Focus Paper on Sexual and Reproductive Health and Rights

1. Introduction

> "It is generally recognized that health, especially sexual and reproductive health and reproductive rights is a precondition for and an outcome indicator of all aspects of sustainable development and that the goals of sustainable development can be achieved in the absence of preventable maternal, newborn, child and adolescent morbidity and mortality."
> (African Union, Maputo Plan of Action 2016-2030)

The **advancement of sexual and reproductive health and rights (SRHR)** including rights-based family planning is **a key factor for social and economic development of individuals, societies and countries**. It is an **important human rights issue** and a key factor for **gender equality**. Gender equality is both a goal in itself as well as a prerequisite for long-term democratic, equitable and sustainable global development.[1] Gender equality and the empowerment of women and girls is a cross-cutting issue as well as one of the focus areas of the Austrian Development Cooperation. Sexual and reproductive health and sexual and reproductive rights are **interdependent and interrelated issues.** The **achievement and maintenance of sexual and reproductive health is closely connected with the protection and fulfilment of human rights** in general and the **realisation of sexual and reproductive rights** in particular. The protection and promotion of sexual and reproductive rights and the provision of accessible and inclusive sexual and reproductive health care information and services lead to informed family planning, which contributes to a better health status and well-being, a strengthened ability to provide for one's family and the enhancement of gender equality and the empowerment of marginalised groups. This, in turn, has positive implications for the protection of human rights in general and SRHR in particular (see figure 1).

Figure 1 Interrelation between SRHR, development and equality

[1] ADC Gender Policy 2016-2020, available at https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Leitlinien/Englisch/PD_Gender_2017_EN.pdf (06.09.2021)

Austrian Development Cooperation

Austrian Development Agency, the operational unit of Austrian Development Cooperation
Zelinkagasse 2, 1010 Vienna, phone: +43 (0)1 90399–0, office@ada.gv.at, www.entwicklung.at

The advancement and progress of SRHR are dependent on a variety of parameters, such as

- cultural and social norms concerning sex and sexuality, gender, gender identity and norms[2];
- delinking sex, marriage and reproduction;
- education, socioeconomic inequalities and laws, policies, regulations, strategies, and the institutional setting of a specific community, country or region that are affecting health care.

Important global trends that have an impact on SRHR are changes in the size and composition of populations, urbanisation, displacement and conflict, climate change, as well as technological developments and innovations.[3] The widespread impacts of increasingly frequent regional or global health crises like the COVID-19 pandemic are further exacerbated for women and girls and show negative trends regarding the promotion and progress of SRHR.

Social and economic barriers hindering the access to sexual and reproductive health services are manifold. Inadequate, low quality and expensive health care, gender inequality, violations of sexual self-determination and bodily integrity remain crucial global issues. Millions of women have only insufficient access to antenatal and postnatal health care services. Many are affected by the lack of availability of the full range of modern contraception. Lack of access to safe abortions, gender-based sexual violence, harmful practices, non-treatment of sexually transmitted infections (STIs), including HIV, unavailable infertility treatment and inadequate sexual and reproductive health education constitute further serious problems. The use of sexual and reproductive health services is often limited due to remoteness, lack of transportation and conduct of health providers. Access to health care services is also influenced by intersecting categories such as gender (identity), social origin, poverty, age, ethnicity, dis/ability and sexual orientation.

The COVID-19 pandemic has shown how a social and economic crisis can rapidly aggravate an already stern situation, i.e. an alarming rise in the prevalence of gender-based violence. Furthermore, in countries where health systems have lower capacities, the COVID-19 pandemic is expected to have severely impacted maternal and new-born healthcare and consequently increased maternal mortality rates. A rise in the practice of harmful norms such as female genital mutilation and early marriage was also observed. Unmet family planning needs have been further exacerbated as access to sexual and reproductive health has widely been interrupted or threatened due to crisis-related restraints in supply chains of contraceptive supplies, menstrual health and hygiene items, and other SRHR related medicines.[4]

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[2] See definitions in the Annex.

[3] See, for example, World Health Organisation (2017) Sexual Health and its linkages to reproductive health: an operational approach, Geneva, p. 9 or The Lancet Commissions (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, *Lancet*, Vol 391, June 30, pp. 2648-2651.

[4] UNFPA (2020): Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, available at

This complex and multi-faceted context requires development interventions in the field of SRHR that are multi-dimensional, context-sensitive, holistic and comprehensive. The **core objective of the Austrian Development Agency's approach to SRHR** is to **contribute to the respect and fulfilment of sexual and reproductive rights by enhancing the positive interrelation of SRHR and sustainable development**.

> "Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals" (Guttmacher-Lancet Commission, 2018)

2. Key Facts and Aspects of Sexual and Reproductive Health and Rights

This chapter will discuss key facts and aspects of SRHR, including access to health care, gender-based violence and topics interconnected with SRHR such as economic participation and humanitarian emergencies.

