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Sexual and Reproductive Health and Rights, and Population Dynamics

A BMZ Policy Paper



Contents

Abbreviations	3
The Importance of Sexual and Reproductive Health and Rights	4
German Development Policy to Promote Sexual and Reproductive Health and Rights	6
Guiding principles for a comprehensive approach	6
The Need for Increased Efforts – Topical Issues and Trends	8
Young people	8
Contraceptive choice / family planning	8
Maternal health	9
The response to AIDS	10
Weak health systems and fragmented services	11
Gender-based violence and harmful traditional practices	12
Sexual and reproductive health and rights in unstable situations	12
Challenges and Future Outlook	13
Linking sexual and reproductive health and rights with HIV/AIDS	13
Scaling up promotion and support of contraceptive choice	14
Stepping up efforts to improve maternal health	14
Strengthening health systems and capacity building	14
Promoting the participation of the private sector and of civil society	15
Bibliography	16

Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
BMBF	Bundesministerium für Bildung und Forschung / Federal Ministry of Education and Research
BMG	Bundesministerium für Gesundheit / Federal Ministry of Health
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung / Federal Ministry for Economic Cooperation and Development
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women ("women's rights convention")
CIM	Centrum für internationale Migration und Entwicklung / Centre for International Migration and Development
CRC	Convention on the Rights of the Child ("children's rights convention")
DED	Deutscher Entwicklungsdienst / German Development Service
DSW	German Foundation for World Population
FGM	Female Genital Mutilation
GF	Global Fund to fight AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH
HIV	Human Immuno Deficiency Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
InWEnt	Internationale Weiterbildung und Entwicklung gGmbH (Capacity Building International, Germany)
KfW	KfW Entwicklungsbank
MDGs	Millennium Development Goals
PMTCT	Prevention of Mother to Child Transmission
PRS	Poverty Reduction Strategy
RHSC	Reproductive Health Supplies Coalition
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SWAp	Sector Wide Approach
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

The present paper presents the position taken by German development policy with regard to sexual and reproductive health and rights (SRHR)

and population dynamics. It forms the foundation for guiding Germany's cooperation with national and international partners.

The Importance of Sexual and Reproductive Health and Rights

Sexual and reproductive rights are based on universally recognised rights to bodily integrity, non-discrimination and the highest attainable standard of health. These rights are enshrined in international treaties¹, international consensus documents and national legislation. The 1994 International Conference on Population and Development (ICPD) in Cairo marked a turning point away from a mainly demographically-oriented to a people-centred and human-rights-based approach. The ICPD defined sexual and reproductive health as encompassing issues of physical,

mental and social wellbeing in matters related to sexuality and the reproductive system and detailed the precise meaning of a rights-based approach to sexual and reproductive health and rights (SRHR).

The realisation of sexual and reproductive rights and health is not just an issue relating to the concrete situation of the individual; it also has implications for social processes and for sustainable development. A socio-political and cultural environment that allows and promotes equal access to information and services for women, men and young people of either sex, married or unmarried, regardless of their sexual orientation, is crucial.

¹ Article 12 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR); Article 24 of the *Convention on the Rights of the Child* (CRC); and Article 12 of the *Convention for the Elimination of all Forms of Discrimination against Women* (CEDAW).

Some facts and figures:²

- More than 200 million women and couples in developing countries have an unmet need for effective contraception.
- An estimated 536,000 women die each year due to complications in childbirth, almost all of them (99%) in developing countries. A woman's lifetime risk of maternal death is highest in sub-Saharan Africa, with as many as 1 woman in 26 facing the risk of maternal death in the course of their lifetimes, compared with 1 in 7,300 in developed regions.

