

Sexual and reproductive health and rights (SRHR) are inextricably linked to larger development goals like reducing poverty, achieving better health and ensuring equal rights for women and girls. Access to SRHR, including family planning, is essential to reduce poverty, increase education and professional opportunities and attainment for girls and women in all settings. When women are able to voluntarily decide about the timing and spacing of their pregnancies, their children are healthier and better educated, leading to better outcomes across whole families and entire communities. The *EWEC Global Strategy* recognizes the right of every woman and adolescent to make informed choices about their sexual and reproductive health. The report of the Health and Human Rights Working Group reaffirms the urgency of adopting a human rights-based approach to health and generating high-level political support, at both national and international levels. This comes at a critical time, when shifting political agendas and rising levels of humanitarian crisis place the rights of many—including sexual and reproductive health and rights—at risk. In this context, EWEC’s value will lie in its ability to unite stakeholders across sectors and ensure linkages with emerging platforms like She Decides in order to address financial and programmatic gaps across the SRHR agenda so that the fundamental rights of every girl and woman are promoted, provided, protected and enhanced. Additionally, EWEC partners working across the international humanitarian coordination system, including through the health cluster, offer a crucial entry point to ensure a cohesive response to provide a continuum of care and services—including SRHR—to women and adolescents in conflicts and fragile settings. The replenishment of the Global Financing Facility (GFF) in support of EWEC—launching in September 2017—also provides a critical opportunity to elevate key SRHR messages, mobilize political and financial commitment and ensure alignment of financing streams to ensure equitable access to health and rights for all women, children and adolescents, everywhere.

WHAT DO WE NEED FOR PROGRESS?

- Sustained—or increased—political will to mobilize financial commitment to SRHR
- Universal access to comprehensive sexual and reproductive health information, services and goods that are gender-responsive and youth-friendly
- Prevention of harmful cultural practices like child and early forced marriage (CEFM) and female genital mutilation
- Increased access to screening and management of cervical and breast cancer
- Identification of context-specific needs—including barriers—to women and adolescents realizing their full sexual and reproductive health and rights
- Legal frameworks to register and address human rights violations, promote human rights literacy and provide age- and gender-appropriate protection services
- Gender and adolescent sensitive SHRH interventions, including in humanitarian and fragile settings, health emergencies and disease outbreaks
- Prevention and treatment of Sexually Transmitted and Reproductive Tract Infections and their sequelae, including linkages to HIV

TOP LINE MESSAGES

Access to comprehensive sexual and reproductive health and rights (SRHR) is the bedrock of gender equality, economic development and progress for all. When sexual and reproductive health and rights are violated, women, children and adolescents—particularly girls—are unable to achieve their full potential. Resulting unintended pregnancies—and associated infections—too often end in pre-mature death or debilitation due to complications or unsafe abortions. When they don’t, new mothers are often unable to pursue an education or a career, limiting economic participation in their community. Lack of comprehensive SRHR services perpetuates a vicious cycle that further marginalizes women and girls.

Universal access to contraceptive information, services and quality, affordable supplies is a basic human right. Greater investments are needed in human rights-based programming to ensure gender-inclusive and age-specific services that enable women and girls to obtain their full range of sexual and reproductive health and rights.

In a time of shifting politics and complex development challenges, greater investments are needed to protect the gains we’ve made and ensure that all women and girls can fully obtain their sexual and reproductive health and rights. This will require greater coordination across sectors to address social determinants, leverage other entry points and overcome structural barriers that limit the equality and empowerment of women and girls.

