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ADDRESSING NEGLECTED AREAS IN SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS: PRINCIPLES AND EFFECTIVE PRACTICES

A Report on the SRHR Learning Forum
held on October 1-2, 2019

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FUTURE PLANNING INITIATIVE

ADVOCATING FOR CANADIAN LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Addressing Neglected Areas in Sexual & Reproductive Health and Rights: Principles and Effective Practices

A Report on the SRHR Learning Forum held on October 1-2, 2019

Prepared by the Future Planning Initiative

The Future Planning Initiative is a coalition of six Canadian civil society organizations working globally and domestically to advance sexual and reproductive health and rights. Member organizations include: Action Canada for Sexual Health and Rights, Canadian Partnership for Women and Children's Health, Cooperation Canada, Inter Pares, Global Canada and Oxfam Canada.

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Please note that recommendations contained in the report summarize discussions held during the Oct. 1-2 2019 learning forum and do not necessarily represent the views of all participants.

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Action Canada for Sexual Health & Rights

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Acronyms

CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
FIAP	Feminist International Assistance Policy
FPI	Future Planning Initiative
GAC	Global Affairs Canada
GGR	Global Gag Rule (or Mexico City Policy)
2SLGBTQIA+	Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, plus
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability, and Learning
MNCH	Maternal, Newborn and Child Health
MVA	Manual Vacuum Aspiration
NGO	Non-government Organization
ODA	Official Development Assistance
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent health
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually-transmitted infections
WHO	World Health Organization
UHC	Universal Health Coverage
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund

INTRODUCTION

In June 2019, Prime Minister Justin Trudeau announced that Canada would be increasing its investment in the neglected areas of sexual and reproductive health and rights globally to $700 million a year by 2023.[ii] The initiative is expected to continue over a ten-year period, to 2030, as part of a larger $1.4 billion annual commitment to global health and rights. The commitment prioritizes programming in some of the most neglected and stigmatized areas of SRHR including adolescent SRHR (including comprehensive sexuality education), comprehensive contraceptive care, safe and legal abortion, and support for SRHR advocacy.

A focus on sexual and reproductive health and rights (SRHR) is "critical for increasing women's agency, autonomy and access to economic opportunities and these rights are fundamental facilitators of gender equality. "[i]

What are sexual and reproductive health and rights?

Sexual and reproductive health and rights (SRHR) is an umbrella term used to explain a person's right to decide freely over their own body. It includes the right to express gender, choose who to love, and exercise control over one's sex life. It also entails the ability to decide whether or not to have kids and the right to live a healthy life without violence or discrimination based on gender or sexuality. This includes access to contraception, access to safe and legal abortion, high-quality sexuality education, and much more. *SRHR are not "new" rights – they are a comprehensive, integrated, and interdependent set of civil, political, economic, social, and cultural human rights, already recognized in international human rights treaties, consensus documents, and national laws worldwide.*[iii]

Background: SRHR in Canada and Globally

While SRHR priorities can be found in several global human rights and intergovernmental commitments, implementation and accountability continue to be a challenge. While some investments and advancements have been made, gains are inconsistent and gaps remain, with several neglected areas requiring closer attention and higher levels of investment – in Canada and around the world.

The limited progress on SRHR can be observed in the following statistics:

Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions.[iv]

Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe.[v]

33,000 girls are forced into child marriages every day - an estimated one in every five marriages.[vi]

Every day, there are more than 1 million new cases of curable sexually transmitted infections among people aged 15-49 years.[vii]

Source: World Health Organization, 2019

GLOBAL COMMITMENTS

1994 Programme of Action on the International Conference on Population and Development (ICPD)

1995 Beijing Platform for Action

2012 London Summit on Family Planning

2015 Sustainable Development Goals (SDGs 3 & 5)

Neglected areas in SRHR, such as gaps in access to safe and legal abortion, continue to put women and girls at risk of injury and death, among other human rights violations.

SRHR and Gaps in Accessing Safe and Legal Abortion:

22,000 women die as a result of unsafe abortions every year.

7 million women and girls are injured or disabled by complications from unsafe abortions every year.

97% of all unsafe abortions occur in developing countries.

Source: Medicins Sans Frontiers, 2019[viii]

Canada's renewed commitment to global health and SRHR is a welcome investment that is in line with its Feminist International Assistance Policy (FIAP), launched in June 2017. The FIAP positions sexual and reproductive health and rights as central to better health outcomes, gender equality and sustainable development.

A focus on SRHR is critical to meeting health needs and human development indicators, including economic participation and education, among others, especially of marginalized and low-income communities. For example, female labour force participation decreases with each additional child and limited access to SRHR often leads to increased likelihood of working in the informal sector, reduced productivity, higher rates of early and forced child marriage, early pregnancy, and lower post-secondary educational enrolments.[ix]

Canadian civil society organizations (CSO) and advocates, along with global civil society partners, have long called on Canada to step up in its leadership on SRHR. The $700 million commitment to SRHR comes on the heels of ongoing advocacy by a wide range of partners.

In Canada, this group includes the Future Planning Initiative (FPI)[x] – a coalition of six Canadian CSOs that have been advocating for Canadian leadership on the advancement of sexual and reproductive health and rights since 2015. The FPI endorsed the joint initiative between dozens of Canadian non-government organizations (NGO) to drive Canada's global health and rights agenda. The Thrive Agenda was formed to advance progress on the broader global health and nutrition envelope, while also recognizing the need for increased targeted investment in SRHR.

Canada's investment of $1.4 billion CAD per year to global health and rights is the result of a government acting on its commitment to gender equality and feminist international assistance, as well as the hard work of activists, advocates and organizations advocating for SRHR around the world.

Following Canada's historic June 2019 announcement, the FPI and other civil society organizations continue to work together to hold the Canadian government accountable to their SRHR commitments.

The Future Planning Initiative (FPI) is a coalition of Canadian organizations working together to advocate for Canadian leadership on SRHR. Recognizing these rights as central to good health and sustainable development, FPI works to push the SRHR agenda forward.

Using a feminist and human rights-based approach, the FPI aims to develop a better understanding of the issues related to SRHR and promote leadership, commitment, investment, and accountability on a global scale.