² The data is based on: WHO, *Maternal Mortality 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank*, 2007; WHO/Guttmacher Institute, *Facts on Induced Abortion Worldwide*, 2007; UNFPA, *Sexually Transmitted Infections: Breaking the Cycle of Transmission*, 2004; UNAIDS, *Report on the Global AIDS Epidemic*, July 2008; WHO, *Multi-country Study on Women's Health and Domestic Violence against Women*, 2005; UNFPA, *Bangkok Statement of Commitment by Parliamentarians*, 2006.

- 42 million pregnancies are estimated to end in induced abortion each year. Whilst in developed countries 92% of abortions may be described as “safe”, in developing countries 55% are unsafe.
- About 13% of pregnancy-related deaths can be attributed to unsafe abortions coupled with a lack of skilled follow-up.
- Some 340 million new cases of sexually transmitted infections (STIs), excluding HIV, occur each year.
- In 2007, an estimated 33 million people were living with HIV – 2.7 million more than in 2006.
- Nearly half (15.4 million) of the people living with HIV are women.
- Violence against women is widespread. Large numbers of women worldwide will experience physical and/or sexual violence at the hands of an intimate partner at some time during their lives. Younger women, especially those aged 15 to 19 years, face a high risk of physical or sexual violence.
- The World Health Organization estimates that, worldwide, between 100 and 140 million women have suffered female genital mutilation (FGM). Each year another 3 million women and girls are added to their number.

In the 45 years up to 2005, the world population rose from 3 billion to more than 6 billion. While fertility rates worldwide are decreasing and some industrialised countries are even faced with the problem of decreasing and increasingly aging populations, many countries in Africa and Asia are still experiencing a high level of population growth. According to UN estimates, the world population is set to increase in the next period of 45 years to a total figure of 9.1 billion.³ This poses a tremendous challenge to sustainable development, at both the national and the global level. The importance of sexual and reproductive health and rights thus goes far beyond the health sector, affecting sustainable development as a whole.

The United Nations Millennium Declaration adopted in 2000 lays down for the first time ever binding goals for the international community. Three of the eight Millennium Development Goals (MDGs) relate directly to health: reducing child mortality and improving maternal health

(MDGs 4 and 5); and combating HIV/AIDS, malaria and other diseases (MDG 6). Promoting gender equality and empowering women (MDG 3) and universal primary education (MDG 2) also have an essential bearing on sexual and reproductive health and rights. In the final document of the 2005 world summit, the participating states committed themselves to achieving universal access to reproductive health by 2015 and to integrate this goal into strategies for achieving internationally agreed development goals.⁴ The inclusion of this goal, which goes back to the 1994 World Population Conference, is an important and necessary refinement of the MDGs.

On a regional scale, the African Union special meeting in Maputo (2006) was an important step in this direction. African Ministers of Health reaffirmed in a Plan of Action their political support for realising comprehensive sexual and reproductive health and rights and a sustained supply of contraceptives.⁵

³ UN Population Division, *UN World Population Prospects: The 2006 Revision*, 2007.

⁴ UN, *2005 World Summit Outcome*, Paragraph 57 g, 2005.

⁵ African Union, *Maputo Plan of Action for the Operationalization of the Continental Sexual and Reproductive Health and Rights Policy Framework in Africa*, 2006.

German Development Policy to Promote Sexual and Reproductive Health and Rights

The Federal Republic of Germany has undertaken to play an active part in achieving the international development goals, including the MDGs, and works to promote development that corresponds to the principles and standards of sustainability, human rights and gender equality. Realising sexual and reproductive health and rights is a necessary prerequisite for achieving these goals. Since 1994, the Federal Ministry for Economic Cooperation and Development (BMZ) has allocated over 1 billion euros for the implementation of the Cairo agenda. During the German EU Presidency in 2007, Germany reaffirmed its commitment at the European level to sexual and reproductive health and rights in the Council Conclusions on Gender Equality and Women's Empowerment in Development Cooperation and on HIV/AIDS.⁶ During the German G8 Presidency, the G8 agreed at Heiligendamm in their summit declaration to step up their commitment to maternal and child health, family planning, preventing gender-based violence, linking HIV/AIDS and SRHR and gender equality.⁷

German development cooperation in the field of SRHR is implemented through many different channels and partners. These include bilateral cooperation (financial, technical and human resources cooperation, carried out via the implementing organisations – KfW, GTZ, InWent, DED and CIM), support for non-governmental organisations and foundations such as the German Foundation for World Population (DSW), and multilateral cooperation, which is furthered via financial support and via active participation in

the development of strategies and programmes. The most important partners include the United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF) and the World Health Organization (WHO).