2.1. Access to Health Care

Access to health care is characterised by global as well as social and economic inequalities. At the end of 2017, at least **half of the world's population had no access to essential health services.[5]** Almost a quarter of the world's population live in fragile contexts where quality essential health services are barely available.[6] A structural issue in the field of SRHR are **gender and other forms of social inequalities** which are not only a decisive factor concerning the enjoyment and protection of sexual and reproductive rights but also concerning access to sexual and reproductive health services. Gender and other inequalities hamper access to health care services, obstruct family planning and the provision of comprehensive sexuality education and endanger the health and life of many. Guaranteeing access to available, acceptable, accessible and high-quality sexual and reproductive health services enhances gender equality and contributes thereby to increasing the economic engagement of women and girls as well as their social standing. The following topics are of particular significance in this regard:

2.1.1. Maternal health

In 2017, about 810 women died from preventable health issues linked to pregnancy and childbirth every day. 94% of all maternal deaths occur in low and lower middle-income countries;[7] about two thirds of these deaths occur in Sub-Saharan Africa. Important factors are low skilled birth attendance, poverty, long distances to health facilities, lack of information, inadequate and poor-quality health care services, and cultural believes and practices. Women in rural and remote areas are at high risk.[8]

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https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf (06.09.2021)

[5] WHO (2017) Tracking universal health coverage: 2017 Global Monitoring Report, available at https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=58D7305FFCB3DA4F3D2A1758C3DB6D8A?sequence=1 (06.09.2021).

[6] WHO (2020): Fact Sheets – Quality health services, available at https://www.who.int/news-room/fact-sheets/detail/quality-health-services (06.09.2021)

[7] WHO (2019) Maternal mortality. Key facts, available at https://www.who.int/news-room/fact-sheets/detail/maternal-mortality (06.09.2021).

[8] Ibid.

Although globally the maternal mortality ratio fell by almost 44% over the past 25 years, the maternal mortality rates vary considerably between different countries/regions (see figure 2).

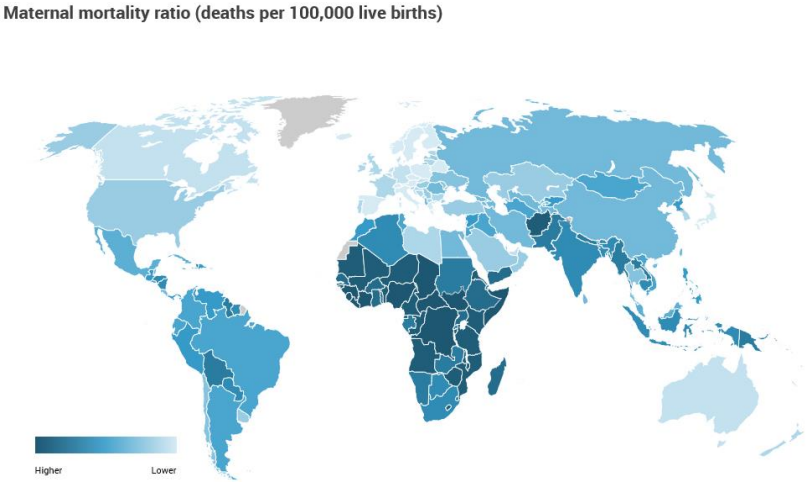

Figure 2 Maternal mortality ratio, 2015, UNFPA[9]

In Africa, **adolescent girls** face challenges in accessing health services, owing to stigma around pre-marital sexuality and negative and judgemental attitudes from service providers.[10] Maternal conditions constitute one of the top causes of death for female adolescents between the age of 15 and 19 years.[11]

Previous health crises, such as the Ebola outbreak in 2014, have shown a significant deterioration in maternal and child health due to reduced services.[12] It is vital to learn from past experiences in dealing with widespread health crises by considering SRHR an important component of crisis response.

2.1.2. Rights-Based Family Planning and Access to Contraception

In developing regions, approximately **214 million women want to avoid pregnancy but are not using safe and effective family planning methods**[13] for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Access to modern methods of contraception and safe abortion care is not only a crucial aspect of family planning as such but has consequences for social and economic

[9] https://www.unfpa.org/data/world-population-dashboard (06.09.2021).
[10] The State of African Women (IPPF 2018), https://rightbyher.org/resources-2/the-state-of-the-african-women/ (06.09.2021)
[11] WHO: Global Health Estimates (GHE) 2016
[12] The Lancet Global Health (2017): Effect of Ebola virus disease on maternal and child health services in Guinea: a retrospective observational cohort study, available at https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30078-5/fulltext (06.09.2021)
[13] WHO (2018) Family Planning/Contraception, available at https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception (15.11.2019)

equality “since unintended pregnancy constrains opportunities that women would otherwise have for education, civic participation and economic advancement”.[14]

About 44% of all pregnancies worldwide were unintended from 2010 to 2014[15] and in developing countries almost 250.000 girls and women become unintentionally pregnant per day. That amounts to 89 million unplanned pregnancies per year. **Inequality is a crucial aspect with regard to access to modern methods of contraception**. Access to contraception in most developing countries is lower among women who are poorer, rural and or less educated.[16] Data from the United Nations Population Fund (UNFPA) further shows that 12 million women lost access to family planning services, leading to 1.4 million unintended pregnancies resulting from the disruptions caused by COVID-19 in 2020.[17]

Access to contraceptives prevents unintended pregnancies, reduces the number of induced abortions, unsafe abortions, and lowers the incidence of death and disability related to complications of pregnancy and childbirth. If all women in developing regions with an unmet need for contraceptives were able to use modern methods, an additional 36 million abortions and 76,000 maternal deaths could be prevented every year.[18]

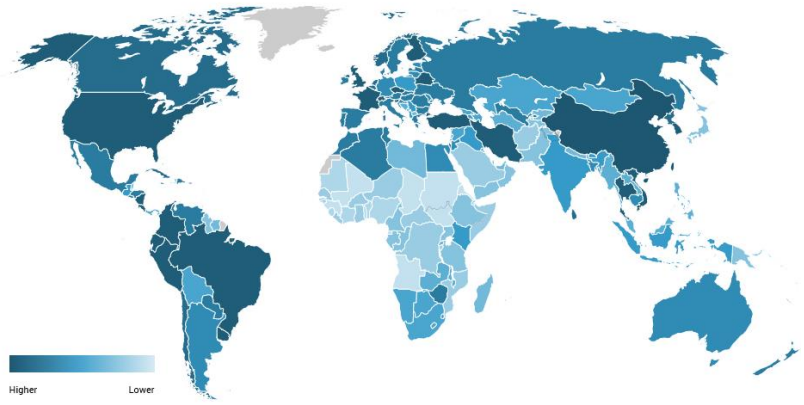

Figure 3 Proportion of rights-based family planning demand satisfied, UNFPA[19]

