

From choice, a world of possibilities

SDG's and SRHR

(Sustainable Development Goals and Sexual and Reproductive Health and Rights)

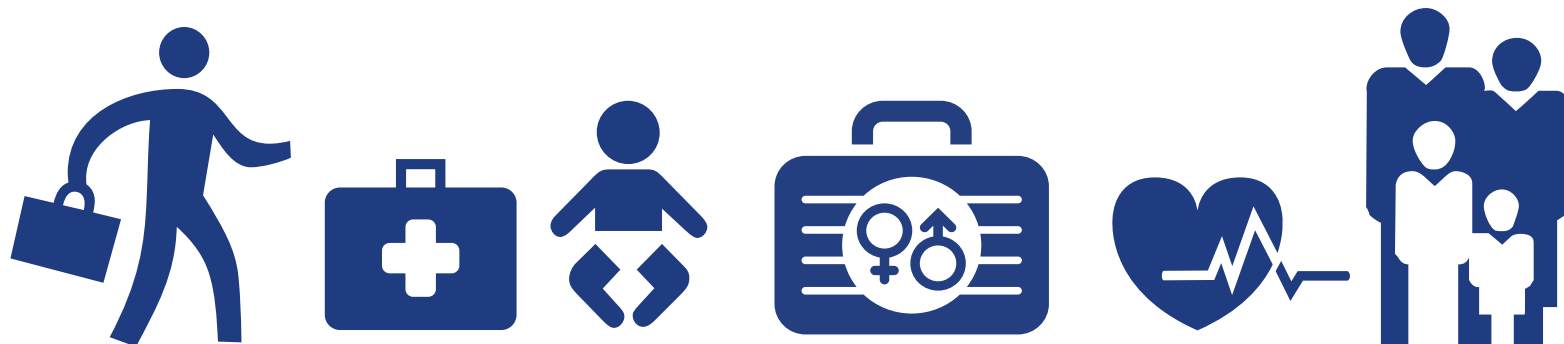
What's in it for SRHR?

In September 2015, building upon the success of the expired Millennium Development Goals (MDGs), UN member states adopted the 2030 Agenda for Sustainable Development a universal agenda comprising the Sustainable Development Goals (SDGs), a framework of 17 goals and 169 targets for the period 2015 to 2030 that took effect on January 01, 2016.

The SDGs set out universal goals and targets across all three dimensions – social, economic and environmental – of sustainable development. Though non-binding, the new development agenda will strongly determine and inform development policy priorities and funding for African countries in particular.

This brief aims at providing a friendly overview of the SDGs as they relate to SRHR and their significance in the context of socio-economic development of sub-Saharan Africa. In particular, this brief focuses on SRHR-related goals and targets, means of implementation (MoI), financing for development, monitoring & evaluation as well as accountability mechanisms.

Furthermore, the brief attempts to identify the most obvious gaps and challenges and make recommendations for IPPFAR Member Associations (MAs) and partners to improve SRHR at the national level.



I. SRHR TARGETS

Following the expiration of the MDGs, Sexual Reproductive Health and Reproductive Rights (SRHR) issues are recognised from the outset in the SDGs. This is an important milestone, a recognition that women's access to quality sexual and reproductive health care and information, and their ability to decide whether and when to have children are central to their own health and well-being as well as for the social and economic well-being of their children, family, community and nation. SRHR are cross-cutting by nature and are to some extent embedded in several goals. However specific SRHR provisions are in goals 3 and 5 as follows:

Specific SRHR Provisions

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

- 3.1. Reduce the global maternal mortality ratio to less than 70 per 100,000 births.
- 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.7. Ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 5: Achieve gender equality and empower all women and girls.

- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- 5.6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Gaps, challenges or missing issues

The SDGs adopted a limited scope of SRHR issues failing to move beyond previously agreed language (SRH and RR as agreed in ICPD) and thus advance the SRHR agenda. Sexual Rights in general and Safe Abortion Care, Sexual Orientation and Gender Identity are not mentioned at all in the agreed documents but were ever present in the discussions or underlying the different positions. Comprehensive Sexuality Education (CSE) and issues of adolescent access to quality and confidential SRH services are still very sensitive and subject to strong opposition.