General conditions that are conducive to delivering development benefits, a willingness to protect and promote human rights, especially the rights of women and girls, good governance and policies directed towards development and poverty reduction are vital for the success of these joint efforts in the field of SRHR. Particularly important is the ownership of the partner countries.

Guiding principles for a comprehensive approach

A rights-based approach: Human rights and development are interdependent and mutually reinforcing. Many international development goals are directly concerned with realising certain human rights, e.g. the right to the highest attainable standard of health, to bodily integrity and to non-discrimination, all of which are also the basis for sexual and reproductive rights. On the other hand, human rights ensure that the processes for achieving the development goals are transparent and that underprivileged groups in particular are actively involved in shaping these processes, so as to achieve sustainability and pro-poor impact.

The BMZ has formulated a *Development Policy Action Plan on Human Rights 2008 – 2010*. It de-

6 Council of the European Union – Doc. 9561/07: *Gender Equality and Women's Empowerment in Development Cooperation*, 2007. And: Council of the European Union – Doc. 7227/07: *Recently Emerging Issues regarding HIV/AIDS*, 2007.

7 G8 Summit Heiligendamm, *Growth and Responsibility in Africa. Summit Declaration*, 8 June 2007.

scribes BMZ practice with regard to mainstreaming human rights in all areas of German development policy. The human rights approach laid down in the Action Plan calls for German development cooperation to be explicitly oriented towards human rights standards and core elements and towards the key human rights principles of non-discrimination / equality; accountability / transparency; and participation / empowerment.⁸ It focuses on the structural causes of discrimination and social exclusion on the basis of gender, age, social and/or ethnic background.

A rights-based approach contributes, for example, to:

- Achieving equal access to information and services without discrimination based on gender, social class, ethnicity or age; in particular the rights of women, young people and men to have access to family planning services and to information about safe sex,
- The provision of quality services which are culturally appropriate,
- Defining gender-based violence (including FGM) as a clear violation of human rights and promoting appropriate measures to end it,
- Managing the just allocation of resources within national budget planning and in poverty reduction strategies (PRS).

A gender-sensitive approach: Gender equality is a discrete goal and a binding principle that guides German development policy. Comprehensive services in the field of SRHR should therefore be tailored to meet the needs of both sexes throughout the course of life, without violation of basic rights. The contrary is often the case, however. Widespread gender-based discrimination against

women, deficits in legal certainty and a lack of true gender equality are structural factors which contribute to violence and abuse against women and girls and to their being unable to make their own decisions or protect themselves. This has an impact on their health, health-related behaviour and vulnerability to risk, and on their access to health services, information, education and training, productive resources and income. In many societies, women are not in a position to make decisions about whether sexual contacts take place in a safe or unsafe, forced or voluntary way. The necessary processes of social change are complex and cannot be achieved without the active involvement of men. This means by implication a shift in the relative positions of power and in women's legal standing too, all of which is part and parcel of ending discrimination and promoting women's economic and political empowerment. Sensitive, culturally appropriate efforts to raise awareness that start with children and young people of both sexes can make a crucial contribution here.