[14] UNFPA (2017) Worlds Aparts, Reproductive health and rights in an age of inequality, New York, pp. 19-21.
[15] Bearak, Jonathan; Popinchalk, Anna; Alkema, Leontine and Sedgh Gilda (2018) ‘Global, Regional, and Subregional Trends in Unintended Pregnancy and Its Outcomes from 1990 to 2014: Estimates from a Bayesian Hierarchical Model’, *The Lancet Global Health*, available at https://www.guttmacher.org/article/2018/03/unintended-pregnancy-and-its-outcomes-global-regional-and-subregional-trends-1990 (15.11.2019).
[16] See https://www.dsw.org/5-fragen-5-antworten-zur-verhuetung/ (11.10.2018).
[17] UNFPA (2021) Impact of COVID-19 on family planning: What we know one year into the pandemic, available at: https://www.unfpa.org/resources/impact-covid-19-family-planning-what-we-know-one-year-pandemic
[18] Grindlay, Kate et al (2018) ‘Contraceptive use and unintended pregnancy among young women and men in Accra, Ghana’, *PLoS One, Vol. 13, No. 8.*
[19] UNFPA, World Population Dashboard, available at https://www.unfpa.org/data/world-population-dashboard (5.11.2018)

2.1.3. Access to Safe Abortions

Access to **safe abortions** is still a challenge for many women. It is estimated that around 25 million unsafe abortions take place worldwide each year (that is 45% of all abortions), almost all in developing countries. 4.7% to 13.2% of maternal deaths can be attributed to unsafe abortions.[20] Three out of four abortions that occurred in Africa and Latin America between 2010 and 2014 were unsafe. The risk of dying from an unsafe abortion was the highest in Africa. In developed regions, the abortion rate declined significantly from the early 1990s on but remained more or less the same in developing regions.[21]

Denial of access to safe abortions has serious consequences for women's and adolescent girls' health and lives as it does not lead to a decrease in abortions but to an increase in unsafe or even life-threatening abortions.[22]

2.2. Violence in the Context of SRHR

Violence in relation to sex and gender is embedded in the power relations of a certain socio-cultural context and constitute human rights violations.

2.2.1. Gender-based Violence

Gender-based violence[23] has far-reaching negative and harmful consequences for individuals, in particular for women and girls, but also for families, communities as well as for the society at large. Worldwide, about one-third of women and girls experience physical and/or sexual violence by a partner or sexual violence by a non-partner (see table below).[24] Gender-based violence has devastating effects on women's and girl's individual psychological and physical well-being as well as negative development effects and leads to higher economic costs, such as higher expenditures on service provision, loss of family income or decreasing productivity.[25]

[20] WHO (2019) Preventing unsafe abortion, Key facts, available at https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion (22.10.2019)
[21] Guttmacher Institute (2018) Abortions in Africa, Fact Sheet, available at https://www.guttmacher.org/fact-sheet/abortion-africa (15.11.2019); Gutmacher Institute (2018) Induced Abortion Worldwide, Fact Sheet, available at https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide (15.11.2019).
[22] OHCRH, Women's Rights in Africa, 2016 available at https://www.ohchr.org/Documents/Issues/Women/WRGS/WomensRightsinAfrica_singlepages.pdf
[23] Gender-based violence is an act of violence directed towards a person in relation to their socially ascribed or self-chosen gender role and are rooted in unjust and unequal power relations and structures as well as rigid social and cultural norms.
[24] It is estimated that these numbers have sharply increased during COVID-19 lockdown measures in 2020
[25] World Bank (2014) Voice and Agency: Empowering Women and Girls for Shared Prosperity, Washington, DC, pp. 75-76.

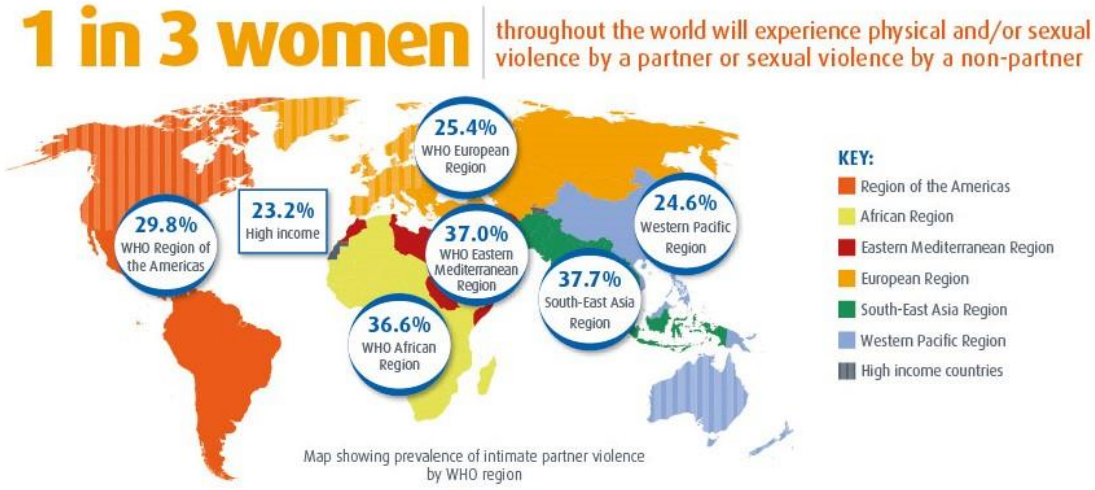

Figure 5 Violence against women, prevalence[26]

