



SEXUALITY, INFORMATION
REPRODUCTIVE HEALTH & RIGHTS

Irish Family Planning Association

“Consistent with the ‘Cairo Programme of Action’, we will support efforts that reduce maternal and infant mortality, and promote universal access to reproductive healthcare, including ante-natal care and family planning services. Access to quality maternal and reproductive healthcare, supporting safe motherhood and allowing women to control their fertility, within the context of national legislative frameworks, is central to women’s empowerment and the health of nations.”

- **‘One World, One Future,’ Ireland’s Policy for International Development**

“We now know that providing women with access to reproductive healthcare is not just an end in itself but can have a transformative effect on women’s vulnerability to poverty, hunger and economic and social discrimination. Conversely, lack of access to reproductive healthcare remains one of the principal barriers to achieving real gender equality and ensuring that women are empowered to participate fully in the political, economic and social life of their communities and societies.”

- **Ireland’s 2011 statement to the UN Commission on Population and Development**

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IFPA credentials

The Irish Family Planning Association (IFPA) is Ireland's leading sexual and reproductive health charity. The IFPA has a proud tradition since 1969 of promoting and protecting individual basic human rights in reproductive and sexual health, relationships and sexuality.

The IFPA is the Irish collaborating partner of UNFPA, the United Nations Population Fund and acts as Secretariat to the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights.

The IFPA is a partner in an Irish Aid funded project in Bolivia, entitled "Migrants and Citizens: Promoting the Sexual and Reproductive Health and Rights of Bolivian Youth." The project is delivered by the IFPA's Bolivian counterpart, CIES (the Centre for Research, Education and Services), and provides migrant youth with comprehensive sexual and reproductive health and rights (SRHR) services. It also builds the capacity of these young people as leaders and engaged citizens who can advocate for the rights of migrant youth. This inspiring project exemplifies the positive impact of donor funding when it is effectively targeted to meet the needs of a vulnerable cohort of young people.

The IFPA is a member of Dóchas and of the Countdown2030Europe Consortium, a Brussels-based network of organisations working to advocate for increased priority by European states with regard to policy and funding for sexual and reproductive health and rights¹ in the context of overseas development assistance.

Executive Summary

Access to family planning is important because it upholds the basic right of women and couples to decide if and when they wish to have children. This right has been acknowledged by governments in international agreements such as the International Conference on Population and Development (ICPD) Programme of Action and more recently featuring in Agenda 2030 on Sustainable Development.

Ireland has made clear its support for sexual and reproductive health as a critical aspect of gender equality, sustainable development and in response to humanitarian and emergency circumstances in numerous statements, policy documents and at intergovernmental forums.

Ireland is a strong supporter of UNFPA, the lead UN agency that provides sexual and reproductive health services to vulnerable and marginalised women, men and adolescent girls and boys in over 150 countries and territories which are home to more than 80% of the world's population.

¹ Sexual health is healthy sexual development. Reproductive health is complete physical, mental and social wellbeing in all matters related to reproduction. Reproductive rights are the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so. Sexual rights are the rights of all people to decide freely and responsibly on all aspects of their sexuality.

Current crisis in ODA funding for reproductive health

In April 2017 the United States, the third largest bilateral donor to UNFPA after the United Kingdom and Sweden, announced its decision to withhold its financial contribution to the United Nations Population Fund (UNFPA). This amounts to a cut of roughly \$75 million per annum—the U.S. contribution to UNFPA in 2015. The funding cut will therefore have devastating consequences on women, girls and youth worldwide. UNFPA estimates that the funding provided by the U.S. alone in 2016 allowed the agency to save the lives of 2,340 women from dying during pregnancy and childbirth; prevent 947,000 unintended pregnancies and 295,000 unsafe abortions.

Prior to this decision, a significant gap in funding for reproductive health supplies and services in developing countries was already of growing concern.² This cut comes on top of the Global Gag Rule policy of the current U.S. administration, which has had enormous impacts on a wide range of organisations working on contraception, HIV/AIDS, maternal and child health, nutrition, infectious diseases, malaria, tuberculosis and neglected tropical diseases.

Sexual and reproductive health and rights and the Sustainable Development Goals

Support for sexual and reproductive health and rights is central to achieving many of the Sustainable Development Goals, as well as the priority areas of *One World One Future*—including human rights, gender equality and women’s empowerment, poverty, hunger and nutrition, access to health, and responses to humanitarian and emergency settings—and to fulfilling Ireland’s obligations under EU development policy and a range of international agreements and conventions.

However, at a time when access to reproductive health services in developing countries is under threat because of cuts to U.S. funding, Ireland’s core funding to UNFPA is currently below the 2014 level and there is little consistency in funding to UNFPA thematic funds.