FPI members include:

- Action Canada for Sexual Health and Rights
- Canadian Partnership for Women and Children's Health
- Cooperation Canada (formerly the Canadian Council for International Cooperation)
- Global Canada
- Inter Pares
- Oxfam Canada

Building on Previous Collaborations

The first FPI meeting, held in 2016, was titled "Global Challenges and Opportunities for Canadian Leadership on SRHR". It brought together over 40 senior stakeholders representing Canadian and international CSOs, government representatives, publicly elected officials, activists, and the private sector. This first convening sought to secure a shared understanding of issues related to SRHR and to identify global gaps in this area. It was here that priority areas were identified by looking at the most neglected and stigmatized areas of SRHR that suffer from lack of funding and programming, and where Canada can make the greatest impact. The participants reaffirmed Canada's comparative advantage as a global leader in SRHR and set the stage for ongoing commitments.

Neglected areas of SRHR identified at the FPI's 2016 meeting:

- **ADOLESCENT SRHR, including comprehensive sexuality education**
- **COMPREHENSIVE CONTRACEPTIVE CARE**
- **SAFE ABORTION CARE**
- **ADVOCACY FOR SRHR**
- **SRHR IN EMERGENCIES**

The second FPI convening took place in July 2018 under the theme: “Galvanizing Canadian leadership on sexual and reproductive health and rights”, with the purpose of advancing both political and financial support for SRHR beyond 2020. Like the previous meeting, the event brought together key senior national and international SRHR experts and champions from civil society, private foundations, UN agencies, and Canadian government officials.

Building on the priorities of the first FPI meeting, the 2018 meeting set in motion a coordinated call for Canada to solidify its position as a global leader on SRHR by investing sufficient and sustained funding through a comprehensive SRHR agenda. In the April 2019 report of the FPI, the group called on the Canadian government to invest a minimum of $500 million each year, over 10 years, starting in 2020 to the neglected areas of SRHR. As such, the Government of Canada’s announcement that it would commit $700 million per year over a 10-year period to SRHR with $500 million earmarked for neglected areas, was a very welcome commitment for those advocating for bold Canadian leadership in this area.

REPORT OVERVIEW:
The 2019 SRHR Learning Forum

The 2019 learning forum built on the outcomes of the previous workshops convened by the FPI, with a focus on quality SRHR programming and accountability.

The learning forum created space for participants to consider the principles and examples of effective practice among organizations engaged in work addressing the neglected areas of SRHR. The event served as an opportunity to share information, build on lessons learned, fill ongoing gaps, and identify opportunities for reciprocal and mutual learning. The overarching goal was to explore options for a collective approach to Canada's SRHR policy and strong SRHR programming, while simultaneously building momentum on these issues.

SRHR Learning Forum Objectives:

1. Deepen collective knowledge of best practices of quality, integrated, and holistic SRHR programming with a focus on the neglected areas of SRHR.
2. Increase capacity to effectively implement such programming.
3. Build capacity to effectively monitor, evaluate, and demonstrate results across the neglected areas of SRHR.

This report captures key discussion points raised in the plenary sessions and smaller breakout groups and identifies best practices, key take-aways, and learnings for moving the SRHR agenda forward. This includes a summary of the identified challenges to the implementation of quality SRHR programming, principles that were articulated throughout the learning forum across all neglected areas, and considerations and recommendations related to monitoring and evaluation and SRHR data.

In addition, the report summarizes principles specific to the neglected areas of SRHR (comprehensive sexuality education as part of adolescent SRHR; family planning and comprehensive contraceptive care; safe and legal abortion; advocacy for SRHR) in relation to four different areas: (1) gender transformative programming, (2) integrated and holistic SRHR programming, (3) health systems, infrastructure, law, and policy, and (4) monitoring and evaluation.

Identifying and Addressing Implementation Challenges

Despite the progress made to date, there are several challenges to the implementation of quality SRHR programming– many of which were discussed in the workshop's opening session: *"Modeling integrated SRHR programming – Lessons from around the world."* The session provided an overview of the obstacles to implementation and captured some of the core principles of successful SRHR programming.

Challenges to implementation include:

THE SILOED NATURE OF THE WORK: Artificial silos are created and reinforced when programs are too narrowly focused on thematic priorities. For example, initiatives that solely focus on maternal healthcare, but do not integrate counselling on contraceptive use. The need for an integrated approach remains a priority and requires considerations of different dimensions across SRHR, including the structural limitations and opportunities for collaborating with various organizations in the regions, and more broadly, the SRHR field.

Funders can also work in silos that can reinforce vertical arrangements and limit cross-sectoral and interdisciplinary engagement. For example, donors that support reproductive, maternal, newborn, child, adolescent health (RMNCAH) initiatives, but not abortion care. If Canada is intent on meaningfully advancing SRHR, it must consider work that is integrated horizontally and vertically. To do this, donors must think about programming that involves longer-term and integrated cross-sectoral investments.

If Canada is intent on meaningfully advancing SRHR, it must consider work that is integrated horizontally and vertically.

Similarly, organizations should rethink their structures and ways of working, including how they communicate internally within their organizations and externally with donors. This might include designing strategies for better collaboration with diverse partners. The integration of our collective efforts is both a technical and political consideration – political because it will require political will to see it through. Sharing, learning and collaboration are integral to designing quality, integrated SRHR programming.

Sharing, learning and collaboration are integral to designing quality, integrated SRHR programming.

FAILURE TO ADDRESS STIGMA: Stigma associated with SRHR – or some aspects of SRHR – is a significant barrier to the provision of rights-based, integrated SRH services. Stigma related to SRHR arises at multiple levels – including governmental, societal, and individual, and is rooted in and perpetuated by patriarchal desires to control women's decision-making and bodies. Addressing stigma requires hard work including advocacy and changing attitudes and practices over the long-term.

Addressing stigma requires hard work including advocacy and changing attitudes and practices over the long-term.

LEGAL BARRIERS: Actual and perceived legal barriers continue to hinder the realization of SRHR. For example, laws that require parental and spousal consent to access contraceptive care, or specific restrictions on access to abortion care which create confusion and a "chill effect" for access to the service, generally. Changing attitudes, behaviours, laws, and policies must be recognized as long-term endeavours that require advocacy and resourcing and should be integrated into SRHR programming.