2.2.2. Harmful Practices

Harmful practices[27] such as **FGM[28] are still carried out in many regions of the world**. The World Health Organization (WHO) estimates that more than 200 million women and girls have suffered from FGM; more than half of them live in just three countries: Indonesia, Egypt and Ethiopia.[29] FGM bears not only severe health risks, but also long-term psychological consequences for women and girls. UNFPA estimates that due to the COVID-19 pandemic, about 2 million additional FGM cases could occur over the next decade that would otherwise have been averted.[30]

[26] Graph taken from WHO, Violence against women, prevalence, available at http://www.who.int/reproductivehealth/publications/violence/VAW_Prevelance.jpeg?ua=1 (12.11.2018)

[27] Harmful practices refer to a broad range of different adverse practices, procedures and other forms of behaviour such as female genital mutilation (FGM), child and forced marriage, honour killings and other practices. They are human rights violations. They often have the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children.

[28] Female genital mutilation includes procedures of partially or wholly removing, altering or injuring external female genital organs for non-medical or non-health-related reasons.

[29] UNICEF (2016), UNICEF'S DATA WORK ON FGM/C, available at https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure_250.pdf (10.10.2018).

[30] UNFPA (2020): Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, available at https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf (23.3.2021)

Child marriage is a human rights violation and exposes girls to the risks of early pregnancy, childbearing, and motherhood before girls are often physically and psychologically ready.[31] Every year, 12 million girls marry before the age of 18. Root causes of child marriage vary, however, it is more predominant in rural areas and among the poorest segment of the population.[32] Due to the COVID-19 pandemic, UNFPA estimates that an additional 13 million child marriages will have taken place that otherwise would not have occurred between 2020 and 2030.[33]

2.3. SRHR as a key dimension in Development Cooperation and Humanitarian Assistance

SRHR are embedded in and connected to the social structures around them. Ensuring SRHR is crucial for education outcomes, economic participation of women and gender responsive humanitarian action.

2.3.1. SRHR and Education

SRHR and education are both decisive and interacting factors with regard to advancing gender equality in general and the empowerment of women and girls in particular. **Violations of SRHR, for example harmful practices and sexual violence, very often have negative consequences on the violated person's education status.** Vice versa a low education status of a person very often has an adverse impact on the accessibility of SRHR. Concretely, early motherhood and child marriage have a negative impact on school attendance in particular of girls and a higher age of marriage is positively connected with additional years of schooling. Each additional year of education improves a girl's employment prospects, increasing her future income potential by 10%-20%.[34] Some countries still deny pregnant girls or adolescent mothers continuing access to education and even if legally permitted, many still drop out due to high stigma in communities and schools alike.

[31] Preventing and eliminating child, early and forced marriage, Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/26/22, Child, Early, and Forced Marriage: Report of the Secretary-General, A/71/253.
[32] UNICEF (2018) New Global Estimates of Child Marriage. Data & Analytics Section, Division of Data, Research and Policy, 15 March 2018.
[33] See footnote 28
[34] See universal access project, Briefing Cards: Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda, available at http://universalaccessproject.org/key-facts/ (21.11.2018)

2.3.2. Comprehensive Sexuality Education

Lack of education concerning sexual and reproductive health issues has problematic consequences for SRHR, gender-based violence and harmful practices.[35] **Comprehensive sexuality education (CSE)** is a "curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality".[36] Its objective is to provide children and young people with information, knowledge, skills, attitudes and values that will empower them to "realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives".[37] **CSE provides accurate scientific information about human development, anatomy and reproductive health and supports young people in developing positive values regarding sexual and reproductive health**. Additionally, CSE, among others, aims at developing self-esteem and encourages critical thinking and responsible decision-making and promotes and encourages positive and respectful interaction and relations across genders. CSE is proven to reduce risky sexual behaviour of youth.[38]

Principles of Comprehensive Sexuality Education:

- Scientifically accurate
- An incremental and continuing education process
- Age- and developmentally appropriate
- Curriculum-based
- Comprehensive (covering the full range of topics that are important, including those that may be challenging in some social and cultural contexts)
- Based on a human rights approach
- Based on gender equality
- Culturally relevant and context appropriate
- Transformative by aiming at empowering individuals and communities
- Able to develop skills needed to support healthy choices

(UNESCO 2018)

2.3.3. SRHR and Economic Participation

Advancing SRHR has economic benefits for individuals, families, communities and the society at large and contributes to economic development. Access to family planning and contraception, a better health due to the provision of available, accessible, acceptable and good quality health services and the protection of one's bodily integrity are vital for career development and economic participation. In particular, women who have knowledge of and access to family planning are better able to participate in economic activi-

[35] See universal access project, Briefing Cards: Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda, available at http://universalaccessproject.org/key-facts/ (21.11.2018)
[36] UNESCO (2018) International technical guidance on sexual education. An evidence-informed approach, Paris, p. 16, available at http://unesdoc.unesco.org/images/0026/002607/260770e.pdf (09.10.2018)
[37] Ibid.
[38] UNESCO (2018) Why comprehensive sexuality education is important, available at https://en.unesco.org/news/why-comprehensive-sexuality-education-important

ties. For example, among women between the age of 25-39, the labor force participation declines 10-15% with each additional child.[39]