Investing in reproductive health pays dividends

Investment in SRHR has been shown to be highly cost effective. A 2014 cost-benefit analysis of the global goals by leading economists of the Copenhagen Consensus Centre rated investment in SRHR 13th out of the 169 SDG targets in terms of cost-effectiveness. Yet, aid for family planning has declined as a proportion of overall aid for health in almost all recipient countries in the past decade. At the same time, the UN Secretary General estimated in 2010 that every euro invested in family planning saves at least €4 that would otherwise be spent treating complications from unintended pregnancies.

If the unmet need for contraception was satisfied in developing regions, there would be a decline in unintended pregnancies (from the current 89 million to 22 million per year), unplanned births (from 30 million to seven million per year) and induced abortions (from 48 million to 13 million per year). Further to this, meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths every year.

² The IFPA has highlighted this in a short (2.5 minutes) animated clip, *Joining the Dots*, which is available: [here](#).

The IFPA is of the view that it is time for Ireland to take steps along with other European states to dedicate increased funding to reproductive health within its bilateral programme-- prioritising countries most affected by cuts in USAID—and to increase funding to UNFPA, both core funding and funding to thematic programmes.

Recommended actions in relation to SRHR

- Increase core funding to UNFPA.
- Commit new funds to the Humanitarian Support Programme.
- Resume funding to UNFPA Supplies.
- Commit to multi-year funding plans for UNFPA thematic funds.
- Prioritise reproductive health in bilateral funding to countries affected by USAID cuts to family planning assistance and assistance to health services more generally.

Context

Globally, at least 214 million women who want to avoid or delay pregnancy are not using an effective method of contraception. In other words, they have an unmet need for family planning.

Meeting all of the current unmet need for modern contraceptive methods among women in developing countries would prevent an additional 67 million unintended pregnancies, 21 million unplanned births and 35 million abortions; it would also prevent 76,000 maternal deaths each year.

Access to family planning is important because it upholds the basic right of women and couples to decide if and when they wish to have children. This right has been acknowledged by governments in international agreements such as the International Conference on Population and Development (ICPD) Programme of Action and more recently featuring in targets 3.7 and 5.6 of Agenda 2030 on Sustainable Development.

Failure to meet the need for family planning affects many areas of human development, including gender equality and poverty reduction, but has the most direct impact on women's and children's health. Yet, over the past decades, financial aid for family planning has declined as a proportion of total aid for health in virtually every recipient country.

The unacceptably high rates of maternal death globally signify an inexcusable injustice: deeply rooted discrimination against women that hinders efforts to secure the human rights of pregnant women.

The 1994 International Conference on Population and Development (ICPD) in Cairo was a milestone in the history of population and development, as well as in the history of women's rights. At the conference the world agreed that population is not just about counting people, but about making sure that every person counts.

The 2030 Agenda for Sustainable Development, agreed in 2015, is the current over-arching policy framework for sustainable development in all countries. The Agenda recognises that universal access to reproductive health and rights is a pre-requisite of gender equality, of the realisation of other rights, and the achievement of sustainable development.

The Global Agenda consists of 17 Goals and 169 targets. SRHR is addressed under two Goals, Goal 3 on Health, and Goal 5 on Gender Equality. Goal 3 includes a target (3.7) on universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. Goal 5 includes a target (5.6) on universal access to sexual and reproductive health and reproductive rights. It also includes targets on the elimination of all forms of violence against women and girls (5.2) and the elimination of harmful practices, such as child, early and forced marriage and female genital mutilation (5.3).

SRHR and Irish Aid Priorities

Gender equality and women's empowerment

Ireland's statement to the UN Commission on Population and Development makes a powerful case for SRHR: "Providing women with access to reproductive healthcare is not just an end in itself but can have a transformative effect on women's vulnerability to poverty, hunger and economic and social discrimination. Conversely, lack of access to reproductive healthcare remains one of the principal barriers to achieving real gender equality and ensuring that women are empowered to participate fully in the political, economic and social life of their communities and societies."

The realisation of sexual and reproductive health and rights is indispensable to the empowerment of women, the achievement of gender equality and the realisation of all other human rights. When these rights are fulfilled, women can better participate in the workforce, in their communities and in public life. Across the globe, gender inequality systematically prevents women and girls from achieving their full potential. Traditional gender norms mean that women and girls still have lower social status, fewer opportunities, lower income and less power than men and boys. Discrimination against women means that they have less control over and poorer access to resources, including land, credit, education and the information and services necessary to protect their health and wellbeing. In the most extreme cases, gender norms can kill. Women die at the hands of violent partners.

If women are to live liberated and healthy lives, access to quality health supplies and services must include modern skilled maternity healthcare, contraceptive options, screening, counselling and information.