FAILURE TO PRIORITIZE NEGLECTED AREAS: Among the obstacles to the realization of SRHR for all people is the lack of priority given to key neglected areas. This omission is sometimes justified as "lack of consistent public support" or the labeling of elements within SRHR as "controversial". The impact of these sentiments is that we remain stuck in debate and are unable to have more nuanced discussions on the neglected areas, such as access to safe and legal abortion. The SRHR community, globally, is pushing the conversation away from unproductive debates and focusing on the urgent issue of ensuring that programs are evidence-based and expanded to include *integrated and comprehensive care* and human rights commitments. The disproportionate focus on certain components of SRHR can lead to inequitable gains and lack of comprehensive access to sexual and reproductive health (SRH) services.

To move the SRHR agenda forward, it is imperative that the neglected areas are well understood; the principles for addressing them are clearly articulated; and examples of achievements in these areas are shared. Doing so can lay the foundation for improved accountability and stronger research, data collection, and monitoring and evaluation of SRHR programs.

Key Principles of SRHR Programming and Delivery

At the learning forum, several key principles were identified to guide work in SRHR:

- SRHR programs must work closely with – and strengthen the capacity of - feminist organizations and advocates in grassroots feminist, youth, and women's rights organizations and movements.
- Programming must be locally driven and locally owned.
- SRHR must be rights-based and focus on dismantling systemic and structural barriers.
- Programs must be demand-driven and rooted in bodily autonomy and meaningful decision-making power.
- Initiatives must be inclusive and intersectional with commitments to diverse groups including 2SLGBTQIA+, youth, people with disabilities, people living with HIV, etc.
- Emphasis must remain on person-centred care - not just on service delivery and the number of people accessing services.
- SRHR should be centrally positioned within Universal Health Coverage1 (UHC) and vertically and horizontally integrated between sectors including health, education, economic development, etc., and across program priorities such as gender-based violence.
- Data collection, transparency, monitoring, evaluation, and learning are central to SRHR research. These processes should be participatory and approached with a feminist lens.
- Funding should be improved and expanded by ensuring long-term and predictable core funding.
- SRHR must be decentralized to ensure sexual and reproductive health services and supplies are available and accessible to those in need (with particular attention to the needs and priorities of people in humanitarian settings), and at the community level, provided through safe, clean environments.
- SRHR programming should be linked to other services and be made available through diverse contact points to improve accessibility.

1 Universal Health Coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. (World Health Organization, 2020).

MONITORING AND EVALUATING THE NEGLECTED AREAS OF SRHR

Canada's financial commitment to global SRHR requires strategies to monitor and evaluate spending and to track it specifically against the neglected areas in SRHR.

Key requirements and considerations to move effective SRHR programming forward include:

- Improving data collection processes and commitments.
- Enhancing understanding of context and structural realities.
- Strengthening the capacity of organizations to deliver services and meet the needs of those they serve.
- Investing in research and sharing data to advance our knowledge on SRHR.
- Measuring and monitoring project results beyond the delivery of services.
- Investing time and resources into fostering enabling environments for care (through stigma reduction, political will, domestic financing and supply chain management, infrastructure and ownership, and accountability).
- Moving away from over-focusing on service numbers, which can result in reducing funding for other critical areas of work.

The importance and efficacy of qualitative data was also stressed, with some qualitative methods providing rich data while giving voice to targeted demographics and their experiences. While a combination of qualitative and quantitative methods is the best practice, it is important to recognize that the numbers and even our qualitative data collection may not always capture the information we need, reinforcing the need for context-specific information.

To develop effective programming, the diverse needs of the populations being served must be clear. Disaggregated data is essential to this and is unfortunately lacking in many SRHR programs. Strengthening the capacity of local partners and NGOs across a range of needs from data collection to service delivery is central to achieving outcomes.

Some of the questions that are central to efforts to address data collection moving forward include:

- What measures do we consider when analyzing access to SRHR?
- How do we know who is coming to seek services, looking beyond who we are targeting?
- How do we reach the most rural, remote, and/or underserviced communities?
- The path to providing comprehensive SRHR care may not be a straight line, but an S-curve or winding path. What do we need to keep in mind along this journey of unknowns?
- How are data and resources to be used, if at all, to strengthen systems so we can engage more quickly?
- What role can partnerships and strengthening those partnerships play in integrating new and additional indicators?
- How can we better tap into the knowledge, skills, and capacities of researchers who may wish to co-create or collaborate on research?
- What are the components of care that are costly to provide? How can we achieve the full package?
- Can we better generate national data collection systems for data collection?
- Could we work more closely with research funding agencies (e.g. Social Sciences and Humanities Research Council of Canada, Canadian Institutes of Health Research or the International Development Research Centre) if we consider an explicit learning agenda in our work?
- Is there an appetite for capturing examples of failure or lessons learned from projects that did not meet goals and targets?
- How do we increase support for, and adoption of feminist monitoring, evaluation, accountability, and learning (MEAL)?
- What can we do that does not unduly burden local partners, and provides meaningful information to communities?

Doing Data Better: Recommendations and Takeaways

- **THE NEED FOR A RADICAL SHARING OF RESOURCES.** Sharing relevant and useful methodologies for measurement is crucial. This may require pooling resources and the use of shared platforms. Donor incentives for knowledge- and data-sharing may help promote a data-sharing culture. Ethical considerations around the sharing of information when private or sensitive material is collected must be prioritized within this discussion. Delinking information and databases from funding is important.

- **NATIONAL AND SUBNATIONAL OWNERSHIP OF DATA IS NEEDED.** For example, there is important data to collect in certain pockets that is often only understood as significant in the local context. Investment in national and subnational data can support the engagement of local communities and organizations, build skills and leadership, and increase program learning.

- **THE CHALLENGES OF DISAGGREGATION ARE MANY.** Is it important to collect broad data sets that are disaggregated, or does it make sense to focus on groups that are excluded and get more information that is specific to their needs? The result would be focused and targeted data collection efforts on those marginal communities. One of the challenges of this, as raised by a participant, is that some of the data is so hard to find for often excluded communities. There are still uncertainties around their needs or demands because they may be too far marginalized from the services, or too stigmatized to reveal their identity factors (e.g., 2SLGBTQIA+ individuals). Again, ethical considerations must be made to ensure participants are not put at risk.