2.3.4. SRHR in Humanitarian Emergencies

SRHR is often overlooked during crises. In humanitarian emergencies, women and girls become more vulnerable to gender-based violence, lack access to family planning, and are at a heightened risk of contracting sexually transmitted infections including HIV. Moreover, pregnant women and girls may find it harder to access life-saving maternal health care and facilities where they can get skilled birth attendance.[40] Protecting SRHR in humanitarian emergencies requires a minimum set of priority actions outlined in the Minimum Initial Service Package.[41] Especially in conflict-affected regions, every person who has suffered from sexual or gender-based violence should have the right and access to comprehensive healthcare information and services.[42]

3. International Human Rights Commitments, Standards and Initiatives

3.1 International Human Rights Commitments and Standards

Human rights – including sexual and reproductive rights – **and sexual and reproductive health are not only interrelated but also interacting and mutually dependent issues**. Sexual and reproductive rights are overlapping but distinct areas. The respect for and the protection of human rights are crucial aspects in the achievement and sustainment of sexual and reproductive health and vice versa.[43]

The **Universal Declaration of Human Rights (UDHR)**, in Article 25 (1), refers to the right to an adequate standard of living adequate for the health and well-being of each human being, including medical care and necessary social services. Article 25 (2) UDHR stipulates that mothers are entitled to special care and assistance.

[39] UN (2014) Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and development beyond 2014.
[40] See, for example, https://www.unfpa.org/emergencies (21.11.2018).
[41] See http://iawg.net/wp-content/uploads/2015/09/MISP2011.pdf (24.10.2019)
[42] EU Council Conclusions (2018): Women, Peace and Security, https://www.consilium.europa.eu/media/37412/st15086-en18.pdf (22.10.2019)
See also http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx
[43] The Lancet Commissions (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, *Lancet*, Vol 391, June 30, p. 2646.

> "Violations of women's sexual and reproductive health and rights, such as forced sterilization, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion and/or post-abortion care, forced continuation of pregnancy, and abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment."
> (CEDAW General Recommendation No. 35)

The **International Covenant on Economic, Social and Cultural Rights (ICESCR)** lays down the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Article 12).

The 1979 **UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** contains stipulations on the reproductive rights of women. The Convention obliges State parties to ensure equal access to health care services including those related to family planning and explicitly prohibits discrimination against women in the field of health care.

The **Convention on the Rights of the Child**[44], adopted in 1989, contains the right of the child to the enjoyment of the highest attainable standard of health. State Parties are obliged to ensure appropriate pre-natal and post-natal health care for mothers, to provide family planning education and services to abolish traditional practices prejudicial to the health of children.

Other human rights instruments that contain provisions regarding sexual and reproductive health are among others the **International Covenant on Civil and Political Rights** (ICCPR) and the **International Covenant on Economic, Social and Cultural Rights** (ICESCR) and **the Convention on the Rights of Persons with Disabilities** (CPRD).

The **2016 ICESCR General Comment No. 22** exclusively focuses on the right to sexual and reproductive health. It acknowledges the right to sexual and reproductive health as an integral part of the right to health and defines the elements of the right to sexual and reproductive health as follows: availability, accessibility, acceptability and quality.

3.2 International Policy Initiatives

SRHR have been on the international and regional political agenda for several decades. In 1974, the **WHO** released a technical report on training for health professionals on education and treatment in human sexuality. The report introduced a positive approach to human sexuality and emphasised the role of sexual health care concerning the advancement of life and personal relationships.

[44] Furthermore, the CRC has two optional protocols that have been widely ratified: on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. See https://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx (06.09.2021)

At the **International Conference on Population and Development** (ICPD) organised by the UN in Cairo in September 1994, the **Cairo Programme of Action of the International Conference on Population and Development** was adopted by 179 governments. The Programme established a close connection between reproductive health and rights and sustainable development. It emphasised that "States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health."

In 1995, the Fourth World Conference on Women adopted the **Beijing Declaration and Platform for Action**, which defines women and health as one of 12 critical areas of concern for women's empowerment. The document stresses that "a major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women (…)" and that women's health is also affected by gender bias in the health system and insufficient services for women and girls. Whereas the document lays out that there is a shared responsibility between women and men in matters related to sexual and reproductive behaviour, it highlights women's rights to have control over and decide freely and responsibly on matters related to their sexuality and to control all aspects of their health, in particular their own fertility.[45]

In 2015, all United Nations Member States adopted the **2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs)**. The 2030 Agenda for Sustainable Development contains **the commitment to promote physical and mental health and well-being, including sexual and reproductive health**. SDGs 3 and 5 relate to SRHR: SDG 3 focuses on ensuring healthy lives and promoting well-being for all at all ages, including the targets to reduce the global maternal mortality ratio and to ensure universal access to sexual and reproductive health care services including family planning. SDG 5 aims at achieving gender equality and empowering all women and girls. The specific targets of SDG 5 focus, inter alia, on eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation as well as on ensuring universal access to sexual and reproductive health and reproductive rights.[46]

3.3. Regional Human Rights Commitments, Standards and Policy Initiatives

Regional policy initiatives exist across the world. This paper limits its focus on the regions of ADC support in the field of SRHR, namely Africa and South-Eastern Europe.

[45] For more information see: http://beijing20.unwomen.org/~/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf#page=61

[46] For more information on the SDGs see: https://sustainabledevelopment.un.org/

In 2006, the African Union adopted the Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007-2010).[47] The plan was later extended until 2015 and a revised Maputo Plan of Action 2016-2030 "Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa" was adopted in 2016.[48]

Further relevant international instruments include the **African Charter on Human and Peoples' Rights** (ACHPR), the **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa** (Maputo Protocol [Article 14]), and the **African Youth Charter** (AYC).

