



FACT SHEET 2009

**Countdown 2015**  
EUROPE  
Campaigning for universal access  
to reproductive health

## The role of sexual and reproductive health in strengthening health systems

### *Recommendations for European Institutions and Donors*

In 1994, 179 governments committed to achieving universal access to sexual and reproductive health (SRH) by 2015, when they signed the International Conference on Population and Development's Programme of Action. In recent years, however, donors and governments have been putting increasing resources into the overall strengthening of health systems in developing countries. Specific yet vital health services such as SRH have deteriorated due to inadequate funding and lack of prioritization.

Today, more than half a million women in the world die annually from pregnancy complications, more than 200 million have an unmet need for family planning and 340 million new cases of sexually transmitted infections are diagnosed each year, with one-third occurring among young people.<sup>1</sup>

SRH is part and parcel of a person's life from early childhood until old age, and it has far-reaching effects on more than just health outcomes. The complications of unintended pregnancy, post-natal complications, obstetric fistula and female genital mutilation, for example, can and often do have life-long effects on the health, education and income of families and individuals. It is therefore vital that SRH care and access to reproductive health supplies (RHS)<sup>2</sup> are integral parts of health systems, and of policies and funding aimed at strengthening health systems.

### **Mutual benefits of sexual and reproductive health services and strong health systems**

Strong health systems provide access to *all* forms of basic health care, including SRH services. Moreover, good-quality SRH services contribute to cost-effectiveness and efficiency in health systems. For example, SRH services include preventive measures such as antenatal care and family



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planning, and allow for early detection of sexually transmitted infections, such as HIV. These conditions, if left unaddressed, undetected or untreated, lead to exponentially higher costs and burdens on health systems, not to mention on people's lives and health. Moreover, integrated health services can benefit SRH by ensuring that medical facilities are accessible and nearby when complications arise, for example, during and after childbirth. And primary health care integration with SRH and bi-directional SRH-HIV service integration can also bring a reduction in costs through the sharing of health facilities, personnel and procurement systems.

<sup>1</sup> See *Mapping European Development Aid and Population Assistance*. Euromapping, 2009.

<sup>2</sup> RHS are all essential equipment, commodities and medicines required for family planning, including male and female condoms and other contraceptives, and materials needed for maternal and neonatal health and effective responses to HIV and AIDS. Reproductive health services cannot meet people's needs if RHS are not available and affordable.

## Policy commitments have not translated into action

The Millennium Development Goals (MDGs) now include achievement of universal access to reproductive health by 2015 under MDG 5 on maternal health (2005), target 5B. This, along with the adoption by the African Health Ministers of the *Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and reproductive Health and Rights 2007–2010* (2006)<sup>3</sup>, should have led to progress on SRH, particularly in Sub-Saharan Africa. However, the above figures indicate that this is not the case.

Although the European Commission and several EU Member States have adopted strong policy papers on the inclusion of SRH and RHS in their development policies, they do not appear to have the capacity or political will at country level to ensure that the national health policies of recipient countries prioritize these issues accordingly.

In line with the Principles of the Paris Declaration and the Accra Agenda for Aid Effectiveness, recipient countries are primarily responsible for the inclusion of SRH and RHS in their national health policies. While donors can influence the choice of focal areas in the policy dialogue with partner governments, research<sup>4</sup> has shown that the European Commission and Member States often fail to make a strong point on the inclusion of SRH and RHS security in their political dialogue with partner governments. As a result, very few developing countries have adopted health as a focal area for development aid, resulting in a serious lack of donor funding. With donors increasingly moving towards general and/or sectoral budget support – rather than earmarked funding – advocacy needs to be stepped up to ensure that recipient countries integrate comprehensive SRH and RHS policies into their health strategies or implement the existing policies.

## Lack of political will and civil society participation in countries

While donor advocacy and action on SRH and RHS is important, it is also crucial to recognize that many recipient countries do not have a strong ministry of health with the capacity to develop and implement a strong health policy. Ministries of finance in recipient countries may also lack the political will to allocate sufficient funding to SRH and RHS security. This is complicated by the lack of opportunities for civil society to influence recipient country policies. For

example, the principle of ‘national ownership’ of health policies as outlined in the Paris Declaration and Accra Agenda is usually seen as being limited to government ownership, to the exclusion of civil society. Moreover, those with the weakest political voice – such as women, girls and vulnerable groups (e.g. people living in extreme poverty, young people, lesbian, gay, bi-sexual and transgender people, people living with HIV/AIDS, and refugees) – suffer most and are least likely to have their needs addressed in policies.

## International health initiatives fail to address sexual and reproductive health

International health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI and UNITAID are beginning to play a major role in supporting the health sector in developing countries, as donors increasingly channel their funding for health through these organizations and new fundraising mechanisms allow them to raise additional financial resources for their largely disease-specific health activities. With the recognition that a weak health system puts serious strain on the achievement of their health objectives, these initiatives are now including health system strengthening in their objectives. Yet in spite of a growing focus on making programming more gender-sensitive, the initiatives have not seriously tackled the problems of SRH and RHS security.

As long as international health initiatives neglect SRH and RHS as priority issues, interventions aimed at preventing HIV and improving maternal and child health will not be successful. These initiatives must include SRH and RHS programmes in their activities and guidelines, and should explain to partner countries the importance of including them in their policies and project and programme proposals related to health system strengthening.