A multi-sectoral approach: The complex structural causes of problems in the field of SRHR require a multi-sectoral approach. Whilst a multi-sectoral approach to HIV is quite usual, it is less common in the case of SRHR. For example, educating girls is a cornerstone of social and economic self-determination and empowerment and has positive implications for the sexual and reproductive health of women and their children. Equally important are sectors such as rural and urban development, and good governance, which have a role to play in improving access to SRHR information and services. German development policy therefore supports national governments' efforts to comply with their duties of respecting, protecting and fulfilling human rights, including the right to health. Multi-sectoral approaches take into account the complexity and causality of SRHR and the implications for national development processes as a whole.

⁸ BMZ, *Development Policy Action Plan on Human Rights 2008–2010*, 2008.

The Need for Increased Efforts – Topical Issues and Trends

Since the International Conference on Population and Development in 1994, considerable progress has been made. Nevertheless, gender-based discrimination and problems relating to sexual and reproductive health are still the most common cause of poor health among men and women of reproductive age and of death among women of child-bearing age.

Young people

Young people are an important target group for programmes to promote sexual and reproductive health. Their numbers are large and they are particularly at risk. Today, there are 1.5 billion people aged 12 to 24 years worldwide, 1.3 billion of whom live in developing countries.⁹ A significant number of these young people are sexually active and thereby exposed to the risk of getting infected with sexually transmitted infections (STIs), including HIV. Girls face the additional risk of an unwanted pregnancy. Besides the physical risks of early pregnancy, in addition there is the fact that falling pregnant out of wedlock often leads to almost complete social exclusion for the girls or young women and narrows their educational and personal opportunities quite considerably.

The spread of HIV can only be halted if young people are involved and their access to the information and services they need for a sensible and responsible attitude towards sex and for a healthy lifestyle is improved.

A comprehensive approach and universal access for young people of both sexes to sexual and reproductive health are core aspects of SRHR. Measures for young people therefore include improving access to information, services and contraceptives, especially condoms. Programmes and approaches that focus solely on abstinence and fidelity (“abstinence only”, “age-appropriate access”) are seen as a restriction of people’s right to information, a right that applies to young people too; it is felt that such programmes and approaches are both inappropriate and scientifically unsound, and that they can be a massive obstacle to self-determination. Moreover, it is important to support boys and young men in particular in developing attitudes and behaviours based on gender equality and non-violence through sensitive information campaigns that are tailored to their age and culture.

Contraceptive choice / family planning

In the past 40 years, family planning programmes have played a major part in increasing the acceptance and use of modern contraception methods (contraceptive prevalence) from less than 10% to 60% and reducing birth rates in developing countries from six to about three births per woman. Recent surveys indicate, however, that in half of the 75 mainly African low- and middle-income countries¹⁰ investigated the use of modern contraceptives is still not widely spread, whilst the

⁹ World Bank, *World Development Report 2007*, 2007.

¹⁰ Using OECD (Organisation for Economic Cooperation and Development) guidelines to categorise the countries.

unmet need¹¹ is high. This lack of family planning measures results in high fertility and population growth rates. Some populations are expected to double in a few decades.¹² High rates of unintended pregnancies are associated with a high prevalence of abortion and specifically with unsafe abortions, constituting an additional health risk for women.

The cross-cutting contribution which modern family planning can make towards the achievement of the MDGs demands greater investment in countries with a high unmet need for family planning measures. It can be assumed that the demand for contraceptives will rise sharply within the period set for achieving the MDGs. The reasons for this are demographic factors such as population growth and the passage of the biggest young generation ever into child-bearing age, the need to address the backlog of unmet demand for modern contraceptives, and the growing preference for smaller families. Moreover, condoms offer double protection: against conception and against infection with sexually transmitted diseases, including HIV. The agenda for modern family planning urgently needs to be revitalised, also from a human rights perspective.

Securing adequate, reliable supplies of essential contraceptives is an important task to which Germany is committed through its development programmes and its membership in the Reproductive Health Supplies Coalition (RHSC). Further important and successful measures at the interface between public and private sector are social marketing interventions, which are being implemented in more than 34 countries.