It should be noted that throughout the lengthy discussions leading to the adoption of the SDGs,

several African member states including Benin, Chad, Cameroon, Comoros, Nigeria and in some occasions the entire African bloc fiercely opposed sexual rights and some of the issues related to gender equality.



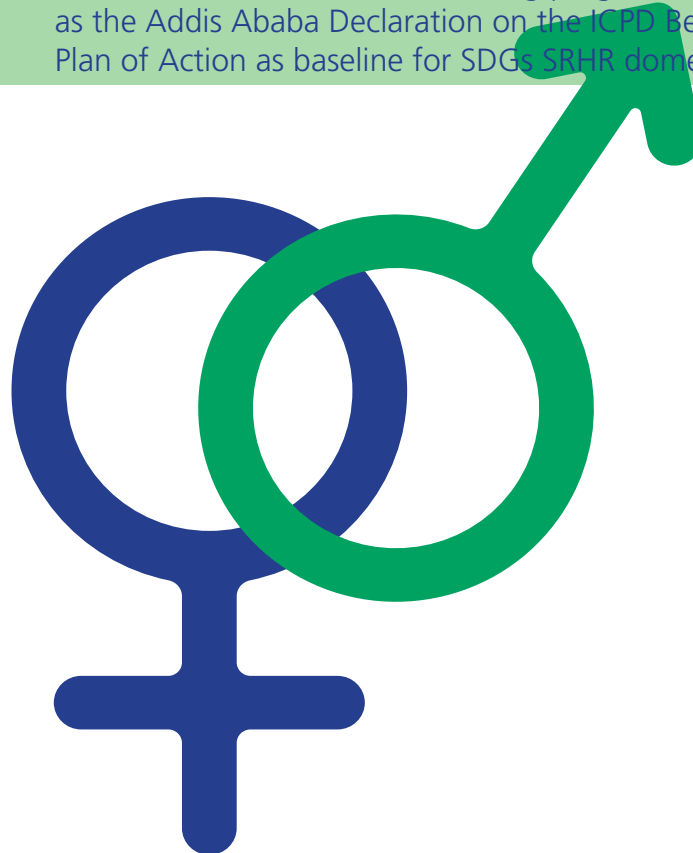
Recommendations

The global power dynamics and agenda strongly influences national priorities in Africa. However, African States constitute one of the largest negotiating blocs at the UN that can potentially have a big impact on the negotiations outcome if they speak with one voice. Regarding SRHR in particular, the necessity for Africa to play a central role is even more relevant as Africa, according to available statistics, has the worst SRHR indicators and the largest youth population. It is therefore important to convey the right messages, voicing communities and stakeholders' needs and expectations as well as demands.

Furthermore, it should be recalled that the agreed global standards are results of negotiations/consensus and compromise, and should therefore be considered a minimum. National policies and targets could therefore go beyond them to respond to the national context and development needs.

In this regard, the following recommendations to promote and improve SRHR in Africa in the context of SDG's implementation are suggested:

- Understand SDGs content and scope, disseminate them and advocate for SDGs domestication and implementation.
- Understand the intricacies behind Africa's apparent negation of or reluctance towards sexual rights (including safe abortion) for all in order to devise and implement adequate advocacy strategies for the promotion and adoption of a rights-based approach.
- Build capacities and awareness on sexual rights, gender equality as human rights and on their impact on people's life, and on the social and economic development of African nations.
- Build capacities and awareness on SDGs domestication, identify processes of SDGs implementation at all levels and engage them.
- Intensify evidence based advocacy to win stakeholders and decisions makers.
- Create momentum and use existing progressive regional SRHR laws, policies and positions such as the Addis Ababa Declaration on the ICPD Beyond 2014, the Maputo Protocol, the Maputo Plan of Action as baseline for SDGs SRHR domestication.



