



Results Sexual and Reproductive Health and Rights 2014

Dutch investment: €416 million

1 YOUTH, INFORMATION AND CHOICE

People reached by our SRHR awareness-raising activities through (new) media



6% more boys and 5% more girls (aged 15-24) with comprehensive correct knowledge of HIV/AIDS in Sub-Saharan Africa in twelve years time

11% more boys and 5% more girls (aged 15-24) than in 2002 used condoms during last high-risk sex in Sub-Saharan Africa

2 HEALTH COMMODITIES



People who began treatment for HIV (GFATM)



Children vaccinated (Gavi)



Male and female condoms distributed



4 RIGHTS AND RESPECT



Increased (international) discussion on sensitive issues resulted in

- Economic empowerment of key populations
- SRHR and health targets in SDGs
- Less restrictive laws on homosexuality and abortion for instance in Mozambique
- Alliances to end child marriages

3 QUALITY HEALTHCARE SERVICES



70% of births in developing regions attended by skilled health workers

Mothers receiving ante- & post natal care made possible by our projects



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The Netherlands' mission is to promote universal access to sexual and reproductive health (SRH) and universal respect for sexual and reproductive rights, thus helping to lower maternal and child mortality and stop the AIDS epidemic. We believe this will also reduce the number of unwanted pregnancies, child marriages, unsafe abortions and girls undergoing female genital mutilation (FGM).

The Netherlands uses its political, human and financial capital to exert influence as a funder, partner, diplomat and broker in interactions with many different stakeholders. In 8 partner countries we have technical experts at the embassies working on SRHR related issues (Bangladesh, Benin, Burundi, Ethiopia, Ghana, Jemen, Mali, Mozambique). In 2014 our work focused on four interrelated result areas:

1. Better information and greater freedom of choice about their sexuality for young people

The number of young people with comprehensive knowledge of HIV in Sub-Saharan Africa has gradually increased since 2000. Also, the condom use among young men and women in the region having higher-risk sex increased slightly. However, the figure is still far below the target of 95%¹ and adolescent girls in the region are twice as likely (63%) to be HIV-positive as boys in the same age group (15- 24)². Continued Dutch efforts are therefore crucial to improve information and enhancing freedom of choice. Youth-friendly services and information provided by our partner organisations focus on services, comprehensive sexuality education, safe abortions, and HIV, abortion-related and contraceptive services, including condom provision. UNFPA, UNICEF, UNAIDS and WHO used our contribution in 2014 to draw up technical guidelines for comprehensive sexuality education and advocate for young people's rights to information and services. These joint efforts enabled over 32 million young people to use SRH services, over 17,000 schools to include comprehensive sexuality education (CSE) in their curricula, and over 11.5 million young people in and out of school were reached with information about sexuality, HIV, STIs, pregnancy and contraceptives. In December 2014 the Netherlands also appointed a Youth Ambassador for SRHR.

2. Improved access to and use of reproductive health commodities

The number of people receiving anti-retroviral therapy (ART) doubled between 2010 and 2015³ – a great success. The percentage of HIV-positive pregnant women receiving ART to prevent HIV transmission to their babies increased from 48% in 2010 to approximately 73% in 2014⁴. The increase of new people starting with HIV treatment flattened, from +1.9 million people in 2013 to +1.3 people in 2014. The use of contraceptives in developing regions has increased, due in part to improved access to safe, affordable and effective methods of contraception. However, one in four married women aged 15–49 still does not have access to family planning services. In 2014 investments were made along the value chain from innovation and product development, to delivery and access to modern contraceptives (including male and female condoms), ART, vaccines and other essential commodities. Through various global and local programmes, 882 million

condoms were distributed. An additional 1.3 million people began treatment for HIV through the Global Fund to fight AIDS, TB and Malaria (GFATM), and the vaccine alliance Gavi helped immunise 56 million children. Alongside improved access to information, commodities and services, attention was also paid to socio-cultural barriers that prevent their use.

3. Better sexual and reproductive health care, including safe abortion

Despite the good news on commodities, universal access to quality reproductive health care was globally off track and only slowly improving. Especially the poorest population groups have still not been reached, despite countries' numerous efforts. Our SRHR partner countries report low numbers and low quality of health care staff per inhabitants. Only 64% of women worldwide (52% in developing regions) received WHO's recommended minimum of four antenatal care visits, with large disparities between regions. The Netherlands therefore works closely with local not-for-profit providers and health ministries to implement 1) innovative models of social franchising of providers and clinics, 2) mobile technology for referrals by community health workers to commercial outlets and public services, and 3) performance-based financing. In 2014, over 14,000 midwives were trained through our programmes. Over 16,000 staff and community health workers were trained in ante- and postnatal care, safe deliveries and basic health care, and 240,000 mothers received ante- and postnatal care.

4. More respect for the sexual and reproductive rights of groups who are currently denied these rights

In several countries SRHR and gender equality are difficult to address or even ignored. This leads to many problems. For instance, in developing countries, every year one woman in three under the age of 18 marries⁵ and 39% of girls in Sub-Saharan Africa undergo FGM⁶. Despite observed improvements in making abortion safer, banning FGM and addressing violence against women, sexual violence remains a problem, especially in conflict areas and fragile states. It is therefore essential that changes take place at international (UN), national (legislative) and practical level that benefit the target groups (girls, LGBT, sex workers and people who inject drugs) and service providers. The Netherlands is one of the few donors that address the health and human rights issues of vulnerable groups. As legal reforms occur slowly, however, results in this area are difficult to achieve. In a number of countries the situation is getting worse. At the same time, many sensitive issues are being debated today that were not 10 or 15 years ago. The Netherlands has been able to reach out to stakeholders at all levels contributing to remarkable results, ranging from closing detention centres for sex workers in Vietnam to changes in laws on abortion and homosexuality. Through tripartite cooperation agreements, key populations are being included in national policymaking.

1 UN MDG report 2015, p. 45

2 UNFPA Annual Report 2014, p. 36; UNAIDS MDG 6 report

3 UNAIDS MDG6 report, 2015

4 UNAIDS MDG6 report, 2015

5 UNICEF data, 2015

6 UNICEF data 2005-2013