Maternal health

Improving women's health in connection with pregnancy and birth is one of the central concerns of the Millennium Declaration and the focus of MDG 5. Every year some eight million women experience pregnancy-related complications and over half a million die, 99% of them in developing countries. FGM, a practice that is widespread, particularly in many African countries, also has a negative impact on the health of mothers and their newborns.¹³ There are marked disparities both globally and nationally in women's access to skilled birth attendants and to good obstetric care. This tragedy, which also has an impact on the health of newborns, infants and young children, is a symptom of the failure to comprehensively secure women's rights. Women and girls frequently do not have equal rights and suffer from a low social status and a lack of decision-making power. They often experience inadequate access to information and decent quality health services that are culturally appropriate; their mobility is frequently restricted and their health is a matter of low priority. In order to counteract this gender-based discrimination, a human-rights-based approach is needed. That means actively involving the women in question and urging governments to fulfil their duty of accountability. Achieving MDG 5 is closely linked to MDG 3 and therefore also a question of realising women's rights; it will require, besides appropriate technical strategies, political, social, legislative and economic commitment.

The problem of poor reproductive health among women also involves a lot of preventable ill health and suffering, such as, for example, vesico-vaginal

11 Defined as the proportion of married women of reproductive age who wish to avoid further childbearing altogether or postpone their next child for at least 2 years but who are not using any method of contraception.

12 Cleland J., S. Bernstein, A. Ezeh, A. Faundes, A. Glasier, and J. Innis, "Family Planning: the Unfinished Agenda", *The Lancet*, published online on 1 November 2006, DOI:10.1016/S0140-6736(06)69480-4, 2006.

13 WHO Study Group on Female Genital Mutilation and Obstetric Outcome, "Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in six African Countries", *The Lancet*, 367:1835-1841, 2006.

fistulae and secondary infertility, the latter mostly caused by untreated STIs. Of particular concern is the issue of unsafe abortions, where little has changed. Worldwide about 42 million – that is one in five – pregnancies are terminated each year, with an estimated 55% of abortions in developing countries being carried out under unsafe conditions: by individuals without the requisite skills, and/or in an environment that does not meet minimum medical standards. An estimated 68,000 women die each year as a result. Plus, millions of women suffer after-effects, many of them for the rest of their lives.

German development policy is supporting the efforts of a number of partner countries to improve the scope, quality and accessibility of health services for pregnant women and mothers. In Mongolia, the government has incorporated interventions supported by German development cooperation that have proven their effectiveness in reducing maternal mortality into national health policy. Under SRHR programmes quality post-abortion care and counselling are provided, thereby helping to prevent further abortions; these programmes also support the reliable, broad provision of contraceptives and promote life skills measures for young people. In Nepal, for example, where unsafe abortions had hitherto accounted for 20% of maternal mortality figures, the parliament adopted a reform of the abortion legislation in 2002, changing it from one of the most restrictive in the world to one that complies with international legal and medical standards. Support for the efforts by the Nepalese health ministry to introduce training measures and quality standards is therefore an important aspect of bilateral cooperation in the health sector.

The response to AIDS

In 2007, there were an estimated 33 million persons living with HIV, 2.7 million more than in the previous year.¹⁴ Almost 95% of people living with the virus are to be found in developing countries. Today around half of all HIV cases worldwide are women, in sub-Saharan Africa up to 60%. Women's high risk for HIV infection is in part due to biological factors. More importantly, women's risk of infection is heightened in many countries by social, economic and political discrimination and the resultant limited options for self-determination – which often implies exposure to sexual abuse and lack of protection. This is why promoting female-controlled prevention methods and the economic and political autonomy of women is of enormous importance in the response to AIDS and other STIs.

