

# Action Steps for the Health and Rights of Women and Youth: Alleviating Poverty and Promoting Human Security and Stability

**“We cannot simply confront individual preventable illnesses in isolation. The world is interconnected, and that demands an integrated approach.”**

— President Barack Obama, May 5, 2009

**“(R)eproductive rights and the umbrella issue of women’s rights and empowerment will be a key to the foreign policy of this Administration...”**

— Secretary of State Hillary Rodham Clinton, March 27, 2009

Promoting the sexual and reproductive health and rights (SRHR) of all people is integral to alleviating poverty, promoting security and building more stable nations — central tenets of U.S. foreign policy and goals of U.S. foreign assistance. As the Administration and Congress consider fresh directions to ensure that the maximum benefits are derived from U.S. foreign assistance and policies, every effort should be made to prioritize the wellbeing, rights, and empowerment of women and young people who remain at greatest risk of poverty, illness and violence worldwide.

At the 1994 International Conference on Population and Development (ICPD) the United States led the global community in achieving a global consensus around a 20-year plan of action that places the empowerment of women and girls, protecting human rights and promoting the sexual and reproductive health of men, women and youth at the core of efforts to achieve sustainable development. Since that time, countries around the world have committed to achieving universal access to reproductive health by 2015, including through their national Millennium Development Goal (MDG) strategies.

The definition of sexual and reproductive health articulated in international documents and used by the World Health Organization includes:

- Contraception and family planning services;
- Maternal health to ensure healthy pregnancies and safe childbirth;
- Prevention, testing and treatment of sexually transmitted infections, including HIV

(including referrals for services to prevent mother-to-child transmission and treatment);

- Prevention and response to violence against women, including referrals and linkages to clinical, social and legal services;
- Post-abortion care;
- Safe abortion, where permitted by law; and
- Accurate sexuality education that includes information and skills development to delay sexual relations, have healthy sexual activity and practice respect for individuals’ rights and autonomy.

Sexual and reproductive rights, as defined in international agreements, include the right to:

- Reproductive health as a component of overall health, throughout the life cycle, for both men and women;
- Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children, and to the information and means needed to exercise voluntary choice;
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender; and
- Sexual and reproductive security, including freedom from violence and coercion, and the right to privacy.

With one-fifth of illness and premature death worldwide and one-third of illness and death among women of reproductive age caused by shortages in reproductive health services, achieving universal access to reproductive health is a critical factor in reducing extreme poverty and improving global health.<sup>1</sup> But these investments go even further. Expanding access to sexual and reproductive health and rights also strengthens individual welfare, spreads human rights, slows population growth, reduces environmental degradation and resource scarcity, increases family income, and ultimately leads to greater national, economic and environmental security.

**Moving from the vertical approach to health programs that has long characterized U.S. assistance can help remove the false divisions that pit global health priorities against one another.**

## **COMPREHENSIVE APPROACHES: INTEGRATING HEALTH SERVICES**

Beginning with the ICPD, and increasingly over the past 15 years, the international community has recognized that providing a broad constellation of health services in a single location will ensure a higher quality of care and positive health outcomes. This recognition has been confirmed in the public health field. In a systematic review of literature, for example, five leading health agencies concluded that significant savings accrue when HIV/STI prevention is integrated with maternal and child health services. The review also found that linking sexual and reproductive health and HIV enhances program effectiveness and efficiency and better utilizes scarce human resources for health.<sup>2</sup>

These recommendations make sense in the real world. Consider, for example, the circumstance of an HIV-positive woman in rural Kenya who may travel 30 kilometers on foot or on the back of a bicycle to obtain antiretroviral treatment at a U.S.-funded clinic. The same woman may need to venture another 30 kilometers to find a clinic that offers contraceptives that will enable her to control her own fertility or to be tested for other sexually transmitted infections that will impact her health. Both clinics require separate staffing, infrastructure and overhead, and traveling to them

doubles the time that she is away from her family and productive capacities.

Many bilateral and multilateral donors in the global community have altered their policies and programs to support comprehensive and integrated approaches to sexual and reproductive health. But while the United States was a leader in forging international agreements on comprehensive health and rights in the 1990s, U.S. foreign assistance policies and programs have not adapted to reflect these accords. As a result, not only is the United States

not gaining the full benefit of its investments, the country is now out of sync with the ways in which most nations structure their global health programs.

Ethiopia is a case where the country is making an effort to provide sexual and reproductive health services in a comprehensive manner, yet the vertical nature of U.S. policies and programs has hampered the ability of HIV/AIDS, family planning, and maternal health programs to meet the real-life needs of Ethiopian women and youth. With renewed efforts by the Administration and Congress to modernize foreign assistance, the time has come to ensure that the rights and health of women and youth are central to foreign assistance structures and programs. The United States should move away from vertical, siloed delivery of global health programs while providing robust funding for all aspects of health. Such programs should reflect international agreements for a comprehensive and cost-effective health and rights approach that includes sexual and reproductive health and holistically addresses the realities of individual lives.