- **CONSIDERATIONS FOR DATA QUALITY.** We need to know what data is 'good enough' but also recognize the politicized nature of SRHR where reliable data is central to making a case that it can 'make or break' a program or affect funding commitments. The burden of data collection on service providers and activists should also be considered. It may sometimes be necessary to disagree with donors about what data needs to be collected. When required, feminist MEAL should be adequately resourced within project budgets.

- **WE MUST FOSTER PARTNERSHIPS AND COLLABORATIONS.** Working with others is key to identifying common approaches and best practices, especially given the cost of collecting data and of Monitoring and Evaluation (M&E).

- **THIS INCLUDES LEARNING ACROSS BORDERS.** Canada should learn from and apply relevant evidence-informed lessons and best practices that are generated in the Global South, especially if those learnings are generated using Canadian funding.

NEGLECTED AREAS IN SRHR

There are several gaps in SRHR programming that require urgent and sustained commitments over the long run. These gaps include meeting the needs of women and youth in highly vulnerable situations, including humanitarian settings or situations of gender-based violence, as well as dedicated efforts to address the comprehensive needs of adolescent girls. The gap areas are central to the work needed to address the four core neglected areas of SRHR:

1. **Comprehensive Sexuality Education (Adolescent SRHR)**
2. **Family Planning and Comprehensive Contraceptive Care**
3. **Safe and Legal Abortion**
4. **Advocacy for SRHR**

To fully understand each of these core neglected areas of SRHR and related challenges, we must consider the principles and examples of effective practice in relation to the following:

GENDER TRANSFORMATIVE PROGRAMMING
Addressing the root causes of gender inequality and affecting systemic change.

INTEGRATED AND HOLISTIC SRHR PROGRAMMING – EXPLORING INTERSECTIONS
Ensuring that SRHR programming is comprehensive and rights-based and does not neglect some aspects of SRHR. Linking up services to improve upon overall quality of programming.

HEALTH SYSTEMS, INFRASTRUCTURE, LAW AND POLICY
Addressing cross-sector and intergovernmental work that must be part of strong SRHR programming. How can collaboration be improved?

MONITORING AND EVALUATION
Collecting and analyzing the right data to learn and improve upon SRHR programming. Assessing what data is required by different parties.

NEGLECTED AREA 1: Comprehensive Sexuality Education (Adolescent SRHR)

Gender transformative

The benefits of Comprehensive Sexuality Education (CSE) can go far beyond improved individual and public health outcomes. Research shows that CSE, when done right, can have longer-term positive impacts on our social environment and non-health outcomes. This includes the prevention and reduction of gender-based and intimate partner violence, reduced transition of sexually transmitted infections (STIs), increased confidence, stronger and healthier relationships, and increased gender equality.[xi] CSE has the potential to address various forms of oppression and be a tool for equity.

PRINCIPLES:

- CSE must be empowering and work to address and transform harmful norms, gender roles, and stereotypes by disrupting structures and systems of power. Programming must be rooted in non-discrimination and include issues such as healthy relationships, consent, and pleasure.
- Programming must recognize gender identity as a spectrum, going beyond a binary approach and taking into consideration the needs of gender-diverse communities.
- Programming must emphasize the agency of women, girls, and members of gender-diverse communities, recognizing them as rights-holders (rather than portraying them as vulnerable and passive groups)[xii]
- Positive sexuality rather than sex negativity is critical to CSE programming. Programming must acknowledge the reality that youth are accessing information (accurate or not) through various sources, including through pornography, and the need to provide CSE from an evidence-based, non-judgmental, affirmative approach, and disseminated through broad and varied channels.

Integrated and holistic SRHR Programming — exploring intersections

At the intersections of CSE are discussions around method and content. Participants shared important insights on the need for advocacy to address and ensure the inclusion of stigmatized topics such as abortion, sexual orientation, gender identity and gender expression, sexual health, and the right to pleasure as part of CSE.

PRINCIPLES:

- Success requires a focus on normalizing, destigmatizing and depoliticizing CSE.
- CSE should be integrated into different subjects and treated as a stand-alone subject. The comprehensive nature of sexual education should also include gender, race, and power. International standards should be followed.[2]
- Training of teachers on how to deliver quality CSE is critically important, as is collaboration with CSE experts who may be in the health system, and community educators who can link students with resources outside of the school system.
- There must be a link between health services and CSE for students to understand where and how to access adolescent-friendly services.

Example:

FOXY (Fostering Open eXpression among Youth) is a program in Canada's North that uses drama, arts, and culturally appropriate programming to educate Northern and Indigenous young women on sexual health, sexuality, and relationships. They work with schools, cultural groups, and education and health agencies, linking access to referral and counselling pathways. They also use a trauma-informed approach (e.g. trauma processing circles and working with elders) to address sensitive intersecting issues such as mental health and general well-being. Learn more about FOXY: https://arcticfoxy.com/.

Health Systems, Infrastructure, Law and Policy

Several considerations specific to youth and adolescents are needed in health systems, infrastructure, law and policy to improve comprehensive sexuality education. While relevant across all neglected areas, meaningful youth engagement and participation was a heavily stressed recommendation during discussions on CSE.

The definition of CSE and an understanding of what it includes continues to be challenged. In addition, in many contexts, there is also a lack of clarity around who is providing CSE and whose responsibility it is, creating barriers to delivery and accountability.

2 See the UNESCO International technical guidance on sexuality education.

PRINCIPLES:

- Leadership on CSE must come from multiple government departments (e.g., education, health, etc.) and be approached through a cross-sectoral/departmental strategy.
- Meaningful youth participation is critical to understanding and delivering youth-friendly and responsive services. Young people must be included in all discussions and decision-making on CSE. Funding and support for youth-led organizations is essential to enabling participation.
- CSE must be inclusive and accessible beyond formal systems, linked to community services, integrated into policies, and coherent across governmental portfolios including health and education.
- Programs must be integrated and tied to a broad range of program priorities (such as gender-based violence and public health) and across a range of outcomes and national development strategies.

Monitoring and Evaluation

There are several challenges and considerations around the monitoring and evaluation (M&E) of CSE and adolescent health. One persistent challenge is the difficulty of doing data collection or M&E in spaces such as schools or community centres. Another is the challenge of collaboration across sectors. While sexuality education may be taught in schools, it is not necessarily part of the Ministry of Education but rather a combined effort with the Ministry of Health. Therefore, implementing and sourcing data on education activities requires the engagement of multiple departments with different approaches and requirements.