The German government firmly supports the goal declared at the UN Millennium Summit, namely to halt and begin to reverse the spread of HIV/AIDS by the year 2015. The response to AIDS is therefore an important goal of German development policy. Germany is following a multi-dimensional approach that respects human rights and takes into account the social and health policy dimension of the response to AIDS, including poverty reduction, education, improvement of health services and women's empowerment. The approach comprises measures to promote mainstreaming of HIV/AIDS in all sectors.¹⁵

The increasing commitment to an integrated and comprehensive approach implies that the opportunities and synergies of the enhanced integration of HIV/AIDS and SRHR are recognised and put into practice. Bilateral development measures to respond to AIDS are being supported in more than 40 countries. In addition, Germany is heavily engaged in cooperation with interna-

¹⁴ UNAIDS, *Report on the Global AIDS Epidemic*, July 2008.

¹⁵ BMG, BMBF and BMZ. *Action Plan for Implementing the Strategy of the Federal Government to Fight HIV/AIDS*, 2007.

tional institutions such as the UN organisations, the European Union and the World Bank. Germany is a co-founder of and currently the third biggest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and an advocate of the UNAIDS principle of the *Three Ones*¹⁶ for the international harmonisation of the use of funds.

Weak health systems and fragmented services

Health service coverage remains inadequate in many countries and falls far short of meeting the need for health services in general and sexual and reproductive health in particular. This is especially true for remote areas, poor people and other vulnerable and marginalised groups, including internally displaced people and refugees. A human rights approach targets these people in particular. In many countries there is a severe and increasing shortage of skilled human resources for health and this is worse in countries hard hit by the AIDS epidemic and the resultant loss of staff. Skilled professionals are often absorbed by the relatively better funded AIDS programmes.

In many ministries of health, different aspects of SRHR and HIV/AIDS are often managed by separate departments, partly because donor funding streams for AIDS and SRHR developed apart and supported, to some extent, vertical structures as opposed to comprehensive, integrated approaches. While donors, including the German government, are increasingly supporting sector wide approaches (SWAps) and pooled funding mechanisms, vertical programmes, particularly for AIDS, are often still untouched by these changes.

Reproductive health services play a decisive role in preventing HIV and in taking into account the

special needs of people living with HIV when it comes to family planning and sexual relations. However, in the response to AIDS not enough use has so far been made of the facilities, the logistics and information systems and the skilled staff that have already been put in place as part of reproductive health programmes: for example, to provide counselling for couples wishing to have children, to supply contraceptives as part of anti-retroviral treatment, or in the context of programmes for the prevention of mother-to-child transmission (PMTCT), which is the cause of 10% of all new HIV infections. The same is also true in the case of informing pregnant women about HIV prevention as part of ante-natal services. This situation needs to be redressed and it is recognised that it is a matter of urgency.

German development policy therefore emphatically supports the move towards creating synergies by integrating HIV/AIDS and SRHR in all health and development efforts and pursuing a policy of focusing on the core elements of the right to health. German development cooperation has a health focus in 15 countries, where programmes with AIDS and SRHR components are being supported (e.g. Cameroon, Kenya, Malawi, Nepal and Tanzania).

Better integration of the private sector into the health system should also be promoted with the aim of scaling up access to sexual and reproductive health services and improving access for specific target groups, particularly the poor. A Public-Private Partnership approach which is being supported under German development cooperation (e.g. in Kenya and Vietnam) is known as “Output-Based Aid”, a voucher system whereby the holder of a subsidised voucher is entitled to treatment from a range of accredited private and public sector doctors or health centres.

¹⁶ According to the *Three Ones* principle adopted in 2004, there should be *one* agreed HIV/AIDS action framework at national level, *one* National AIDS Coordinating Authority with a broad-based multi-sectoral mandate, and *one* agreed country-level monitoring and evaluation system.