In 2017, the **Council of Europe**[49] (CoE) together with the CoE **Commissioner for Human Rights** published an issue paper on **Women's sexual and reproductive health and rights in Europe**[50] outlining concerns, challenges and deficits in this area, international human rights standards and specific obligations to ensure women's sexual and reproductive health and rights. In the same year, the CoE also published a declaration and a guide presenting good and promising practices aimed at preventing and combating FGM/C and forced marriage.[51]

Another relevant instrument is the **CoE Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)**, which provides a legal framework to protect women and girls against different forms of gender-based violence, and prevent, prosecute and eliminate gender-based and domestic violence.

4. Principles for SRHR Action and Measures in Development Cooperation, Humanitarian Assistance and Peacebuilding

As acknowledged by international and regional organisations and bodies, SRHR and development are interlinked. International cooperation and assistance is a key element for the realisation of the right to sexual and reproductive health. Humanitarian and fragile contexts have dire consequences on SRHR and require additional gender-sensitive actions. Realising SRHR requires efforts of the health sector and beyond.

The WHO has distinguished six cross-cutting and interlinked principles that are important for the development, design and implementation of measures in the field of SRHR. Any SRHR measure should incorporate these principles:

[47] See http://www.carmma.org/download/file/fid/202 (11.10.2018).
[48] Available at: http://www.carmma.org/download/file/fid/1212 (11.10.2018).
[49] All ADA focus countries except Kosovo are members of the Council of Europe
[48] See https://www.coe.int/en/web/commissioner/women-s-sexual-and-reproductive-rights-in-europe
[49] Council of Europe (2017) Guide to good and promising practices aimed at preventing and combating female genital mutilation and forced marriage, available at https://rm.coe.int/steering-committee-for-human-rights-cddh-guide-to-good-and-promising-p/168073418d

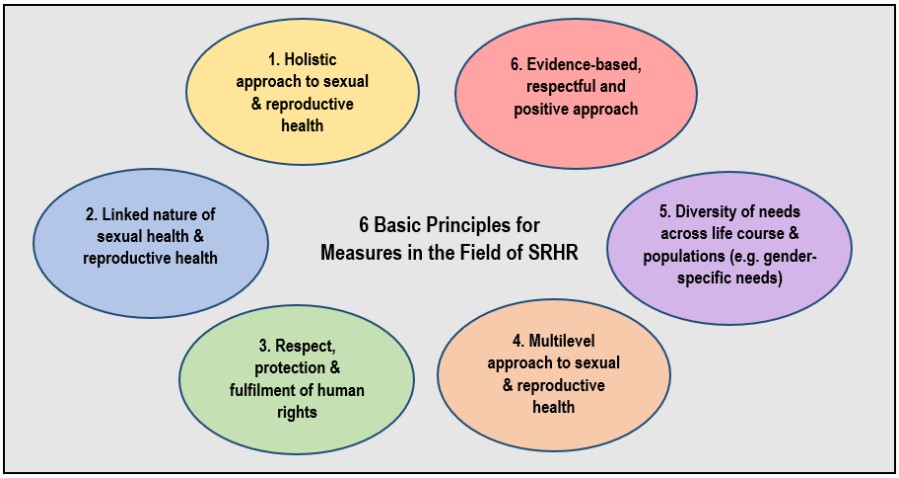

Figure 9 Six basic principles for measures in the field of SRHR, taken and adapted from WHO (2017) Sexual health and its linkages to reproductive health: an operational approach. p. 6

Aside from these principles, there are four key human rights-based preconditions needed for SRHR: **A**vailability, **a**ccessibility, **a**cceptability and **q**uality. This means that health care facilities, goods and services must be sufficiently and continuously **available** for all people who are in need of these services. They must be physically **accessible** for all in a non-discriminatory manner, affordable and information on health services must be accessible. In addition, these measures and services must be **acceptable** for clients, culturally appropriate and sensitive to the issues of gender, age, disability and other characteristics. As a final criterion, it is essential that facilities, goods and services are of good **quality** and scientifically and medically appropriate and up-to-date.[52]

Health care has to fulfil the criteria of **accountability**. Accountability means that health care providers and procedures have to comply with specific standards and code of conducts.[53]

5. Focus Areas of Work of the Austrian Development Agency

ADA is determined to ensure that all supported interventions in the field of SRHR are in line with the European Union Gender Action Plan III 2021-2025, which identifies the promotion of sexual and reproductive health and rights as one of its thematic areas of engagement.[54]

[52] The Danish Institute for Human Rights (2017) AAAQ & Sexual and Reproductive Health and Rights, International Indicators for Availability, Accessibility, Acceptability and Quality, Copenhagen, p. 20.
[53] Barbazza, E. and Tello, J. (2014) *A review of health governance: Definitions, dimensions and tools to govern.* Copenhagen, Denmark: WHO Regional Office for Europe, p. 7.
[54] EU Gender Action Plan III, available at https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020JC0017&from=EN

ADA further applies a **human-rights-based approach** and takes issues of **intersectionality**, such as gender, age, and disability, into consideration in all its interventions. All measures aim to address and ideally contribute to the transformation of unequal gender and power relations and social norms. This includes fostering participatory approaches and engaging men and boys as promoters for gender equality.

ADA does so by cooperating with a wide range of partners, including UN bodies, partner governments, as well as regional and civil society organisations.