## The MDGs will not be achieved without prioritizing sexual and reproductive health

As SRH and RHS security have fallen off the political and aid agendas, it has led not only to poor health outcomes in many countries, but also to a lack of progress in achieving wider development goals. The MDGs, in particular, cannot be achieved without urgent action to fund and implement SRH and RHS policies and programmes as part of strong health systems. This is especially true for those MDGs aimed at improving child and maternal health (MDGs 4 and 5) and combating diseases such as HIV and AIDS (MDG 6).

<sup>3</sup> African Union, Sp/MIN/CAMH/5(I)

<sup>4</sup> EC Development Assistance to Health Services in Sub-Saharan Africa, together with the Commission's replies. Special report No. 10/2008, published by the European Court of Auditors in 2008.

## What European policymakers can do: Recommendations

- **Increase funding** for sexual and reproductive health (SRH) and reproductive health supplies (RHS), through budget support or other funding mechanisms (e.g. programme/project support, pooled funding etc), and ensure funding is **consistent, predictable, and long-term** so recipient countries can plan and invest for the future.
- Ensure that SRH and RHS programmes and commitments are fully funded through a **mix of funding mechanisms**, including budget support and earmarked funding. This is particularly important where finance ministries do not include these issues in budget support agreements, in which case donors must take into account the specific SRH **needs of the poorest, most marginalized and vulnerable groups** and their access to services and supplies, which are rarely prioritized by governments or may be controversial in some cultures.
- Ensure that recipient-country governments include **SRH and RHS security in health policies and funding mechanisms**, implement existing policies and include SRH and gender **indicators** in monitoring and evaluation (M&E) strategies, in line with the Paris Declaration Principles on Managing for Results and Mutual Accountability.
- Support recipient countries to draft and implement **comprehensive health policies** which include all aspects of SRH – from the provision of contraceptives (family planning), through to maternal and medical SRH care. These should be stand-alone policies as well as priority elements in policies aimed at combating diseases, such as HIV and AIDS and malaria.
- Ensure that efforts to **strengthen health systems** in developing countries (including basic and specialist care, improvements in health infrastructure and workforce etc) **include SRH activities and programmes** at all levels – from prevention to highly specialized medical interventions, and with a focus on integrated services supported by effective referral mechanisms.
- Make sure that health systems strengthening leads to **improved access** to health services – including SRH care and RHS – **for the whole population**, with special consideration of the needs of women and girls and vulnerable groups, such as the poorest of the poor, young people, lesbian, gay, bi-sexual and transgender people, people living with HIV, and refugees, in both urban and remote rural areas (through outreach programmes).
- Work with recipient-country governments to create policies and support programmes aimed at behaviour change that enhances the social position of women; this should include **comprehensive sexuality education, information and communication** for men, women, girls and boys, through education and health systems as way to promote good SRH, thereby alleviating the burden of ill-health on an already struggling health system.
- Ensure that recipient countries' national budgets allocate **sufficient and transparent funding to SRH and RHS** as part of the health budget, preferably through separate budget lines, and that it reports accordingly for the budget discharge.



- Include a **wide variety of reproductive health medicines** on the national List of Essential Medicines for Health, particularly for family planning. This must be part of a sustainable supply chain mechanism that is supported by earmarked and predictable funding for RHS and monitored by a Reproductive Health Supply Committee, comprised of representatives of a range of stakeholder groups, including women.
- Create meaningful opportunities and platforms for the **participation of civil society** in health system reform policies, implementation and monitoring, particularly groups representing women, people living in extreme poverty, young people, marginalized and vulnerable communities. In this way, the Paris Declaration Principle of Ownership will lead to true country ownership, not just government ownership.
- Ensure that **international health initiatives**, such as the Global Fund, GAVI, UNITAID and others **expand funding for SRH and RHS security in their activities**, particularly in view of an increasing focus on gender and links between SRH and other diseases. This should also be included in support for health system strengthening.
- Ensure **aid is delivered in a coordinated, harmonized and efficient way**, in line with the principles outlined in the Paris Declaration, for example, through coordinating mechanisms such as the **EU's Division of Labour** and the **International Health Partnership and Related Initiatives (IHP+)**, without putting the onus of multiple implementation and reporting systems on national governments. Likewise, new funding initiatives such as GAVI's Advance Market Commitments and the AccessRH and the International Finance Facility (IFFIm) and the Pledge Guarantee should ensure that ultimately competition on the financial markets will not be detrimental to their respective objectives.
- Ensure that **EC Delegations' staff** includes **health and health policy experts**, who keep health issues on the political and funding agenda and can offer appropriate and effective technical support to recipient countries.

**Countdown 2015 Europe** brings together a group of 18 leading European non-governmental organisations experienced in advocacy for reproductive health in development aid. As civil society organisations, we work in 15 European countries in a concerted effort to achieve increased support from European donors for reproductive health supplies (RHS). We aim to improve European coordination and coherence to narrow the gaps between the need, demand and availability of essential supplies. Building greater political and financial commitment in Europe is key to securing universal access to reproductive health, which is an essential step in achieving the Millennium Development Goals.

This fact sheet brings together the main findings of the report – The Role of Reproductive Health and Reproductive Health Supplies in Strengthening Health Systems (by Joyce Haarbrink, EEPA, September 2009). The full report is available online at [www.countdown2015europe.org](http://www.countdown2015europe.org). For more information, contact Project Coordinator An Huybrechts, [ahuybrechts@ippfen.org](mailto:ahuybrechts@ippfen.org).