II. FINANCING FOR DEVELOPMENT (FfD3) AND MEANS OF IMPLEMENTATION (MoI)

MoI are instruments (financial and non-financial) and modalities to enable the implementation of the SDGs. They are ways and means to achieve the SDGs. Consequently, MoI targets for each goal have been developed, as well as a stand-alone goal 17 building on goal 8 of the MDGs (Global Partnership for Development). It should be recalled that unlike the MDGs, the SDGs, and by extension, the MoI are universal but with differentiated responsibilities based on the level of development, capacities and needs.

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

- *3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.*

- *3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.*
- *3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.*

Goal 5: Achieve gender equality and empower all women and girls.

- *5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.*
- *5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.*
- *5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.*

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

19 targets on finance (domestic resource mobilisation, developed countries 0.7 GDP commitment, debt sustainability etc.) technology, capacity building, trade and systemic issues (policy and institutional coherence, multi-stakeholder partnerships, data, monitoring and accountability).



Financing for Development (FfD3)/the AAAA

FfD is a UN process that aims at establishing a common framework for global financing. It should be noted that FfD is the only UN process that could address systemic issues to enable implementation of all UN agreed development agendas.

FfD and SDGs are different processes with different structures with obvious linkages. It was therefore agreed that the FfD3 (a follow up to the Monterey and Doha Conferences) should be integrated to the SDGs to complement Mol.

The FfD3 outcome, the Addis Ababa Action Agenda (AAAA), covers all SDGs Mol and is articulated around the following seven areas:

- Domestic Public Resources.
- Domestic and International Private Business and Finance.
- International development cooperation (ODA).
- International trade as an engine for development.
- Debt and Debt Sustainability.
- Systemic issues.
- Science, technology, innovation and capacity building.

At the core of the AAAA are the Following New Principles in FfD:

- Domestic resource mobilization.
- Using Official Development Assistance (ODA) to leverage both public and private funds.
- Involvement of private sector.
- Blended financing, loans and Public Private Partnerships.

Main Challenges and Concerns

FfD3/AAAA

- Like the SDGs, the AAAA is not a binding agreement, However unlike the SDGs, it has no formal monitoring framework and no accountability commitments despite several references to accountability and transparency.
- The scope of FfD3 is still unclear. For developed countries FfD3 should be the financing framework for SDGs, while for developing countries FfD3 is beyond SDGs and for the implementation of all internationally agreed development agendas.
- The AAAA also failed to recognise and integrate the principle of Common but Differentiated Responsibility (CBDR) between (developed and developing) countries.
- There are no new financial commitments but mere reinstatement of previously existing aid commitments.
- Emphasis on domestic resource mobilisation seems unrealistic in the face of unresolved structural and systemic issues and subsequent national constraints (unfair trade systems, exclusive financial and tax matters global governance, unsustainable and illegitimate debt etc.).
- Likewise, the private sector is profit driven and shouldn't be relied upon to address public health issues, more so in poor countries of sub Saharan Africa where public investments are most needed and states should have a developmental role.

Mol

Considering that MDGs had no real commitment from developed countries, the adoption of Mol, is undoubtedly a step forward and a success. However, this is hampered by several factors:

- Mol targets for each goal are not specific to corresponding SDGs targets that they would seek to address. This is disappointing and particularly detrimental for SRH as MDGs reports consistently identified access to SRH as the most lagging behind issue with a large funding gap.
- Furthermore, Mol are perceived as lacking meaningful and substantive language thus diluting commitments.
- Additionally the universality and shared responsibility should not mean equal responsibility. With the exception of the reaffirmation of the old unfulfilled 0.7 GDP commitment of developed countries in goal 17, Mol like the AAAA failed to clearly establish “universality with differentiation”, or common but differentiated responsibility (CBDR), by identifying responsibilities for developing and developed countries or the role expected from each set of countries and when. CBDR was actually confined to environmental issues.