ADA focuses on the following fields in particular:

Preventing and Responding to Gender-based Violence – ADA supports political and societal awareness-raising, information and education on all aspects of gender-based violence; the development, strengthening and implementation of legal frameworks ending gender-based violence and the enhancement and provision of age-, gender- and trauma-sensitive health care interventions addressing gender-based violence.

Harmful Practices – ADA supports initiatives to increase the political and societal awareness on the health, social and economic consequences of harmful practices on women, men, girls and boys, in particular in relation to female genital mutilation; the implementation of legal frameworks ending harmful practices; and improving age-, gender- and trauma-sensitive comprehensive health and reproductive care.

Other areas of intervention include, but are not limited to:

- **Supporting an Enabling Environment**; By promoting gender equality and women's empowerment so that women can exercise their SRH rights; By aiming at expanding choices and opportunities for women so they can fulfil their career, family and fertility aspirations; By promoting gender-responsive family policies;[55] By raising political and societal awareness on the negative personal and developmental consequences of discriminatory social norms hindering access and uptake of SRHR services and supports the development of relevant data.
- **Providing comprehensive Sexuality Education and Information**; By supporting life skills education to empower young people to take informed decisions when making choices about their personal and professional goals such as when to start a family and to have children, how to maintain a healthy lifestyle and protect themselves from GBV, STIs, stress and destructive behaviours; By supporting CSE by strengthening the provision of scientifically accurate, age-appropriate information on all aspects of sexuality and reproduction.

[55] See https://eeca.unfpa.org/en/news/review-population-dynamics-unece-region-calls-increased-efforts-ensure-human-rights-including

- **Humanitarian Assistance, Migration and Flight**; By supporting humanitarian assistance programmes that provide sufficient sexual and reproductive health care services; By promoting capacity building of humanitarian responders and other stakeholders on integrated gender- and trauma-sensitive SRHR; By including measures to end sexual and gender-based violence and to address protection concerns while meeting lifesaving needs and contributing to resilience building of affected persons; By including psychosocial activities and reproductive services for women and girls affected by conflict, especially those affected by sexual violence and abuse, harassment, rape and/or human trafficking in ADA supported projects and programmes.
- **Rights-Based Family Planning**; By tackling discriminatory social norms and gender inequalities that hamper access to and the uptake of family planning, by raising political and societal awareness on the importance of family planning as well as providing resources for enhancing the quality of accessible reproductive health and rights-based family planning services.

In addition, ADA contributes to the political dialogue and policy formulation between the Federal Ministry for European and International Affairs and the EU and actively participates in and supports relevant meetings, workshops and roundtables on SRHR in the framework of the UN, EU, and others.

6. ANNEX I Selected Project Examples

6.1 POWER - Women's Empowerment Program in the Horn of Africa Region

Each year, more than 300,000 women die from preventable causes during pregnancy and childbirth, with over 60% of maternal deaths occurring in sub-Saharan Africa. The majority of those most at risk are living, or over the next 15 years will be living in fragile or humanitarian settings. POWER seeks to address some of these challenges by promoting the rights to quality sexual, reproductive, maternal, new-born, child and adolescent health (SRMNCAH) services, particularly in humanitarian settings in Uganda and Ethiopia. These countries host a high number of refugees from the crises in the Horn of Africa region who tend to be underserved with SRH services.

The project takes a threefold approach: On one side, it seeks to ensure that the various commitments ratified and polices in place to support SRMNCAH are applied to humanitarian settings. Furthermore, the project addresses socio-cultural barriers that hinder gender equality and access to SRH services particularly in the unique humanitarian settings. Lastly, it engages women as agents of change and aims to increase their awareness and knowledge of their SRMNCAH rights as well as to enhance their capacities to know and advocate for those rights.

UN WOMEN, 2796-00/2019

6.2 Sexual Reproductive and Health Rights Initiative in Amhara, Ethiopia

One of the biggest obstacles to every woman and girl achieving access to sexual and reproductive health and practising her rights are harmful and discriminating social norms and cultural beliefs. In Ethiopia in 2016, only 35% of women used a modern contraceptive method and 65% of women aged 15-49 were affected by FGM. 40% of girls are married before their 18th birthday, with 14% married by age 15[56]. This project's strategy is centered towards changing the harmful social norms that perpetuate FGM and early marriage through community dialogues, empowering adolescent girls and providing alternatives for the economic coping strategies that harmful traditional practices provide to impoverished families. Simultaneously, our partners work with government representatives and service providers to ensure that they have the necessary skills to respond to the needs of women and girls and are held accountable for their services.

CARE Austria, 2842-00/2019

7. ANNEX II Definitions and Terminology

This chapter will **define the most important terms and concepts** used in the area of SRHR and development:

7.1 Sex – Gender – Sexual Orientation and Gender Identity

- **Sex** refers to physical characteristics associated with the dichotomous category of being either a man or woman. These sets of physical characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females.[57]
- **Gender** refers to "social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context."[58]

[56] Data from CARE

[57] https://eige.europa.eu/gender-mainstreaming/concepts-and-definitions (25.10.2019)

[58] ADC (2016) Gender Equality and the Empowerment of Women and Girls https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Leitlinien/Englisch/PD_Gender_2017_EN.pdf

- **Sexual Orientation and Gender Identity** is an important aspect of a human being and encompasses sex, gender relations, identities and roles, sexual activities, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality can be experienced and expressed in many ways and is "influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors."[59] Gender identity can be defined as one's sense of oneself as male, female, a blend of both, neither or transgender. One's gender identity can be the same or different from their sex assigned at birth.[60]