Access to healthcare

Essential services: "We will support efforts to increase both information flows, including through the use of appropriate media and the availability of essential commodities through the

private sector (such as bed nets to prevent malaria, contraceptives, water purifying tablets and soap).”

- One World, One Future Irelands Policy for International Development

Women die because of preventable causes in childbirth and because of lack of access to appropriate healthcare services.

In most developing countries, the availability of contraception relies largely on funding from the aid programmes of donor countries. Yet there is a funding gap of around \$273 million between now and 2020. This figure relates only to the cost of supplies: the overall gap in terms of providing services is far higher. If this gap is not closed, the reproductive health needs and rights of millions of women in these countries will not be met.

A 2017 report by the Guttmacher Institute highlights that across the developing world it is estimated that 214 million women of reproductive age who want to avoid pregnancy are not using a modern contraceptive method, with approximately 155 million using no method of contraception, and 59 million who rely on traditional methods. These women are considered to have an unmet need for modern contraception, and women with an unmet need for modern contraception account for 84% of all unintended pregnancies in developing regions.

If the unmet need for contraception was satisfied in developing regions, there would be a decline in unintended pregnancies (from the current 89 million to 22 million per year), unplanned births (from 30 million to seven million per year) and induced abortions (from 48 million to 13 million per year). Further to this, meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths every year.

Poverty

Women account for an estimated two-thirds of those currently living in extreme poverty and 60% of the world's working poor. Respecting women's sexual and reproductive rights contributes to economic empowerment and helps women break cycles of multiple disadvantage.

Early childbearing significantly reduces a young woman's ability to obtain an education. Many young mothers work in the informal sector, perform unpaid economic activity in the home, or serve as unpaid domestic labourers. Large families tend to distribute household spending unequally among children, often to the detriment of girls. Avoiding unplanned births allows families to invest in each child's education, nutrition and health; this reduces poverty and hunger for all members of a household. Poor reproductive health has negative long-term consequences for health, education, and household well-being. Poverty is associated with high-risk behaviours, such as coerced sex, rape, and unsafe sex in exchange for monetary incentives.

Of the world's population of over 7 billion, 1.8 billion are young people between the ages of 10 and 24. Most of these young people live in developing countries. In the coming decades, this number is set to increase dramatically. Investing in young people's sexual and reproductive health not only improves their wellbeing, it also increases their employability, productivity and

earnings. Yet young people are often overlooked in discussions about sexual and reproductive health and rights.

Hunger

The worst impacts of malnutrition happen during pregnancy and early childhood – from conception to two years, i.e. the first 1000 days. Maternal malnutrition's toll on maternal and infant survival stands in the way of countries' work toward key global development goals. The nutritional status of newborns and infants is directly linked with the health and nutritional status of the mother before, during and after pregnancy. Malnourished women and girls of reproductive age have higher chances of giving birth to smaller babies (weight and height), continuing the cycle of malnutrition into future generations. Malnutrition in women leads to economic losses for families, communities, and countries because malnutrition reduces women's ability to work and can create ripple effects that stretch through generations.

Women living in poverty are disproportionately at risk of anaemia if they are unable to space their pregnancies and recover fully from childbirth. Access to affordable, accessible, appropriate quality contraceptive supplies and services, give women and couples greater control over reproduction and greater ability to decide on the number and spacing of their children. This results in smaller family sizes, women's and children's improved health and nutrition, and women's increased role in education, the workforce, community development and in the public services and political spheres, and their ability to contribute to the reduction of poverty.

Humanitarian and Crisis settings

“Ireland specifically commits to promote the empowered participation of women, in particular in situations of fragility and protracted crises...We will ensure that the promotion of universal access to reproductive healthcare is included in our humanitarian action.”

- President Michael D Higgins, World Humanitarian Summit, May 2016

More people around the world are fleeing their homes in search of safety and refuge than at any other point in history. In 2015, 100 million people were in need of humanitarian assistance. An estimated one-quarter (26 million) of these were women of reproductive age. Humanitarian crises threaten women and girls in specific ways, creating new risks and vulnerabilities. Existing service provision breaks down. Barriers to mobility increase. Women who already experience poor health outcomes associated with poverty or low social status are placed in precarious living conditions for indefinite periods.

This combination of circumstances creates unique difficulties for access to sexual and reproductive health services. Addressing these difficulties must be an integral part of all effective humanitarian, peacekeeping and disaster response efforts. The protection and promotion of sexual and reproductive rights and the empowerment of women and girls must also be priorities.