Recommendations

Traditionally SRH funding is mainly out of pocket and through foreign aid. Yet Official Development Assistance (ODA) is not likely to increase in the foreseeable future. It is equally established that imbalances and asymmetries in the global finance and trade systems undermine and meaningfully restrain national policy space and development capacities. CSO efforts should therefore gear at enabling African countries to increase and mobilise domestic resources for health and SRHR.

The following are the recommendations;

- Strengthen capacities of SRHR stakeholders and MAs in particular to understand and engage discussions (at national, regional and global levels) to address systemic and structural issues that severely impede SRHR funding and universal access to SRHR in Africa.

- Engage SDGs and FfD follow up processes to improve Mol and SRHR financing including adoption of timetables, M&E and accountability mechanisms.
- Build strategic alliances and partnerships with thematic CSOs that engages in FfD and SDGs implementation and other related discussions.
- Demand implementation of the Abuja commitment of 15 % national budget to health and a fair share to be allocated to SRHR.
- Demand implementation of the Declaration on the Right to Development.
- Demand policy coherence and structural reforms as enablers at national regional and global levels.
- Demand development at national level of SRHR target specific Mol that recognise the developmental role of the state.



III. FOLLOW UP AND MESURING PROGRESS and SUCCESES in IMPLEMENTATION

The Review and Follow up Mechanism

The Agenda 2030 prescribes frequent SDGs reviews that will take place at all levels, national and sub national, regional and global. The reviews are State-led and voluntary with the participation of all stakeholders including CSOs, communities and indigenous peoples.

The High Level Political Forum (HLPF), an emanation of the UNGA and ECOSOC will oversee the review and follow up of SDGs implementation at the global level. This inclusive and participatory forum, with a ministerial segment will meet annually, while it will meet every four years at Heads of State level. The HLPF enables the participation of all UN agencies including Regional Economic Communities (RECs), major groups and other stakeholders.

The HLPF reviews will be informed by the following:

- The Annual SDGs Progress report by the UN SG to be based on the global indicator framework and on data produced by national statistical systems as well as information collected at the regional level.
- The Global Sustainable Development Report (GSDR) will complement the SDGs progress report as a strong evidence based instrument assessing the landscape in an integrated manner and ensuring the "science-policy connection". Consultations and discussions on the scope, methodology and frequency of the GSDR have however not been concluded.
- Country reports: voluntary and not binding may be based on additional indicators.
- No binding audits/assessments of institutions.

The Global Indicator Framework of the Goals and Targets of the 2030 Agenda for Sustainable Development

The process of developing an M&E framework by the Inter Agency Expert Group, (IAEG), selected experts and statisticians representing all continents and relevant UN Agencies have been participative and stakeholders have been duly consulted. It was agreed that data disaggregation is an overarching principle. Indicators should be disaggregated "by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics"

Below are agreed indicators to measure progress and ensure the implementation of the SRHR and RR targets, including Mol, at the global level.

3.1: Reduce the global maternal mortality ratio to less than 70 per 100,000 births.

- **3.1.1** *Maternal deaths per 100,000 live births.*
- **3.1.2** *Proportion of births attended by skilled health personnel.*

3.7: Ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

- **3.7.1** *Percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods.*
- **3.7.2** *Adolescent birth rate (aged 10-14; aged 15-19) per 1,000 women in that age group.*

5.3: Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation

- **5.3.1** *Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18.*
- **5.3.2** *Percentage of girls and women aged 15-49 who have undergone female genital mutilation/cutting, by age group.*

5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

- **5.6.1** *Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.*
- **5.6.2** *Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education.*

Gaps and challenges of the review mechanism and its global indicator framework

Given the diversity and different levels of openness of UN member states, discussions on accountability are quite difficult in particular when they are based on consensual and non-binding instruments. It is even more difficult to agree on accountability measures regarding the CBDR and some (country to country) aspects such as systemic issues and financing for development commitments. In addition the task of developing adequate and comprehensive indicators to measure progress in implementing SDGs is daunting.

Compared to the SDGs there is obvious progress. However much more effort needs to be undertaken to ensure SDGs can and will be implemented, leaving no one behind.