7.2 Sexual and Reproductive Health – Sexual and Reproductive Health Care – Discrimination in Access to Health Services

- **Sexual and reproductive health** are closely related areas that are fundamental aspects of a person's "physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity."[61] A positive and respectful approach to sexuality and reproduction recognises pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[62]
- **Reproductive health care** refers to a "constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."[63]

Discrimination in access to health care can take many forms; it refers to **direct discrimination**, which occurs in a situation when a person is treated less favourably than another person in a comparable. It also comprises forms of **indirect discrimination,** which "refers to laws, policies or practices which appear neutral at face value, but have a disproportionate impact on the exercise of (…) rights as distinguished by prohibited grounds of discrimination".[64] The principle of non-discrimination seeks "to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as

[59] World Health Organisation (2017) Sexual Health and its linkages to reproductive health: an operational approach, Geneva, p. 3
[60] ADC (2016) Gender Equality and the Empowerment of Women and Girls https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Leitlinien/Englisch/PD_Gender_2017_EN.pdf
[61] The Lancet Commissions (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, Lancet, Vol 391, June 30, pp. 2648-2651.
[62] World Health Organisation (2017) Sexual Health and its linkages to reproductive health: an operational approach, Geneva, p. 3.
[63] United Nations (2014) Programme of Action of the International Conference on Population and Development, p. 59, available at https://www.unfpa.org/publications/international-conference-population-and-development-programme-action (9 October 2018).
[64] Committee on Economic, Social and Cultural Rights (2009) General Comment No. 20 Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), E/C.12/GC/20, 2 July 2009, para. 10(b).

disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation".[65]

7.3 The Right to Health – Sexual Rights – Reproductive Rights

- The **right to health** is an economic, social and cultural right laid down in several human rights instruments and contains freedoms and entitlements. "The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health".[66]
- **Sexual rights** are rarely defined explicitly. They are rather induced from a broad range of other, closely related human rights. They include issues such as the right to have one's bodily integrity, privacy and personal autonomy respected, to freely define and live one's own sexuality, including sexual orientation and gender identity and expression, to choose one's sexual partners or to have access to the information, resources and services on sexual education.[67]
- **Reproductive rights** "rest on the recognition of the basic right of all individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents".[68]

7.4 Gender-Based Violence

- **Gender-based violence** is an act of violence directed towards a person in relation to that person's socially ascribed or self-chosen gender role. The nature and extent of specific types of gender-based violence vary across cultures, countries and regions. Examples include sexual violence, domestic violence, forced and early marriage, different forms of violence in intimate relationships and harmful practices.[69] Gender-based violence is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.

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[65] WHO (2017) Human rights and health, Key facts, available at https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health (15.11.2019).

[66] UN Economic and Social Council (2000) Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14 (2000), The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), E/C.12/2000/4, para. 8.

[67] See, for example, The Lancet Commissions (2018) Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, *Lancet*, Vol 391, June 30, p. 2646.

[68] United Nations (2014) Programme of Action of the International Conference on Population and Development, p. 60, available at https://www.unfpa.org/publications/international-conference-population-and-development-programme-action (9 October 2018).

[69] UN Women, Gender Equality Glossary, https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=G&sortkey=&sortorder=&fullsearch=0&page=2 and European Commission https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_de

- **Harmful practices** refer to a broad range of different adverse practices, procedures and other forms of behaviour such as female genital mutilation and cutting (FGM/C), child and forced marriage, honour killings and other practices. They are human rights violations. They often have the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children.
- **Female genital mutilation**, female circumcision or female genital cutting includes procedures of partially or wholly removing, altering or injuring external female genital organs for non-medical or non-health reasons. It can cause various and severe short- and long-term health complications and consequences. The reasons why FGM is performed include a mix of sociocultural factors within families and communities.[70]
- **Child marriage,** or early marriage, is any marriage where at least one of the parties is under 18 years of age. **Forced marriages** are marriages in which one and/or both parties have not personally expressed their full and free consent to the union. A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent. Child marriage is widespread and can lead to a lifetime of disadvantage and deprivation. Women and girls are disproportionately affected.[71]

7.5 Rights-based Family Planning – Contraceptive Prevalence Rate (CPR) – Unmet Need for Family Planning

- **Rights-based family planning** is the information, means and methods that allow individuals to decide if and when to have children, how many, and how to become pregnant when desired, as well as treatment of infertility.[72] It includes information and access to modern and natural contraceptive methods free from discrimination, coercion, and violence.
- **Contraceptive prevalence rate** (CPR) is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used.[73] It is typically reported as a percentage regarding married or in-union women of reproductive age (usually, ages 15-49).
- Women with **unmet need for family planning** are those who are in reproductive age and "sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour".[74]

[70] WHO, Fact sheet on Female genital mutilation, available at http://www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation (9 October 2018)
[71] OHCHR https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/ChildMarriage.aspx
[72] Definition provided by UNFPA
[73] http://www.who.int/reproductivehealth/topics/family_planning/contraceptive_prevalence/en/
[74] http://www.who.int/reproductivehealth/topics/family_planning/unmet_need_fp/en/

7.6 Maternal Health/Mortality/Morbidity[75], Ante- and Postnatal Care

- **Maternal health** refers to the health of women during pregnancy, childbirth and the postpartum period.
- **Maternal mortality** is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
- **Maternal Morbidity** is any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing.
- **Antenatal care** can be defined as the care provided by skilled health-care professionals including trained midwives and trained traditional birth attendants to ensure the best health conditions for both pregnant woman and foetus during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.
  Postnatal care is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life.[76]

[75] All three definitions taken from WHO, https://www.who.int/
[76] See WHO