

Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa

2015 – 2019



REGERINGSKANSLIET

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**Government Offices
of Sweden**

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1. Direction

The aim of activities within the framework of the strategy is to strengthen sexual and reproductive health and rights (SRHR) in sub-Saharan Africa. The strategy is for the period 2015–2019 and comprises a total of SEK 1 750 million.¹

Contributions within the framework of the strategy are expected to contribute to:

Improved basic health:

Focusing on women's and children's health and SRHR

- Increased access to integrated basic health services for women and children.
- Reduced number of unwanted pregnancies.
- Improved access to safe and legal abortions.
- Fewer HIV-infected children.

Focusing on the health and SRHR of young women and men, and LGBT people

- Better conditions for young people to make informed decisions about their health, sexuality and reproduction.
- Reduced number of new HIV infections.
- Improved access to SRHR.

¹Contributions within the framework of this strategy are financed in accordance with the terms for appropriation items in appropriation directions concerning the Swedish International Development Cooperation Agency (Sida) for each financial year.

Focusing on strengthened health systems for greater access to SRHR

- Increased use of high-quality statistics and evidence-based information in health management.
- Strengthened conditions for transparency, participation and accountability in health systems.
- Improved knowledge among decision-makers about more sustainable and equitable health systems.

Strengthened democracy and gender equality, and greater respect for human rights

- Increased gender equality focusing on prevention of child marriages and sexual and gender-based violence, including female genital mutilation.
- Greater enjoyment of human rights for LGBT people.

2. Context

Despite positive developments in recent years, many countries will not achieve the Millennium Development Goals related to child and maternal health.² Important causes are the growing population, continuing high fertility rates, poor sanitation and hygiene, malnourishment, a lack of gender equality, violence against women and children, high levels of HIV, poor capacity in health and medical care, and violence and conflict. Another important cause of ill health among children and mothers is the difficulty to reach the most vulnerable population groups. Although young people make up a large proportion of the population, their social, economic and political status is low and they have limited influence in society.

² Millennium Development Goal 4: Reduce child mortality. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate. Millennium Development Goal 5: Improve maternal health. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio; and Achieve, by 2015, universal access to reproductive health.

The lack of sufficient and sustainable financing in combination with a major need for health services means that health systems in the region are unable to meet existing needs. These challenges are particularly great for conflict and post-conflict countries.

The last few years have been marked by a worsening climate in sub-Saharan Africa concerning SRHR and LGBT people's human rights. New laws have been adopted that not only concern sexual acts but also contain restrictions on the freedom of association and expression regarding LGBT people's human rights. This also affects LGBT people's access to health and medical care.

With its high credibility and long-standing commitment, not least with regard to structural and systemic causes of ill health and divisive issues such as SRHR and LGBT people's and women's enjoyment of their human rights, as well as the emphasis on preventive measures and the rights perspective, Sweden contributes added value, bilaterally, regionally and as part of a wider EU circle.

3. Activities

A rights perspective is to be applied, with issues such as children's rights and gender equality being highlighted and analysed as a basis for activities. Activities are to focus on promoting preventive approaches and combating structural obstacles and injustices, such as discrimination, which contribute to ill health. Enhanced rights that give women and children, regardless of sexual orientation or gender identity, the opportunity and right to have control over their sexual and reproductive health are crucial.

Activities within the framework of the strategy are to cover sub-Saharan Africa, with a focus on Eastern and Southern Africa. Swedish development cooperation is to build on existing activities and the results achieved, and it is to utilise Sweden's added value, including the added value created by regional presence. Complementarity and syn-

ergies with Sweden's development cooperation at global and national levels are to be sought.

A regional approach has added value as common challenges in the region can be dealt with in a coordinated and similar manner using existing arenas and platforms. A regional approach can cover normative work, advocacy, capacity development and support for basic health services.

Divisive issues such as SRHR, including the right and access to safe and legal abortions, young women and men's sexual rights and LGBT people's enjoyment of their human rights – including LGBT people's opportunities to organise – may be easier to tackle at regional level as they are politically sensitive and often meet strong resistance at national level. At the same time, multi-country contributions with a focus on greater access to basic health services can be considered for countries deemed to have the greatest need in terms of SRHR, HIV, child and maternal health, e.g. conflict and post-conflict countries, and where Sweden can provide added value. Civil society is an important actor in this context with regard to advocacy work, accountability and change processes.

Activities are also to contribute to more efficient health systems that deliver high-quality and integrated health care, including to the most vulnerable people.

Knowledge of sexual and reproductive health and access to correct information, comprehensive sexuality education, sexual and reproductive health services and basic health and medical care are also crucial for reducing infant and maternal mortality in sub-Saharan Africa. The needs of children and young people have been particularly neglected. There is still a serious need to reduce mother-to-child HIV transmission.

A lack of gender equality between women and men – and thus women's difficult economic conditions and low social status – are important causes of women's and girls' vulnerability, poor health and mortality rates.

A clear expression of the lack of gender equality is the prevalence of sexual and gender-based violence mainly targeted at women and girls. Unwanted pregnancies, child marriages, forced marriages and female genital mutilation also represent serious threats to and violations of girls' rights and health in the region. Women's opportunities to organise are crucial. Men and boys have an important role in the change process required to achieve greater gender equality and improved conditions for women's and girls' health.

A lack of political will concerning SRHR and the human rights of women, girls and LGBT people means that there is a risk that the intended results will be not achieved.

Through a regional approach for enhanced health systems, opportunities can be created to exchange experience and find common solutions. By further developing the link between data and the use of statistics, including statistics disaggregated by sex and age, participatory quality assurance interventions can contribute to a value-based service and improved use of resources. This can contribute to more sustainable health systems.

Corruption in national health systems and the risks associated with the transfer of funds to organisations in other areas are also to be considered and dealt with when designing development cooperation.

All activities should be designed using a conflict-sensitive approach.

The forms of follow-up are described in the Government's guidelines for strategies. All contributions within the framework of the strategy are to be monitored continuously. Evaluation is to be seen as an integral part of continual follow-up and is to be conducted when necessary. Various methods for results monitoring are to be applied, using both qualitative and quantitative results information. A balance should be sought between short-term and long-term results in the contribution portfolio to ensure that aid contributes to fair and sustainable development.