With data, it is important to consider whether we are measuring the right population and collecting data from a range of age groups, e.g. are we capturing data at an early enough age, such as 12-year-olds who have not yet entered high school? Further clarity on what and who is being measured is required to determine the distinctions between health outcomes, knowledge outcomes, behavioural outcomes, and access to timely and relevant resources. For example, when assessing the quality of the curriculum, how it is implemented must be considered. Other options might include follow-up studies with adolescents to learn about their learning experience. Monitoring the curriculum might also consider the analysis of education that is building on foundations and expanding knowledge each year.

PRINCIPLES:

- M&E must ensure a broad reach of target groups and consider barriers such as literacy and stigma.
- Baseline studies that survey knowledge at different stages for different age groups are critical to measuring changes in knowledge.
- Limitations of M&E must be recognized – especially when looking at the accuracy and quality of CSE. Even if schools are teaching CSE, they may be cherry-picking the pieces they want to teach and/or avoiding important information.
- Scholar/practitioner collaboration should be embraced to develop and employ diverse methodologies and support data collection. Cross-sector communication between health and education is critical to creating both the content and an enabling environment where CSE is valued.

NEGLECTED AREA 2: Family Planning and Comprehensive Contraceptive Care

Gender Transformative Programming

Gender transformative approaches to family planning and comprehensive contraceptive care are critical to successful programming. These approaches move beyond expanded services, access, and contraceptive methods, instead seeking to challenge harmful gender roles, social norms, power structures, legal and policy contexts, and promote gender equality. In addition to increasing individuals' decision-making power over their bodies and health, a gender transformative approach also examines how power plays out at the interpersonal, service provider, community, and policy levels.

PRINCIPLES:

- Programs should be inclusive (across genders, ages, individuals, couples, etc.) to ensure that contraceptive use is seen as an individual right, a shared responsibility, and a commitment for all. The engagement of men and boys in gender transformative approaches is critical to addressing power dynamics and decision-making in relationships.
- Broadened contraceptive access at the community level is critical to linking service delivery with knowledge-sharing and advocacy related to gender equality and family planning.
- Provider biases should be addressed through regular training, including training that seeks to deliver contraceptive counselling and care in line with a human rights-based approach that recognizes the racist and ableist ways in which this care has been delivered in the past.
- Support for feminist and women's rights organizations and movements is critical (e.g., support for organizations to engage in advocacy in their communities to advance comprehensive contraceptive care, raise awareness, and address restrictive laws, policies, and practices).

Integrated and Holistic SRHR Programming — exploring intersections

Organizations highlighted the worrying trend of funder tendencies to narrowly focus on contraceptive use at the expense of the broad suite of interrelated SRHR needs. Opportunities to address this trend include ensuring the integration of SRHR within Universal Health Coverage (UHC), and working with funders to ensure the meaningful integration of family planning and contraceptive care within broader health programs and policies. Among the challenges are siloed funding structures and access to resources.

PRINCIPLES:

- Integration must be context-specific and must seize on opportunities and entry points.
- Outreach to marginalized communities, including 2SLGBTQIA+ communities, sex workers, adolescents, etc., must be included in all programming.
- Additional funder education and awareness-raising on the importance of integrated SRHR programming is needed.
- Comprehensive contraceptive care should be offered in tandem with safe abortion care and post-abortion care.
- The full range of contraceptive options should be made available, free of cost

Organizations highlighted the worrying trend of funder tendencies to narrowly focus on contraceptive use at the expense of the broad suite of interrelated SRHR needs

Example:

Adolescent 360 (A360) is Population Services International's (PSI) "girl-centred contraceptive programming". Currently being rolled out with health systems across Nigeria, Ethiopia, Kenya, and Tanzania, A360 positions contraceptive access as just one piece of a broader, more holistic approach. Working closely with young people, the program supports young women and girls to identify their goals within and beyond their sexual and reproductive health, linking them to integrated programs and services based on their needs. A360 shares their research, learnings, and failures to promote SRHR progress and innovation. Learn more about A360 here: https://a360learninghub.org/

Health Systems, Infrastructure, Law and Policy

The impact of Trump's expanded Mexico City Policy (also known as the Global Gag Rule) introduced in 2017, was an important topic of conversation. With its expanded reach, it had the potential to encompass $7.3 billion USD in 2020 alone, impacting not just abortion, but various related services including family planning and access to contraceptives. While the policy was rescinded by President Biden through a Presidential Memorandum in January 2021, the full impact is still not fully known. Recognizing the broad impact of such policies, the need for sustained leadership from other states and actors was stressed. Decentralization, cross-sector collaboration, and improved infrastructure were also emphasized in this discussion group.

PRINCIPLES:

- Infrastructure must be adequate to meet the needs of service delivery. A safe, clean, and accessible clinical environment that includes water, sanitation, and other services, must be prioritized to ensure client comfort.
- Multi-sectoral approaches and cross-ministry collaboration are critical to success (e.g. education, youth, health, social).
- Services must be better linked and referral systems strengthened. Services should be available and accessible where information is provided. Decentralization is critical so that community-based distribution of contraceptives reaches those who need them, particularly young people.
- Both supply- and demand-side factors are critical to meet needs (for example, efforts must be made to ensure access to a wide range of contraceptive methods and free from all barriers (including cost, location, legal restrictions, etc.) and individuals must be made aware of the range of methods available, their efficacy, availability, etc., in order to make informed decisions regarding the method that is best for them).
- Comprehensive training approaches must align with commodity availability.
- Funders and other relevant stakeholders must engage pharmaceutical companies and other providers to ensure affordable access to the full range of contraceptive methods.

Monitoring and Evaluation

The M&E discussions related to family planning and comprehensive contraceptive care were robust and cross-cutting, with recommendation applicable across most issue areas. Many participants stressed that monitoring and evaluation are not just about taking stock of results and impact (e.g., how many individuals received oral contraceptives), but about understanding current practice in SRHR and reflecting on what can be done better. They stressed the need

for a diversity of strategies and guiding questions such as: Who are we not reaching? What are our goals and plans for achieving them? Are our indicators realistic and measurable?

PRINCIPLES:

- More emphasis should be put on data related to quality of care and user satisfaction.
- Training and capacity-strengthening around M&E should be conducted regularly, including when new technologies or strategies are introduced. Additional resources should be provided (especially in the case of increasing reporting requirements).
- Innovative and creative data collection strategies should be explored (e.g. the use of mobile technologies). Security and privacy cannot be compromised.

