

## **CPD 50 Side-Event**

# **From Evidence to Impact: changing landscape on sexual and reproductive health and rights**

**5 April 2017**

### **Background and rationale**

Two decades ago, in 1994, the Cairo International Conference on Population and Development (ICPD) marked a turning point by putting gender equality and women's empowerment and sexual and reproductive health and rights at the very heart of development. The Sustainable Development Goals recognize the importance of sexual and reproductive health for development: targets 3.7 and 5.6 in particular highlight the importance of sexual and reproductive health in the sustainable development context.

However, twenty years after Cairo, full enjoyment of reproductive rights remains but an aspiration for millions of women and girls. Each day, around 800 women die giving life. More than 225 million women in developing countries want to delay or avoid childbearing but are not using modern contraception – most of them in the poorest countries and in the most disadvantaged groups. Around 22 million unsafe abortions are estimated to take place worldwide each year, almost all in developing countries. 1 in 3 girls in developing countries is married before the age of 18. And marriage too early, leads to pregnancy too soon, effectively closing the door to education and other opportunities for a better life. Investments are critically needed to guarantee their sexual and reproductive health and rights and expand their capabilities through quality health care and education, freedom from violence and harmful practices like child early and forced marriage and female genital mutilation. Most adolescents and young people lack access to comprehensive sexuality education and sometimes are not allowed to access services freely, without the consent of their husbands and/or their parents.

Major gaps and inequities exist in access to safe abortion services, prevention and management of sexually transmitted infections and of cervical cancer. People living with disabilities, indigenous people, racial and ethnic minorities, and other persons perceived to be different from the majority continue to face discrimination; in terms of SRHR, LGBTI populations are particularly marginalized and often persecuted.

The promotion, protection and fulfilment of sexual and reproductive health and rights are currently experiencing marked resistance around the world. This is evident in a sustained lack of sufficient funding; stigmatisation of both users and providers of sexual and reproductive health services; continued support for harmful practices such as child marriage and female genital mutilation; paring down of legislation that protects women's and girls' rights; widespread tolerance of many forms of violence against women and girls; increasing restrictions on access to, and provision of, scientifically accurate sexual and reproductive health information, including comprehensive sexuality education;

unnecessary restrictions on the availability of contraceptive methods; and the imposition of legal barriers, such as third party consent requirements, to sexual and reproductive health services.

In addition to the many challenges in ensuring respect for rights and access to information and services, these restrictions continue to threaten the generation, communication and utilisation of scientifically accurate evidence which is critical for both understanding the needs of diverse populations, and for the development of valid norms and standards that countries can use to provide safe, effective, acceptable and affordable sexual and reproductive health services.

The panellists will highlight:

- What types of evidence are needed, by countries and global community, to support rights-based approaches to SRH services (e.g. prevalence/incidence; equity; intervention cost-effectiveness; lived experiences (of SRH conditions and of services); R&D for innovations; HMIS for quality/performance/accountability monitoring.
- Broad overview landscape of how evidence is currently generated, by who, how funded, how communicated, globally and at country level.
- Historical and current challenges facing research/evidence generation, e.g. funding insufficiency (and reducing?); limited research skills (especially in LMICs); ethics around research on illegal/socially unacceptable conditions/behaviours; methodological developments; credibility/role of research-based evidence in decision-making.
- More of the same cannot continue – what to do differently (and not just more funds)? E.g. consider embedded research; shift in investment to LMIC institutions (accompanied by RCS) to lower costs and increase acceptability; advocacy on role of evidence in decision making to policymakers (i.e. pro- not anti-science).

***Panellists:***

***Moderator: Ian Askew, Director, RHR, World Health Organisation***

***Speakers:***

- **Minister, Canada (TBC)**
- **Minister, Netherlands (TBC)**
- **Julia Bunting, President and CEO, Population Council**
- **Ann Starrs, President and CEO, Guttmacher Institute**
- **CSO (TBC)**

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**When: 5 April 2017**

**Where: TBC**

**Time: TBC**