

# Repoliticizing Sexual & Reproductive Health & Rights

## A Transformative Framework: Beyond ICPD

### Statement of Purpose

Over the past 18 months, a group of 24 long-time activists and researchers in the field of sexual and reproductive health and rights (SRHR) have conducted two informal, exploratory meetings—in London in June 2008, and in Hanoi in April 2009—to discuss shared concerns about what we perceive to be the fragmentation in and weakening and depoliticization of our field, in spite of the considerable gains that have been made in some countries, where political will and an active civil society have worked together on common goals. Under the rubric “Repoliticizing Sexual and Reproductive Health and Rights,” we have observed a discouraging trend of larger and larger amounts of money being granted to governments, large NGOs and mega-conferences run primarily from the global North. Funding to governments has also not paid sufficient attention to research, policy and programming efforts, building from the ground up in countries, leading to little if any apparent social change. The failure to improve service delivery beyond commodity-driven outreach services in order to link empowerment at the individual level within families and communities to timely and affordable access to curative care services, especially in the most resource-poor countries, is a prime example of this.

In 2015, the Programme of Action of the International Conference on Population and Development (ICPD, 1994) will be two decades old, without having reached fruition, and the Millennium Development Goals (MDGs, 2000) related to health will remain unfulfilled. We believe there is a need to develop a forward-looking vision, drawing on but moving beyond both the ICPD Programme of Action and the limited interpretation and implementation to date of the health MDGs, to a transformative approach, taking into account 21st century realities.

We are currently working together to develop such a framework and approach. To this end, we are preparing a set of analytical papers and planning an international working meeting, to take place on 3-6 August 2010 in Kuala Lumpur, Malaysia. The meeting will engage a broad array of academics, activists, policymakers, donors and civil society representatives, with the aim of developing a

strategy to build alliances and reactivate work on sexual and reproductive health and rights at national, regional and global levels. The papers will be revised in light of the discussion at the meeting and will be published in *Reproductive Health Matters* and elsewhere, to disseminate the meeting outcomes and recommendations and stimulate national and regional activity to promote the goal of achieving sexual and reproductive health and rights.

In order to achieve the goal of SRHR for all, we believe four basic criteria must be recognized:

### 1. Macro-economic influence on health

New thinking about sexual and reproductive health and rights must address the current economic crisis, the role of global capitalism, development aid and loans, and the long-standing inequities in wealth and resource distribution which are not being reduced and which have worsened considerably with the economic crisis. Inequities in access to health care due to the increasing privatization and commodification of health services and health insurance, the introduction of internal markets into health care delivery, and decades-old policies of charging user fees in the public health system on top of out-of-pocket costs, have undermined the myriad commitments made by governments and other institutions of power to achieving health for all, including sexual and reproductive health. These policies, supported by powerful forces globally, must be replaced.

### 2. Universal access to health care through a health systems approach

Sexual and reproductive health services include maternal health and preventing maternal mortality and morbidity; prevention and treatment of sexually transmitted infections, HIV and AIDS; family planning and safe, legal abortion;

prevention and treatment of reproductive cancers; infertility prevention and treatment; and comprehensive sexuality and relationships education for youth. A framework based squarely on an economic and social justice perspective underpins our vision of how to make these services a reality for all. Vital to this framework is a health systems approach. In this, we join with others who have proposed revitalising the primary health care approach of the 1970s Alma Ata framework for new generations and today's world, in which sexual and reproductive health care are a central part of primary care.

There is a pressing need—in nearly all countries, including the global North—for health sector reforms, the basis of which should be the right to the highest attainable standard of health, and ensuring the accessibility, availability, acceptability and quality of services. Reforms have proceeded in some settings, but often haltingly and unevenly, and health systems everywhere are plagued by huge gaps in funding for infrastructure and resources, services, staffing, training, skills development, management, and review and monitoring. Systemic discrimination on the basis of class and age, and minority ethnicity, sexual identity and culture exacerbate lack of access to and quality of care.

Current global attention to health systems strengthening is giving insufficient attention to sexual and reproductive health and rights, and to human rights concerns as regards health more generally—such as ensuring attention to marginalized groups as integral to health systems as a whole. Essential services are targets of attack by right-wing forces, sometimes using religion as a pretext, which must be rejected.

### 3. Fundamental human rights principles

The sobering realities of war, violence, exclusion and discrimination underscore, more than anything else, the fact that a health systems approach must be inextricably linked to the promotion and protection of human rights, as regards access to health care. Recent efforts to gain such recognition on the part of civil society activists, engaged at the national level, are making important headway in some constituencies, for example, in relation to sexual freedom and non-discrimination, the rejection of the criminalisation of sodomy in the Delhi High Court in July 2009, and the recognition that preventing maternal mortality and morbidity is about human rights, including the right to life and health, as well as a development issue, in the UN Human Rights Council in June 2009.

In putting human rights principles at the centre of any framework, we are arguing for the entitlement of affected communities to participate in advocating for sexual and reproductive health and rights within broader health systems efforts, and for mechanisms to hold policymakers and service providers accountable to meeting their needs, based on these standards. We also argue that beyond their legal dimensions, human rights offer principles which can be used for effective programming.

## 4. Strategic coalitions among concerned civil society groups

To achieve the goal of sexual and reproductive health and rights for all, there is a need to build coalitions not only with everyone who works in the fields of sexual and reproductive health but also with a wide range of others—HIV/AIDS activists, people living with HIV and AIDS, public health and primary health care educators and practitioners, feminist groups, human rights defenders, youth coalitions and lesbian, gay, bisexual, transgender and intersex advocates—while acknowledging that there may be substantial differences in our underlying values, philosophies and goals. There has been a tendency in some of the partnerships developed globally to ignore such differences, and imbalances in power and access to resources, and to create illusions of harmony and unity. The effect is a status quo where those with power are not challenged, and those who seek to achieve change are not empowered to do so. Our process aims to open dialogue among allies from diverse movements concerned with promoting health-related rights in general and sexual and reproductive rights in particular, in order to build a strong, collaborative basis for action.

Analytical papers on the following themes are being prepared, which will serve as a basis for discussion and action. We see our meeting on 3-6 August 2010 as an important first step in deepening the discussion and identifying strategies and coalitions for national action.

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