Gender-based violence and harmful traditional practices

Violence against women is widespread.¹⁷ Gender-based violence has a profound impact. It takes many forms: harmful traditional practices, physical and sexual violence in marriage and intimate relationships, rape, sexual harassment, sexual abuse of children, trafficking for forced prostitution and labour, child marriage and forced marriage, socio-cultural exclusion, and stigmatisation up to and including “honour” killings. Systematic rape in armed conflicts was explicitly recognised by the UN in its Security Council Resolution 1820 (adopted in June 2008) as a war crime and a crime against humanity.¹⁸ Sexual violence is associated with significant emotional trauma and long-term mental health problems; in the context of HIV it puts women at risk of infection. Domestic and partner violence is a public health problem of considerable dimension.

It is estimated that between about 100 and 140 million women and girls all over the world have suffered FGM, a practice that is widespread in 28 African countries, in a small number of Arab and Asian countries and among African migrants in immigration countries. This violation of human rights causes severe, long-lasting physical and mental trauma for the girls and women in question. Early marriage and forced marriage are still common in many places with various reasons being put forward for this practice, such as preventing pregnancies out of wedlock, or building ties between families or communities. Trafficking and forced prostitution, also of children, are a growing problem. All forms of gender-based violence are a violation of the human rights of the individual concerned.

German development policy seeks to support the efforts of partner governments and civil society to end gender-based violence. In Guinea for example a “generation dialogue” has been developed; this approach allows young and old, women and men to reflect on their respective values, traditions and expectations. The dialogue is directed by trained local facilitators, enabling people of different generations and sexes to talk about sensitive and taboo topics such as sexual morals and FGM. The sexual exploitation of minors and human trafficking, especially of women and children, are being addressed by programmes that assist partner countries such as Cambodia, Guatemala and the Dominican Republic in preventing such violations of human rights.

Sexual and reproductive health and rights in unstable situations

Services, information and counselling in the field of sexual and reproductive health are often neglected in the rush to provide relief in emergency or unstable situations, although they are essential, particularly at such times. The basic needs remain and, in addition, unstable situations often cause the break-up of stable relationships and disruption of social norms including for sexual behaviour. This frequently means increased danger for women and girls, a higher probability of sexual violence, or sex in return for food, shelter and money for survival (poverty-induced sex work). This kind of situation provides fertile ground for the spread of STIs, including HIV, for unwanted pregnancies and unsafe abortions, and also leads to higher levels of maternal and infant mortality. The lack of appropriate health services, the malnutrition and the trauma that often follow

¹⁷ WHO, *World Report on Violence and Health*, 2002.

¹⁸ UN, *Women, Peace and Security: Sexual Violence in Situations of Armed Conflict*. UN Resolution 1820, adopted by the Security Council in June 2008.

an emergency, also increase the risk of maternal morbidity and mortality.

The provision of basic social services in unstable situations can potentially lead to more sustainable, long-term development of health systems and may even constitute an entry point for longer

term reforms.¹⁹ Germany supports the strengthening of health systems and provision of gender-sensitive services to populations in unstable situations within the framework of development policy, for example in Guinea, and contributes to emergency and post-conflict programmes through UN organisations.

Challenges and Future Outlook

The complex causal links between the different aspects of SRHR and their central importance for sustainable development call for a multi-sectoral approach.

In addition to appropriate strategies in the health sector, there is also a need for a comprehensive political, legal, economic and social commitment towards creating the conditions necessary at the national and international levels. Sexual and reproductive health and the realisation of related rights are closely interwoven with the respective cultural context, with values, norms and taboos that have a strong impact not only on access to information but also on the behaviour of individuals and of social and professional groups. Successful measures are characterised by the attention paid to the interaction between culture, gender equality and the universal application of all human rights. They go hand in hand with processes to promote dialogue and understanding – at the political, institutional and individual levels – and identify and use scope for action accordingly. They are distinguished by their ability to create an enabling environment and to accompany/foster processes of change with regard to attitudes and patterns of behaviour.

