RECOMMENDATIONS TO GOVERNMENTS TO FIRMLY INTEGRATE GENDER EQUALITY AND SRHR INTO THE NATIONAL SDG DEVELOPMENT PLANS IN THE GLOBAL SOUTH REGIONS "ENSURING THAT NO ONE IS LEFT BEHIND"

A Call to Action at the 2016 HLPF

RECOMMENDATIONS TO GOVERNMENTS TO FIRMLY INTEGRATE GENDER EQUALITY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) INTO THE NATIONAL SDG DEVELOPMENT PLANS IN THE GLOBAL SOUTH REGIONS "ENSURING THAT NO ONE IS LEFT BEHIND"

A CALL TO ACTION AT HLPF 2016[i]

We, civil society organisations from the Global South regions of Asia, Africa, and Latin America applaud the institutionalisation of the follow up and review of the Agenda 2030 at the global level through the High Level Political Forum under the auspices of the General Assembly and the Economic and Social Council.

The Agenda 2030 pledges to "leave no one behind," and to prioritize those who are farthest behind first. This cannot be achieved if the needs and rights of the people in the Global South regions are not prioritized. Nor can it be achieved if we do not consider the rights and needs of various constituencies and marginalised populations, such as women, rural and urban poor, young people, adolescents, indigenous people, farmers, fisher folk, herders, artisanal miners, people with disability, people living with and affected by HIV, lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ), people affected by conflicts and disasters, older people, migrants, and other falling in minority groups.

We come with our experience of working on the ground at the sub-national, national and regional levels, and represent the voices of those left furthest behind. From our experience, integrating gender equality and ensuring universal access to sexual and reproductive health and rights (SRHR) and services and ensuring no one is left behind at the sub-national, national and regional development plans will call for the following specific actions:

Governments must recognise that gender-equality and universal access to sexual and reproductive rights are integral to sustainable social, environmental and economic development and realising the SDG Agenda 2030, and address the structural, systemic barriers and social determinants of health that impede women and young people's empowerment, equality and access to quality sexual and reproductive health and rights, SRH information and services and care throughout the life cycle.

LAWS AND POLICIES AND IMPLEMENTATION

Governments at the national level need to put in place progressive laws, policies and programmes and address the weak implementation of existing gender equality and SRH policies and programmes, in addition to the removal of discriminatory laws/ polices and ensuring policy coherence at all levels. Such policies and programmes should be universally accessible to all people and in particular to those living in districts and areas with poor health indicators such as the post conflict areas, disaster affected areas, estate sector and economically underperforming districts, hard to reach districts. Weak implementation and absence of necessary institutional mechanisms, along with inadequate financial and human resources and absence of women in decision making roles are the main impediments to achieving gender equality and universal access to SRH information and services at the national level.

Governments and all public health providers, should invest in reversing discriminatory social norms and values and harmful practices, raise awareness on provisions of various gender equality and SRHR policies and programmes, both among the health service providers and among the general public.

Governments need to prioritise and act upon progressive legislative reforms around issues of abortion, sexual and gender based violence including marital rape, and violence based on sexual orientation and gender identity and aspects of gender based violence.

Governments should allocate at least 15% of national budgets on health and at least 5% of this towards sexual and reproductive health services. Effective measures must be taken to reduce the high out-of-pocket expenditure which has an impact on the accessibility to health services among the poor and marginalized people include women and young people.

Governments need to enable active participation of civil society in the planning, implementation, monitoring and review of gender equality and SRH policies and programmes and enable adequate financing of civil society organisations to perform these roles.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Governments need to ensure quality sexual and reproductive health services are accessible for all by ensuring reach to marginalised and excluded groups (e.g., sex workers, LGBTIQ groups and women with disabilities, ageing women).Marginalized populations are vulnerable to human rights violations, such as forced abortion and sterilization of women with disabilities and women living with HIV, forced pregnancy and HIV testing of migrants, and criminalization of consensual sexual relations and sex work. Women with lower or no education, poor women, women who lived in remote, hard-to-reach areas have less access to contraception and other sexual and reproductive health services and find it hard to realize the autonomy of their bodies. Young people are unable to access critical sexual and reproductive health services because of the need for parental and/or marital consents.

Religious fundamentalism and extremism, as well as cultural and traditional practices, are additional factors that contribute to the limiting of rights of women, young people and people of diverse sexualities. These also restrict and criminalise abortion, thus forcing women to avail unsafe and illegal abortions and thereby endangering their lives and health. These leave women vulnerable to violence including sexual violence, rape, marital rape, female genital mutilation, chaupadi (in the Nepal context) honour crimes, and early, forced and child marriages.

Governments need to address the unmet need for all SRH information and services including contraception for women and young people by providing comprehensive sexuality education and quality SRH services including modern contraception, irrespective of their marital status and reach out to women in rural areas, women with less education and women in the poorest wealth quintiles and women of diverse ethnicities.

Governments should make available essential and non-essential drugs, especially those for SRH related morbidities, medical abortion and regulate the quality, uniformity and accountability of services and pricing system of the private sector.

Governments need to increase the number of community health workers in rural, hard to reach and peri-urban areas, trained in SRH service provision and innovative behaviour change communication programs.

Governments need to empower communities and actively engage them in the planning, implementing, monitoring and evaluating gender equality programmes and sexual and reproductive health information and services.

Governments should strengthen implementation mechanisms of young people SRHR policies and ensure the SRH information and services needs of adolescent and youth are addressed, and that such services are provided by health care providers with confidentiality and privacy. This would encourage the young people to access the services without feeling stigmatised and discriminated by adults. Provision of universal comprehensive sexuality education (CSE) and youth-friendly health services (YFHS) in a gender-responsive manner at all levels of formal education and non-formal education is key to realising young people SRHR.

Governments should strengthen health systems governance to ensure accountability and transparency mechanisms at implementation level, prioritise principles of health equity, evidence-based decision making and address weaknesses in policy, planning, health information and surveillance units to increase effectiveness. Effective grievance redress mechanisms for sexual and reproductive health services should be set up within the health sector at sub-national and national levels

DATA

Governments must monitor rights based SRHR indicators at all levels and ensure human rights based data collection, and safeguard processes that will address the human rights risks in collection, processing, analysing and dissemination of data. This is to ensure the protection of the rights of certain vulnerable populations. Capacity strengthening of National Statistical Offices in this area will be crucial which must be taken down to the local levels alongside encouragement of citizen generated data.

Governments should aim to put in place functional CRVS systems that will achieve universal registration of all key life events/ vital statistics and this could be used as data sources at national level for Gender Equality and SRHR policy and programme interventions and improving SRHR universally.

Governments must synchronise administrative data and routine facility information systems, facility surveys, population based surveys, DHS, MICS to ensure a robust continuous, and periodic data on the SDG implementation. In addition, there is a need to explore open data systems and new technologies in the collection of data.

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[i] This Call to Action takes into account several discussions at the regional level since 2015 with partners and the advocacy briefs and country profiles that partners from at least 17 countries in Asia region and Africa and Latin America region developed to ensure gender equality and SRHR is integrated into the SDG development plans at the national level. For more information on country profiles and advocacy briefs on sexual and reproductive health and sexual and reproductive rights, follow http://arrow.org.my/publications-overview/