KEY STATISTICS

- Between 1990 and 2015, use of modern contraceptives rose from 48 per cent to 58 per cent among married or in-union women aged 15-49.¹
- Today, 214 million women in developing countries want to avoid pregnancy but are not using a modern method of contraception.²
- Despite progress, data from 45 countries indicate that only one in two women aged 15-49 makes her own decisions regarding sexual relations, contraceptive use and healthcare.³
- 19 per cent of young women in developing countries become pregnant before 18.⁴
- Every year, 7.3 million births occur to adolescent girls under the age of 18 in developing countries. Girls under the age of 15 account for 2 million of these births.⁴
- Each year, an estimated 74 million unintended pregnancies occur in developing countries due to contraception failing or a lack of contraceptive access.⁵ Of these unintended pregnancies, 36 million end in abortion, more than half of which are unsafe.⁶
- For each additional dollar spent on contraceptive services above the current level, the cost of pregnancy-related care is reduced by \$2.22.²
- It is estimated that annually there are 357 million new cases of four curable Sexually Transmitted Infections among people aged 15–49 years. Syphilis alone in pregnancy leads to over 300,000 fetal and neonatal deaths each year, and places an additional 215,000 infants at increased risk of early death.⁷
- The human papillomavirus infection is responsible for an estimated 530,000 cases of cervical cancer and 264,000 cervical cancer deaths each year.⁶

MEASURING PROGRESS: KEY INDICATORS FROM THE EWEC GLOBAL STRATEGY

- Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG 3.3.1)
- Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)
- Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG 3.7.2)
- Coverage of essential health services (SDG 3.8.1)
- Informed decisions by women on sexual and reproductive health (SDG5.6.1)
- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1)
- Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education (SDG 5.6.2)
- Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights (additional to SDGs)
- Legal frameworks for equality and non-discrimination on basis of sex (SDG 5.1.1)

¹ Estimates and projections of family planning indicators 2017. United Nations Population Division (http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml).

² Guttmacher Institute, Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

³ UNFPA analysis based on DHS/MICs 2015.

⁴ Motherhood in childhood: facing the challenge of adolescent pregnancy, state of world population 2013. New York: UNFPA; 2013 (<http://www.unfpa.org/publications/state-world-population-2013>).

⁵ Polis CB et al., Contraceptive Failure Rates in the Developing World: An Analysis of Demographic and Health Survey Data in 43 Countries, New York: Guttmacher Institute, 2016 (https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-failure-rates-in-developing-world_1.pdf)

⁶ Marie Stopes International. (<https://mariestopes.org/the-challenge/>)

⁷ WHO Fact Sheet. <http://www.who.int/mediacentre/factsheets/fs110/en/>



June 2019

2019 WOMEN DELIVER CONFERENCE

- 3-6 | Vancouver, Canada
- *Promote linkages between adolescents' health, rights & wellbeing*
- *HLSG Meeting (TBC)*

December 2018

EVERY WOMAN EVERY CHILD PARTNERS FORUM

- TBA | India

November 2018

INTERNATIONAL CONFERENCE ON FAMILY PLANNING

- 12-15 | Kigali, Rwanda
- *Galvanize cross-sectoral action to meet FP 2020 goals*

January 2018

ECOSOC YOUTH FORUM

- 30-31 | UN-HQ, New York, NY

December 2017

WORLD AIDS DAY

- 1 | Global

UNIVERSAL HEALTH COVERAGE DAY

- 12 | Global

UHC SUMMIT

- 13-14 | Tokyo
- *Highlight the need for ensure universal access to SRHR*

November 2017

13TH INTL. AIDS IMPACT CONFERENCE

- 13-15 | Cape Town, South Africa

October 2017

WORLD CONGRESS ON ADOLESCENT HEALTH

- 27-29 | New Delhi, India
- *Promote investments in adolescents' SRHR*

September 2017

WORLD CONTRACEPTION DAY

- 26 | Global

July 2017

FAMILY PLANNING SUMMIT

- 11 | London, UK
- *Ensure link between SRHR, Family Planning and the Demographic Dividend*

May 2017

GLOBAL ADOLESCENT HEALTH CONFERENCE

- 16-17 | Ottawa, Canada
- *Promote AA-HA! Framework*