Displacement complicates the delivery of maternal and obstetric care, increasing the risk of unsafe childbirth and maternal and neonatal morbidity, and about three-fifths of all maternal deaths today take place in humanitarian and fragile contexts. Women also experience

interrupted access to contraception during a time when an unintended pregnancy will almost always be a significant crisis. During a humanitarian crisis, women and girls are at greater risk of gender-based violence, including intimate partner violence and rape. Most of the 25 countries with the highest rates of early marriage are considered fragile states or are at high risk of natural disaster. In some crisis situations, girls are married younger because their families hope to protect them from sexual violence or to ensure that they will be provided for and cared for. Increased incidence of sexual and gender-based violence during a crisis, combined with interrupted access to healthcare services and supplies, also creates a heightened risk of STIs, including HIV.

Special case of UNFPA

“The United Nations Population Fund (UNFPA) is one of Ireland’s UN partners, and the agency’s work is closely aligned with many of the areas identified in Ireland’s Policy for International Development ‘One World, One Future’. Hundreds of thousands of women and girls die each year in developing countries from complications in pregnancy and childbirth. Improved maternal and reproductive health, including access to contraception, is an important focus of our aid programme and is critical to the achievement of the 2030 Agenda and the Sustainable Development Goals. There is an important link between Ireland’s support for improved maternal and reproductive health in developing countries and improved education outcomes for girls, also an important priority of Ireland’s aid programme. Ireland values the partnership with the UNFPA.”

- **Minister for Development and Trade Ciarán Cannon, Dáil Eireann, 26 September 2017.**

In 2016, the U.S. was UNFPA’s third largest donor with total contributions of \$69 million, including \$31 million for core resources, and \$38 million for co-financing resources. As of April 2017, UNFPA’s core and non-core programming have been affected by cuts in its budget by United States. As a result, for the next four years, 2018 – 2021, UNFPA projects a total loss of \$124 million for core resources and of about \$156 million for co-financing resources, in particular for UNFPA’s humanitarian work (close to 90% of the U.S.’s 2016 total earmarked contributions).

Currently, key donors such as Belgium, Iceland, Luxembourg, Norway, Slovenia, Sweden and recently, Spain have indicated increased core pledges in the amount of about \$10 million for 2017, as a result of the She Decides conference in March and the July London Family Planning Summit. Small increased contributions from programme countries have also been received.

By contrast, Ireland’s funding to UNFPA has decreased in recent years, from €3.1 million per year between 2012 and 2014 to €2.8 million in 2016. In 2007, core funding to UNFPA from Ireland was €4.5 million.

While core contributions remain the immediate priority, UNFPA also urgently needs funding for its humanitarian response. In 2016, the U.S. was the third largest donor of UNFPA’s humanitarian responses, representing almost 20 per cent of overall humanitarian funding received. UNFPA urgently needs additional funding to fill the resulting gap and provide

services to the most vulnerable women and girls through its Humanitarian Support Programme, which provides technical, financial and operational assistance to countries offices in the Horn of Africa and Central Africa, particularly the Democratic Republic of Congo. UNFPA urgently needs to secure predictable and commensurate funding for UNFPA programmes as it moves forward to support the next Strategic Plan, 2018 – 2021.

Support is also needed for UNFPA Supplies, the UNFPA programme that ensures a secure, steady and reliable supply of quality contraceptives and maternal health medicines, and improves access and use by strengthening national health systems and services. UNFPA Supplies is UNFPA's thematic programme dedicated to expanding access to family planning. It supports countries to strengthen their supply chains so that women and adolescent girls can access a choice of contraceptive methods no matter where they live. The programme has a particular focus on 46 countries, in addition to providing support for reproductive health services in humanitarian crises.

Ireland was a consistent contributor to UNFPA Supplies, making annual contributions of between €500,000 and €1 million until 2009. Although once-off contributions have been made in recent years, this has been on a somewhat ad hoc basis. Consistency and predictability of funding of UNFPA Supplies would be a concrete way for Ireland to assist in bridging the global funding gap for reproductive health supplies.

Recommended Actions

Funding for sexual and reproductive health

- Increase core funding to UNFPA.
- Commit new funds to the Humanitarian Support Programme.
- Resume funding to UNFPA Supplies.
- Commit to multi-year funding plans for UNFPA thematic funds.
- Prioritise reproductive health in bilateral funding to countries affected by USAID cuts to family planning assistance and assistance to health services more generally.

Support for key Dóchas recommendations

- Fully implement the commitment to reach 0.7% by 2025 to ensure the surest path to achieving the Sustainable Development Goals by 2030.
- Establish a multi-annual plan to ensure 0.7% can be reached by 2025.
- For Budget 2018, increase the ODA spend by 0.05% to reach a total of 0.38% of GNI.
- Implement the commitment to 'equality proofing' the ODA budget (as with all other government budgets).

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