NEGLECTED AREA 3:
Safe and Legal Abortion

There was considerable discussion about the language "safe and legal", noting the label can add confusion because it does not specify what "safe" means. Safety can be understood on a spectrum and minimal safety precautions are insufficient. A more comprehensive commitment to safety is required. A lack of a working definition of terms is therefore a hindrance. For example, "legal" fails to recognize the extensive barriers people face in accessing abortion, even in places where abortion is legal or decriminalized.

Safe and *legal* abortions can, in some contexts, be aspirational. If we are thinking in aspirations or goals, we should also include *stigma-free* as one of the goals. Some suggested changing the language to *"comprehensive abortion care"*. This term allows us to consider the range of aspirations and considerations for ensuring access to, advocacy on, and ongoing care and support for abortion.

Gender Transformative Programming

Thinking about abortion in gender transformative ways means highlighting the impact of gender-based discrimination and violence, control over women's bodies, and historical legacies of colonialism and racism as central pieces in addressing the right to abortion. Inclusive approaches that recognize intersectionality and the various and multiple barriers that can affect an individual's access to abortion must be considered, as well as recognition that trans and non-binary people also seek abortions and should not be excluded from abortion programming.

To tackle deep-rooted misconceptions and stigma related to abortion, and depoliticize the issue, abortion must be understood as a societal issue and a critical piece in creating safe and equitable societies.

PRINCIPLES:

- Cultural, normative, and fundamentalist beliefs that hinder access to abortion and reinforce biases must be tackled to make progress on ending stigma and addressing barriers to abortion. Debunking myths is also critical.
- Undertaking gender transformative programming in relation to comprehensive abortion care means understanding that abortion rights activism can (and must) take various forms in differing contexts. When it comes to expanding access to and support for safe abortion, there is no "one size fits all" approach, and it is important to understand and recognize that different strategies may have different impacts in different contexts.
- Abortion programming should adopt non-binary language, recognizing that not only women, but trans and non-binary people, also need access to comprehensive abortion care.

Integrated and Holistic SRHR Programming — exploring intersections

The Global Gag Rule (GGR) and its impacts undermined and even, sometimes, stopped the work that partners have been doing to implement integrated and holistic programming that is inclusive of abortion. While there were challenges before the GGR was reinstated, its implementation and expansion under the Trump presidency caused additional set-backs. The new restrictions, confusion regarding the expanded GGR, and the "chill effect" that it had put partnerships and collaborations at risk. Therefore, there is not only a need for integration and the breaking down of silos, but a need for progressive funders (like Canada) to advocate and model strong, integrated SRHR programming inclusive of comprehensive abortion care.

Many participants identified post-abortion care as a great entry point for developing more integrated and holistic SRHR programming. The inclusion of abortion in an integrated SRHR system can be nearly impossible in some countries, where abortion is completely banned or only legal on specific and narrow grounds. However, as post-abortion care is legal worldwide, it can become an important entry point.

Another key strategy to support integrated SRHR programming is to work closely with medical professional associations to address the issue of gatekeepers who may perpetuate stigma and create additional barriers to abortion. This means adapting medical school curriculum to include abortion and post-abortion care as part of the core training and building in time for values clarification and attitudinal change.

Advocacy by feminist and women's rights organizations aimed at addressing legal and policy contexts around abortion is critical to advancing integrated SRHR programming that includes abortion care. Work by advocates to liberalize laws and destigmatize abortion with key stakeholders and the public is necessary to dismantling barriers and fostering enabling environments.

PRINCIPLES:

- The integration of safe and legal abortion into broader SRHR programming requires ongoing awareness-raising, advocacy, and influencing. Abortion must be explicitly reaffirmed as necessary, life-saving healthcare, and as integral to comprehensive SRHR programming.
- In restrictive settings, post-abortion care should be considered as a strategic entry point for "softening the ground" and moving towards increased provision of comprehensive abortion services.
- Different approaches should be explored where significant legal or cultural barriers exist. For example, it may be easier to integrate medical abortion into programming over surgical abortion, especially in highly restrictive contexts.
- The link between abortion care and universal health coverage should be emphasized.

Health systems, Infrastructure, Law and Policy

There remain significant challenges in integrating comprehensive abortion care into sexual and reproductive health service delivery. Several considerations were highlighted here, among them the need to focus on strengthening existing facilities, working with local stakeholders to build capacity, improving supply chain management, and task shifting. A common theme was that work must be undertaken in tandem with awareness-raising due to a lack of information available in communities and among service providers, pervasiveness of abortion stigma, and the lack of alignment with World Health Organization (WHO) principles.

Moreover, to ensure safe practices and to work towards making abortions safe, closer collaboration with obstetricians and gynecologists, nurses, and the broader social support systems (e.g. training midwives, provision of manual vacuum aspiration (MVA) kits and essential drugs, pre-service curriculum for nurses, etc.) is needed. When addressing stigma, multiple participants suggested that the use of more technical terms for abortion (e.g. “safe uterine evacuation”) could destigmatize the procedure in some contexts.

While there has been a considerable positive trend towards the liberalization of abortion laws around the world, significant barriers to accessing abortion care in formal healthcare settings persist around the world. There is also persistent push-back against abortion at local, national, regional, and global levels in laws and policies. Beyond supporting work that destigmatizes abortion in public discourse and strengthening health systems to provide integrated and comprehensive abortion care within primary healthcare settings, there was a strong recommendation to support feminist and women’s rights organizations engaging in advocacy to increase access to abortion at all levels. Examples of this advocacy includes: supporting cross-sectoral movement-building to advance and sustain legislative reform that resulted in the liberalization of abortion laws in Argentina, supporting feminist and women’s rights organizations to access international human rights accountability mechanisms (like the UN Universal Periodic Review or Treaty Monitoring Bodies) as spaces to hold governments accountable to eliminating harmful laws and policies related to abortion, and providing core funding to feminist and women’s rights organizations that provide information, referrals, counselling and other services to facilitate access to abortion care at local and national levels.