The following topics are at the very top of the development policy agenda:

Linking sexual and reproductive health and rights with HIV/AIDS

In order to make beneficial use of synergies, it is necessary that strategies, programmes and services in the field of SRHR and HIV/AIDS are interlinked more closely with one another and with efforts to promote gender equality. Specific linkages between these areas include in particular:

- Improved provision of condoms (double protection: contraception and preventing the spread of STIs, including HIV),
- Integration of HIV counselling, tests and treatment in SRHR services,
- Integrating SRHR information, services and supplies into AIDS programme outreach,
- Reducing gender-based discrimination and strengthening the social and economic status and role of women.

¹⁹ For the BMZ's strategy in this area see also *Development-oriented Transformation in Conditions of Fragile Statehood and Poor Government Performance*, BMZ Strategy 153, 2007.

The potential for strengthening linkages between SRHR and HIV/AIDS must be explored, particularly in countries where the health sector is one of the priority areas of German development policy. This approach also takes the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) into account. For example, at the Board meeting in November 2007, it was decided to elaborate a gender strategy taking into account the particular vulnerability and role of women and girls. Future plans include targeted support at the country level for organisations and programmes that specifically address gender imbalances in anti-HIV efforts in order to reduce them. An important aspect in this connection is the linking of HIV/AIDS and SRHR activities.

Scaling up promotion and support of contraceptive choice

The potential benefits of promoting contraceptive services are unique among health interventions: reduction of maternal and child mortality; social and economic empowerment of women; reduction of poverty; and enhancement of environmental sustainability. Despite successes achieved so far there are still huge regional differences, making increased investment in SRHR, including the provision of contraceptives, advice and services, absolutely essential. This is particularly true for vulnerable groups, such as poor people and young people of both sexes. Unless political and ideological reservations and barriers in this regard are overcome, MDG 5 and sustainable development as a whole will not be achieved. It is therefore important not to let up in the efforts to gain a comprehensive understanding of sexual and reproductive health and to realise pertinent rights and principles such as equality between women and men.

Stepping up efforts to improve maternal health

Increased efforts to improve maternal health mean improving the quantity and quality of ser-

vices and of staffing in the health sector, and taking the needs of women and newborns into greater account. Effective health measures include:

- Improved access to qualified family planning services,
- Quality post-abortion care (in accordance with local laws),
- Securing obstetric care by skilled midwives.

A human-rights-based approach to SRHR also means working to achieve gender equality and women's empowerment. Access to education and training, and the social and economic empowerment of women are important factors when it comes to women actively demanding and being more aware of their rights as they relate to sexual and reproductive health. Liberalising restrictive legislation regarding abortions and ensuring the availability of quality care by health staff for patients with complications as a result of unsafe abortions play a significant role in improving women's health.

Strengthening health systems and capacity building

Strengthening health systems that are also available for poor and disadvantaged people is a priority area of development policy. This also includes institutional capacity building and human resource development. Programmes such as Sector Wide Approaches (SWAs), baskets, or other pooled funding mechanisms for the health sector present opportunities for stronger operational linkages between various programmes, and the development of coordinated efforts in the fields of human resources, procurement and supply systems, infrastructure and providing comprehensive services of a reasonable quality. In such contexts funding opportunities for SRHR must be identified and ensured.

Promoting the participation of the private sector and of civil society

In the past, numerous efforts to improve health service delivery have been focused too one-sidedly on establishing and enlarging public systems. As a result the private sector, usually working independently from the government, was neglected. However, public health systems are often incapable of providing the entire population with adequate access to health services, so that much of the money the people themselves spend on health services goes to private sector providers. Efforts should be

made to promote the integration of the private sector into the health system in order to improve access to services in the field of SRHR.²⁰

Civil society also has a significant role to play since it can help expand the range of services and can mobilise and realise self-help potential. Civil society helps ensure that the needs and interests of the people concerned are taken into account and that the state and various governmental and non-governmental players do more to fulfil their obligations in the field of SRHR in line with international standards and principles.

²⁰ Private Sector Providers: any non-governmental organisation involved in delivering services in health or related sectors either for profit or not for profit, and including community-based organisations or individuals.

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