- Arguably ensuring accountability has been the weakest part of the 2030 Agenda for Sustainable Development. Only a follow up and review mechanism on a voluntary basis was established instead of a proper accountability mechanism that would ensure answerability and responsibility of decision makers and other duty bearers.
- Though the review process at the global level is inclusive, there is no clear mechanism to ensure that people's and in particular the vulnerable can engage and even challenge policy decisions and implementation of SDGs.
- The review at national and regional level is encouraged but its forms and processes are entirely left to the political will of member states and regional institutions.
- Some aspects of MoI namely specific FfD elements, while an integral part of the 2030 agenda are in a separate process outside the mandate of the HLPF and other relevant SDGs follow up mechanisms. There is the need to push for harmonization.
- All aspects of several targets were not addressed by global indicators. Hence it was agreed that this is work in progress, IAEG members will continue their work to improve the framework and member states could use tailored additional or different indicators at regional, national or sub national levels.
- Data disaggregation criteria missed some important aspects such as marital status, sexual orientation and gender identity, health status, wealth, etc.
- There seems to be a dichotomy regarding the treatment of girls SRHR: the needs of girls in the age group 10-14 are not included for measuring access to services including FP/contraceptives and information, however their birth rate is measured.
- Though public private partnerships are encouraged there is no clear process to hold the private sector/powerful multinationals accountable or to regulate the partnerships.

Recommendations

- Domesticating global and regional protocols and development agenda such as the SDGs at the national level has also been a challenge to due to inadequate mechanisms to hold governments accountable. In this regard, it is recommended that CSOs should systematically put accountability on the agenda and push for the development, adoption and implementation of appropriate national and sub national accountability systems as an integral element of the domestication process.
- Appropriate and informed decisions to develop relevant interventions to improve the well-being of the population require data analysis based on socio-demographic disaggregation. As much as possible, data disaggregation criteria should include additional socio-economic data on marital status, sexual orientation and gender identity, health status, wealth, etc.
- Conducting separate reviews on Mol and FfD would mean having two separate findings, conclusions and recommendations. It is important to harmonise the review process for Mol and FfD to ensure the review findings, conclusions and recommendations cover all aspects of implementations and funding.
- Active participation of marginalised populations including young people and

women in the different mechanisms and processes of monitoring and review is critical to ensure success. It is therefore essential to engage HLPF and strengthen systematic participation of marginalised populations at all levels.

- Regional and sub regional levels are important and could enable the development and coordination of appropriate review mechanisms at the national level. It is appropriate to build alliances with like-minded CSOs at all levels to engage relevant national bodies to push for the development and coordination of relevant review mechanisms at all levels.
- Despite available evidence to show that considerable proportion of girls aged 10 – 14 years are sexually active, their SRH needs usually ignored. There is the need to advocate and push for the recognition and acknowledgement of the SRH needs and rights of girls aged 10 – 14 years. It is equally important to advocate for the provision of SRHR information and services girls aged 10-14.
- The role of the private sector in development agenda including SRHR cannot be over-emphasised. However, the involvement of the private sector should be regulated to ensure answerability and avert possible negative impact of unchecked interventions.

Resources

1. Transforming our world: the 2030 Agenda for Sustainable Development A/RES/70/1.
2. Progress towards the Sustainable Development Goals Report of the Secretary-General 2016. E/2016/75* June 2016.
3. Background note for consultations on the scope, methodology and frequency of the Global Sustainable Development Report (GSDR). (<https://sustainabledevelopment.un.org/content/documents/9674Background%20note%20for%20consultations%20on%20GSDR.pdf>).
4. Sustainable Development Goals: A SRHR CSO Guide for National Implementation. IPPF, 2015.
5. Report of Accountability Mechanisms for Implementing the Sustainable Development Goals A high-level roundtable discussion at the 29th session of the UN Human Rights Council 18 June 2015, Palais des Nations, Geneva, Switzerland.
6. WHO WILL BE ACCOUNTABLE? Human Rights and the Post-2015 Development Agenda. Centre for Economic and Social Rights, 2013.



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