PRINCIPLES:

- Improved partnership and collaboration between youth, schools, and service providers is needed.
- Stigma must be addressed. Education and awareness-raising with the media, medical professionals, law enforcement, and others, can help shift how abortion is talked about.
- Science and facts should be centred in conversations on abortion, e.g. appeal to science, medical ethics, data on maternal mortality, and human rights obligations.
- Strategic language and framing should be considered as a strategy to mitigate stigma in some contexts.

- Legal support and resources should be provided to abortion providers facing challenges.
- Funding should be directed to feminist and women's rights organizations engaging in abortion law and policy reform-related advocacy.
- Recognizing and supporting linkages between local, national, regional, and global spaces to engage in abortion-related advocacy.

Example:

In 2015, the Women's Global Network for Reproductive Rights (WGNRR) along with local partners established the Philippine Safe Abortion Advocacy Network (PINSAN), gathering human rights advocates to openly work on the issue of unsafe abortion, confront the stigma, and challenge the abortion ban in the country. Since then, PINSAN works to address the impact of unsafe abortion in the Philippines by ending abortion stigma, promoting appropriate post-abortion care according to WHO guidelines, widening recognition of the legality of therapeutic abortion in the country and removing legal and policy restrictions on abortion, including through decriminalization of abortion. Learn more about PINSAN: https://pinsan.ph/.

Monitoring and Evaluation

There are challenges and opportunities around tracking safe and legal abortion. While the presence of core metrics for M&E are known, there appears to be an openness to thinking about new ways of collecting data with the possibility of incorporating qualitative data collection. This requires finding ways to innovate around reporting models. However, there is still tension between these opportunities for innovation and the imposition of traditional M&E structures. In addition, there are concerns about how data might be used and if it could cause harm to those seeking and providing abortion care.

Participants noted that qualitative data can also help to break down myths and misconceptions about abortion, and allow individuals to tell their own stories, increase awareness, and normalize the experience. More engagement with local community members is essential to understanding the diversity of experiences and outcomes. Intersectional data collection is essential for tracking experiences, including disaggregation by age, recognizing that abortion is something that affects people throughout their reproductive lives. Disaggregated information is key to better understanding the different needs and experiences of people at different life stages.

One concrete suggestion was for funders to consider the way in which abortion data is collected and portrayed as part of the routine data sets in data collection on SRHR funding.[3] In doing so, the safety and security of those engaging in this programming should be centered in decisions regarding the publishing of information. While the concern over public disapproval of government support for abortion was raised, others noted that there are a variety of ways that information and data can be subtly coded to provide information discretely. For example, coded logs in Pakistan were shown to document miscarriages with an (*) next to miscarriages to denote an induced abortion rather than a spontaneous one. Other suggestions included the consideration of indicators that are "abortion adjacent" and that can be reported (more) safely - for instance, collecting information on demand for services rather than service provision.

Other noted challenges include the difficulty of measuring the long-term advocacy work that is needed to make changes to improve access. While it is possible to measure policy wins, this fails to recognize the extensive work done by many organizations at different levels that lead to these advances. In some contexts, successful safe abortion advocacy may include "holding the line" or preventing back-sliding. In these cases, measurement can be even more challenging.

Recognizing, tracking, sustaining, and valuing this work, both in terms of tracking investment in the realm of abortion advocacy and service delivery and driving the collection of comprehensive and disaggregated data on the full range of sexual and reproductive health services, including abortion, is critical.

PRINCIPLES:

- Ethical questions and considerations must be considered in the monitoring and evaluation of abortion programming to ensure protection of providers, patients, and supply chains, particularly in contexts where abortion may not be legal, in fragile settings, and among diverse populations.
- National-level strategies should consider framing data collection on abortion as basic women's health data to reduce challenges. Integration into existing systems can reduce burden on staff.
- Client-based evaluations should be integrated where possible to ensure quality of care and to improve upon client experience.
- Capacity-strengthening for data collectors is needed to address biases and generate better quality data.
- Participatory and feminist MEAL methodologies should be considered to help ensure that qualitative data collection centered on client voices are strengthened.[xiv]

3 In its accountability framework for its 10-year commitment to global health and rights, Global Affairs Canada (GAC) has included new financial tracking coding on the provision of abortion services, provision of post-abortion care, and provision of counselling and information on abortion and post-abortion care.

NEGLECTED AREA 4:
Advocacy for SRHR

SRHR advocacy requires working with governments, donors, and diverse decision-makers. The emphasis on protecting the rights of individuals and their entitlements under international human rights law is central to the advocacy work that must be done. Advocacy is key to changing policies, reforming laws, and challenging stigma. Strategies that are needed in a comprehensive advocacy approach include working with a wide range of stakeholders, including the judiciary, health, and legal sectors to inform them on SRHR as a human right. Investing in women's rights organizations is also central to ensuring feminist grassroots advocates are leading these advocacy efforts in their own communities.[4]

Despite the known impact that feminist and women's rights advocacy has had on advancing SRHR in laws and policy, eliminating harmful laws and policies, increasing access to SRHR information and services (particularly for marginalized communities), and normalizing SRH as part of healthcare and a central tenant of our human rights, SRHR advocacy has been woefully underfunded and projectized by funders. Around the world, this has meant some SRHR advocacy organizations have had to close their doors or limit the amount of advocacy they engage in due to funding constraints.

Gender Transformative Programming

The goals that drive SRHR advocacy can vary widely, however, most feminist SRHR advocacy is gender transformative in its approach, recognizing the need to drive accountability, challenge and disrupt unequal power relations, and effect change at a systemic and structural level. Addressing the power dynamics inherent in funding relationships and programming is central to this work.

PRINCIPLES:

- Advocacy, and the various forms it can take, must be better understood. Advocacy efforts can be about policy and legal change as well as the work to shift social norms and foster enabling environments.
- Participatory methodologies are needed to ensure that we are working with partners and ensuring they have equal voices, keeping in mind the inherent power dynamics of the funder/ grantee relationship.

4 See Action Canada's recommendations on how funders can best support SRHR advocacy.

- It is critical that local groups are empowered and supported in their advocacy. This includes providing translation and interpretation in various languages, supporting advocates to be present in key spaces, and providing other logistical support.
- Capacity-strengthening and strategizing are often required before engaging in advocacy work. This work should be fully funded.

