and affordable RHS. Action Plan stresses need for integrated HIV/AIDS, RH and FP services	
UN MDG Summit Outcome	X	X		Outcome document contains reference to most of the comprehensive SRH services needed to	Asks UN GA for annual progress review on

Document 2010 (22 September 2010)				achieve the MDGs but falls short in using ICPD PoA language, especially on needs of young people and consequences of unsafe abortion.	MDGs and to hold a special event in 2013.
UN SG Global Strategy on Women and Child Health (22 September 2010)		X	US\$ 40 bn over the next 5 years pledged by a number of Heads of State & Government, private sector & foundations, intl. orgs	Strategy highlights the central role of women's health in sustainable development and links women's rights with safe motherhood and child survival. Strategy calls for increased financial and political commitments.	Global strategy focuses on 49 poorest countries and estimates a financial gap for the health-related MDGs of US\$ 26 bn in 2011 and US\$ 42bn in 2015;
World Bank RHAP 2010-2015 (11 May 2010)	X	X	WB expected to increase its health financing to US \$ 4.1 bn	Adopted in May 2010, represents blueprint for its reproductive health work. 5 year action plan to help dev countries to reduce high fertility rates, and to improve reproductive health rights and needs. Plan demonstrates declining share of ODA for RH activities.	Plan will focus on 58 countries with high maternal mortality rates and high total fertility rights. Focus lies on health systems strengthening and intends to working with partners & CS through Health Systems Funding Platform. Action Plan does not specify financial commitments for RH in the years to come
Consensus for Maternal, Newborn and Child Health (July 2009)			Costs of achieving targets calculated to US \$ 30 bn for 2009-2015.  US \$ 5 bn pledged in multiyear funding in September 2009	Agreed by the G8 Leaders during the L'Aquila Summit. Recognises the need to align political and financial efforts to accelerate progress on MDGs 4, 5 and 6. Necessary actions identified include: access to modern methods of family planning, skilled antenatal and postnatal care	
G8 Muskoka Initiative (June 2010)	X			Focuses on MDGs 4, 5 with links to MDG 1 and 6, focused on achieving progress in countries facing high burdens of maternal, under-five mortality and an unmet need for family planning.	Although the initiative refers to SRH care and services, including family planning, it does not refer to the Consensus on MNCH and does not make a reference to safe

					abortion services where legal.
G8/G20 Parliamentary Appeal  (June 2010)	X	X		Appeal calls on governments to pool resources, including new funding of US\$ 12bn to a total of US\$24 bn under an international funding mechanism for MDG 5. A similar call was launched at the Women Deliver Conference in June 2010.	

## B. Overview and dates of upcoming key events 2010/2011

Date	Event	Location
October/November 2010	10 <sup>th</sup> Anniversary of UN Security Council Resolution 1325 on Women, Peace and Security	International
25 November 2010	International Day for the Elimination of violence against Women	International
29-30 November 2010	3 <sup>rd</sup> EU-Africa Summit Theme: "Investment, Economic Growth and Job Creation"	Libya
1 December 2010	World AIDS Day	International
29 November – 10 December 2010	COP 16 Meeting	Cancun/Mexico
02-04 December 2010	20 <sup>th</sup> ACP-EU Joint Parliamentary Assembly Meeting	Kinshasa/DRC
06 December 2010	European Development Days	Brussels/Belgium
10 December 2010	Human Rights Day	International
13 – 15 December 2010	23 <sup>rd</sup> Global Fund Board Meeting	Sofia/Bulgaria
<b>2011</b>		
22 February -04 March 2011	UN Commission on the Status of Women on "Access and participation of women and girls to education, training, science and technology, including for the promotion of women's equal access to full employment and decent work"	UN Headquarters, New York/USA
April 2011	44 <sup>th</sup> Session of UN Commission on Population and Development. Main topic: "Fertility, reproductive health and development". The Commission will also decide about the follow up of the ICPD PoA.	UN Headquarters, New York/USA
May/June 2011	4 <sup>th</sup> United Nations Conference on Least Developed Countries	Istanbul/Turkey
June 2011	UNGASS on HIV/AIDS	New York/USA
Summer 2011	G 8 Parliamentarians' Meeting	Paris/France
Summer 2011	G8 Summit	Nice/France
October 2011	IPCI/ICPD Parliamentarians' Meeting	Panama City/Panama
2011	High Level Forum on Aid Effectiveness	Seoul/Korea

## C. List of Interviewees

### National ministries

- Denmark - Ministry of Foreign Affairs, Kirsten Havemann
- Finland - Ministry of Foreign Affairs, Gisela Blumenthal
- Germany - Ministry of Foreign Affairs, Joachim Schmitt
- Netherlands - Ministry of Foreign Affairs, Elly Leemhuis-De Regt
- Sweden - Ministry of Foreign Affairs, Lena Ekroth
- UK - DfiD, Julia Bunting
- UK - DfiD, Nel Druce

### Members of Parliament:

- France - Member of Parliament, Danielle Bousquet
- Germany - Member of Parliament, Sibylle Pfeiffer
- Lithuania - Member of Parliament, Birute Vesaitė
- Netherlands - Former Member of Parliament, Chantal Gillard
- Sweden - Member of Parliament, Carina Hagg
- UK - Former Member of Parliament, Chris McCafferty

### European Commission:

- DG Development, Marieke Boot

### UNFPA:

- UNFPA Brussels, Sietske Steneker
- UNFPA Copenhagen, Pernille Fenger

### NGOs

- AIDOS, Daniella Colombo
- APF, Alice Frade
- DSW, Karen Hoehn
- DSW, Renate Baehr
- E&P, Robert Toubon
- FPFE, Alba Varela
- IFPA, Meghan Doherty
- IPPF-EN, Vicky Claeys
- IPPF London, Matthew Lindley
- MFPP, Dominique Audouze
- MSI Brussels, Maaike Van Min
- RFSU, Ann Svenson
- SoS, Tania Dethlefsen
- Vaestoliitto, Hilka Vuorenmaa
- WPF, Yvonne Bogaarts