## **ACTION STEPS FOR RESHAPING U.S. FOREIGN ASSISTANCE AND POLICY**

Moving forward, the U.S. government should work to:

## Case Study: Ethiopia

The government of Ethiopia's recently approved reproductive health strategy supports a comprehensive, youth-friendly approach to addressing sexual and reproductive health issues. Progress toward such a comprehensive approach has been stymied by persistent gender discrimination, infrastructure weaknesses, a scarcity of resources, and, unfortunately, U.S. policies that hinder efforts to reach youth, married women and high-risk populations with a full and appropriate range of information and services.

The U.S. budgeted \$337 million in HIV/AIDS funding in Ethiopia for FY 2009, which is needed to address the burden of disease. However, only \$14 million has been budgeted for family planning and \$8 million for maternal and child health programs, which is grossly inadequate to meet Ethiopian health needs. Moreover, the HIV/AIDS funding is restricted by the limits placed by the U.S. government that distort HIV prevention programming.

For example, one Ethiopian youth club reported having to divide sexual and reproductive health programs based on donors due to the abstinence-only directive that governs the use of PEPFAR funds. Subsequently, messages about the correct and consistent use of condoms are being left out of some youth-centered HIV prevention programs. This has left young participants of the programs to ask "Why don't you teach us about condoms? It is our right!"<sup>3</sup>

### Include Sexual and Reproductive Health and Rights within Global Priorities

- Ensure that U.S. policies and programs reflect the real-life circumstances of individuals and communities being served, and align with other bilateral and multilateral donors, by including within global health priorities the

various components of sexual and reproductive health and rights, as defined above.

### Provide Integrated Services

- Structure foreign assistance programs to ensure access to a comprehensive range of sexual and reproductive health services in single health care settings or located nearby with referral services.
- Because of the strong relationship between education, economic opportunity, social and political participation, poverty alleviation and health outcomes, strengthen linkages and connections across a range of development programs.

### Strengthen Health Systems to Maximize Access

- Strengthen health systems in developing countries to ensure equitable and maximum access to integrated services, information and sexuality education, particularly for youth.

### Set Appropriate Goals and Indicators Related to SRHR

- Establish "universal access to reproductive health" as a goal of U.S. foreign policy and assistance and employ the internationally agreed-upon indicators for it, which are: contraceptive prevalence rate, adolescent birth rate, unmet need for family planning and antenatal care coverage. Consider using the World Health Organization's indicators of adolescent sexual and reproductive health.<sup>4</sup>
- Set clear, achievable and enforceable indicators for increasing access to comprehensive reproductive and sexual health services and reducing violence against women and girls.

### Promote the Human Rights of Women and Youth

- Ensure that U.S. programs and policies protect and promote the human rights of women and youth, including their right to have control over and to decide freely and

responsibly on matters related to their sexual and reproductive health free of coercion, discrimination and violence.

### Engage the International Community

- Re-engage with international organizations on meeting global goals related to sexual and reproductive health and rights through both increased financial support and/or enhanced coordination, as appropriate, recognizing that working through the United Nations and other international organizations helps share the burden of meeting mutually-agreed goals and standards.
- Ensure that the design and implementation of policies and programs are informed by their intended beneficiaries, including representatives of women- and youth-led organizations, HIV-affected communities, secular and faith-based implementers and others in the global South who can best address real-life circumstances and needs.

### Support Research on Sexual and Reproductive Health Globally

- Strengthen operational and programmatic research that reflects the true needs of women, men and young people on the ground and that identifies best practices and opportunities to expand effective programs.

### Support Innovative, In-Country Women’s Organizations

- Adopt modalities to increase the amount of U.S. funding that goes directly to innovative, local and women’s organizations that advocate for sexual and reproductive health and rights and gender equality, that provide a comprehensive set of health information and services and that serve as effective accountability mechanisms.

There will be various opportunities to realize these policy changes in the months ahead, including as Congress considers the reform of U.S. foreign assistance and appropriations bills, as well as action steps by the Administration in developing and implementing new and existing programs. All appropriate avenues should be pursued until the sexual and reproductive health needs of women, men and youth are truly integrated into U.S. assistance. ■

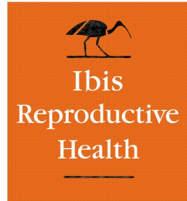
<sup>1</sup>Dennis, Suzanna and Elaine Zuckerman, Mapping multilateral development banks’ spending on reproductive health and HIV and AIDS, Gender & Development, Vol 16. No. 2, July 2008, p. 287.

<sup>2</sup>WHO, UNFPA, UNAIDS, IPPF, UCSEF, “Sexual and Reproductive Health and HIV Linkages: Evidence Review and Recommendations,” 2008; Kennedy, Caitlin, “Linking Sexual and Reproductive Health and HIV: Evidence Review and Recommendations, PowerPoint Presentation, FP/HIV Integration Working Group Meeting, Washington, D.C., October 21, 2008.

<sup>3</sup>Adapted from: Center for Health and Gender Equity (CHANGE), Country Profile - The Case for Comprehensive: Ethiopia, The Importance of Comprehensive, Rights-Based Approaches to Sexual and Reproductive Health. May 2009.

<sup>4</sup>See: [www.who.int/child\\_adolescent\\_health/data/factsheets/en/index.html](http://www.who.int/child_adolescent_health/data/factsheets/en/index.html)





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