Integrated and Holistic SRHR programming – exploring intersections

It is essential that we keep sight of the connections between and across issues and recognize the importance fostering solidarity across movements. For example, in advocacy to advance comprehensive abortion, the issue must be linked to CSE, access to contraceptives, and the elimination of stigma to create a truly supportive and enabling environment.

2SLGBTQIA+ rights is another focus that is often neglected in many countries and contexts. A holistic approach to SRHR that includes sexual orientation, gender identity and gender expression is needed to ensure that the rights of *all people* are addressed.

At the forefront of this advocacy are feminist and women's rights organizations that are rooted in national and local contexts. Recognizing the roles of different organizations (international and local) in championing SRHR issues and meeting the specific capacity-strengthening needs of these groups, will help keep the momentum going over the long term. For example: civil society and feminist movements require long-term support to sustain the advocacy required to achieve policy and legal changes that can take years to materialize.

While the monitoring and evaluation of advocacy requires strategies to capture gains, strategies to track lack of progress and/or losses are also vital to producing more knowledge and learning. We must also recognize that, at times, advocates are fighting to hold ground and to resist loss of progress. This work is vital and requires support.

A focus on and financial support for long-term advocacy goals is critical. Long-term strategizing and planning are an opportunity for our programs and advocates to come together under a holistic agenda to address family planning, abortion, CSE and other SRHR needs. There may be different pots of funding for specific SRHR issues, but that does not mean that the work cannot or should not be collaborative.

PRINCIPLES:

- Advocacy work must be recognized as a long-term commitment and be supported as such. Long-term, flexible, and core funding are critical to advocacy and movement-building.
- Cross-movement work should be encouraged and supported. Funders need to understand their role in creating and maintaining silos and support the work to connect movements.

- Strategic partnerships and coordination in highly restrictive environments (in particular) are needed. This work should be supported with an emphasis on safety and security.

Health systems, infrastructure, law, and policy

There is a need to consider the different levels and venues where advocacy takes place, including in South-South advocacy contexts. For example, activists that engage in changing policies within health professional associations and strategic litigation. Issues are contested in different ways and it is important to consider both long-term and short-term (often responsive to changing political contexts and opportunities) strategies when using advocacy to address health systems, infrastructure, law, and policy. We also need to generate more knowledge around the barriers that hinder advocacy, including the safety of advocates and human rights defenders.

PRINCIPLES:

- Evidence must draw on high-quality data but also share personal stories that ensure that we humanize these realities and make the information relatable. Personal stories and story-telling can have a major impact.
- There is need for coordination to reduce duplication of work and to maximize advocacy efforts. Advocacy should utilize international and regulatory agreements.
- National ownership of advocacy work is critical to its success.
- Advocacy must be collaborative, feminist, and inclusive.

Example:

RESURJ (Realizing Sexual and Reproductive Justice) is a Global South-led transnational feminist alliance of younger feminists committed to the realization of sexual and reproductive justice. Rooted in local realities, they engage in movements and in global policy spaces, supporting Southern leadership and ensuring that the local, regional, and global connections are not lost in these multilateral fora. Their advocacy also includes supporting transnational alliance-building across movements and regions by convening and creating space for Southern feminist activists. These exchanges between activists located across different movements foster learning, solidarity, and the creation of strong, intersectional, and cross-regional strategic alliances. Learn more about RESURJ: https://resurj.org/.

Monitoring and Evaluation

There remain numerous challenges in demonstrating that advocacy is both valuable and effective. One key factor is being clear about who the data is for – is it for organizations or for funders? Is the goal to show impact and accountability to funding or is it for the advocacy groups to learn how to do their work better? Part of the challenge in advocacy-related M&E is the long-term nature of impact, as well as the reliance of advocacy "successes" on the broader political and social context.

Due to the unpredictability of advocacy, M&E cannot be rigid - it must be both flexible and rigorous. Other key considerations when monitoring and evaluating advocacy include national, local and community ownership, a commitment to movement-building, the use of adaptive frameworks, as well as approaches that are collaborative, inclusive, feminist, reflexive, decolonial, and flexible.[5] The importance of internal learning cannot be underestimated.

PRINCIPLES:

- M&E must strive to be collaborative, inclusive, feminist, reflexive, decolonial, and flexible.
- National and local ownership of data is critical to learning, growth, and sustained success.
- Safety and security implications should be considered when establishing M&E requirements. The privacy of individuals must be protected in the collection of data.
- The monitoring and evaluation of advocacy should be input-focused over overemphasis on results. Funders must recognize that advocacy is a long-game and accept that immediate results are unlikely.

5 See Oxfam Canada's guidance note for more information on feminist MEAL.

CONCLUSION

Summary of key areas addressed

Canada is in a strong position of leadership with a commitment that supports SRHR principles and new financial support over a ten-year period. The October 2019 learning event demonstrated the high level of commitment among stakeholders to address the neglected areas of SRHR, and to ensure that policy translates into practice. While there remain policy areas that the government could strengthen and longer-term investments that are still needed, important progress has been made and continues to be made in advancing SRHR. Moving forward, all governments should do more to meet the international commitments needed for the realization of SRHR for all people.

Several principles, as outlined in this report, guide the work that is needed to ensure strong rights-based programming and advocacy efforts, especially in addressing the neglected areas. It is imperative that stakeholders work together to ensure that Canada's leadership in SRHR contributes to positive outcomes around the world. Advancing sexual and reproductive health and rights requires collaboration across sectors and impactful, inclusive strategies that hold us all to account.

Advancing sexual and reproductive health and rights requires collaboration across sectors and impactful, inclusive strategies that hold us all to account

Next Steps

There are many opportunities for innovation in the sector and increased commitments to collaboration. This can happen through the creation of networks, learning fora, and virtual spaces for sharing and learning across issues.

Opportunities for examining existing resources can inform all our work. Other considerations include addressing gaps in knowledge-sharing, finding better ways to connect people with information about other organizations and actors working in similar thematic areas, and convening more often to strengthen collaborations.

The strategies we use to address the neglected areas of SRHR must be diverse and comprehensive and take into account a wide set of considerations from data collection, monitoring and evaluation, integration across sectors, legal reform and policy changes, and transformative practices that address the root causes of gender inequality and barriers to access to SRHR. The examples and learnings shared between stakeholders at this meeting and through this report reinforce the importance of the work we are doing and offer a chance for those committed to SRHR to expand and improve upon their programming and collaborate for greater impact.

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