

## GENDER ACTION PLAN III

# A unique opportunity to achieve Sexual and Reproductive Health and Rights for all

The European Commission is expected to publish its new Gender Action Plan (GAP III) in October 2020. The current GAP II, through its 3-pronged approach and the institutional culture shift pillar, has greatly contributed to promote gender equality in EU external policies, in particular by being a catalyst for organizational change. However, more remains to be done to effectively achieve gender equality globally, especially with the impact of COVID-19 on women and girls (see separate box). In this context, prioritising sexual and reproductive health and rights (SRHR), including family planning, is important.

## WHY ARE SRHR IMPORTANT FOR GENDER EQUALITY ?

Gender equality and the empowerment of girls and women will not be possible without the realisation of SRHR. SRHR services are critical for women and girls to have healthy lives, to address violence and power relations in their lives, to be free to participate in social, economic and political life, and to freely make decisions governing their bodies. Barriers in access to services and information, especially for women and girls living in poverty, impact on their ability to exercise free choice and participate meaningfully across social, economic and political life. SRH services and information about sexuality are crucial to ensure the fulfilment of the right of sexual self-determination for everyone, without discrimination on the basis of sexual expression, gender identity, gender expression or sex characteristics. For gender equality to be achieved, all women and girls must have universal access to quality services, information and education regarding SRHR.<sup>1</sup>



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## WOMEN AND GIRLS' LIVES AT STAKE



**ABOUT 830 WOMEN DIE FROM PREGNANCY** - or childbirth - related complications every day.<sup>2</sup>



**214 MILLION WOMEN WANT TO PREVENT OR POSTPONE PREGNANCY** but do not have access to modern methods of contraception.<sup>3</sup>



**AROUND 25 MILLION UNSAFE ABORTIONS** are estimated to take place every year.<sup>4</sup>



**1 IN 3 WOMEN HAVE EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE**, mostly by an intimate partner.<sup>5</sup>



**49 MILLION ADDITIONAL WOMEN** could have unmet need for modern contraceptives and **15 MILLION ADDITIONAL UNINTENDED PREGNANCIES** as a result of COVID 19 over the course of a year.<sup>6</sup>



**AN ESTIMATED 2 MILLION MORE CASES OF FGM** and an **ESTIMATED 13 MILLION MORE CHILD MARRIAGES** could take place over the next decade due to COVID 19 consequences.<sup>7</sup>



**20% INCREASE IN DOMESTIC VIOLENCE** is estimated due to the lockdown adopted as part of the COVID 19 response, including against women and girls.<sup>8</sup>

# HOW CAN THE GAP SUPPORT THE HEALTH AND SAFETY OF WOMEN AND GIRLS?

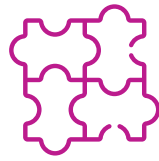
There are no accurate figures to track EU's funding directed towards SRHR, but the 2018 implementation report of GAP II has shown that the number of actions related to SRHR had decreased overall. Some of these actions are large scale global actions, such as the EU-UN Spotlight Initiative, with a significant amount of funding (500 million EUR in total). However, while this initiative is counted as an action towards SRHR, it also targets other gender-related topics. In addition, discrepancies between regions in the number of SRHR-related actions were also remarkable. In a context of backlash against women's and LGBTIQ+ rights globally, with reproductive freedom being often questioned, this lack of prioritisation of SRHR in GAP II is worrying and shows the need for a renewed commitment to SRHR in GAP III:

→ As a matter of urgency, GAP III should put **addressing unequal structures and power relations, gender norms, gender-based discrimination and supporting girls and women's agency** at its centre. This means addressing the **global backlash against women's rights, gender equality and reproductive freedom**, and in particular promoting the achievement of SRHR for all.

→ Achieving gender equality and the objectives of the GAP will only be possible with adequate funding. GAP III should therefore include a **commitment of 85% of ODA going to programmes having gender as a significant or main objective**. In addition to gender mainstreaming, there should be a **target of 20% of the programmes having gender equality as a principal objective**, to ensure that specific actions are also implemented. This should include specific actions on SRHR. These two targets should be included in the GAP III as well as in the new Neighbourhood, Development and International Cooperation Instrument to ensure that gender equality remains a priority in EU development funding.



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## Women and girls need a comprehensive and inclusive approach

SRHR encompass a broad range of rights and services that are essential for gender equality. A comprehensive approach to SRHR is therefore necessary to ensure the complete fulfilment of, and respect for every individual's SRHR. In addition, the adoption of an inclusive approach, considering every individual in their diversity, is also crucial to achieve SRHR and gender equality.

→ GAP III should **build on and strengthen GAP II's Institutional Culture Shift, ensuring that SRHR are fully included** in the efforts to change the Commission services' and the EEAS' institutional culture to more effectively deliver on EU commitments on gender equality. This should be done by strengthening the role of gender focal points in EU Delegations (EUD), ensuring they are adequately resourced; by organising mandatory trainings on gender equality and SRHR for staff in EUD and by ensuring the implementation of a gender analysis on policies and programmes implemented.

→ GAP III should **ensure coherence with the EU Gender Equality Strategy** approach and should aim to **achieve equality between women and men, girls and boys, in all their diversity, including in relation to their sex, gender identity, gender expression or sex characteristics**. It should affirm the commitment to leave no one behind and contribute to a gender equal world for everyone, regardless of one's sex, racial or ethnic origin, religion or belief, disability, age, gender identity or sexual orientation.

→ GAP III should go further in strengthening its **promotion of the right of every individual to have full control over, and decide freely on matters related to their sexuality and reproductive life and health**. To strengthen the implementation and the monitoring of this engagement, **GAP III should adopt the comprehensive Guttmacher-Lancet Commission definition of SRHR**.<sup>9</sup> It should also allow for an increased investment in the full range of SRHR.

→ GAP III should **involve men and boys as partners in programmes on SRHR, gender equality, and the empowerment of women and girls**.

→ In order to support women and girls in all contexts, GAP III should also contribute to **increase financial and political commitments of the EU and its Member States to SRHR in emergency settings**, as well as in regions and countries experiencing conflicts. A comprehensive set of SRHR services, including family planning, should be made available and accessible, free from discrimination, stigmatisation and violence, including for marginalised communities such as LGBTIQ+ people.

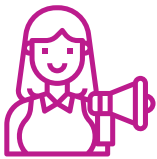


## Young women and girls need a youth-friendly approach

Young people have specific needs in terms of SRHR. They need equitable, accessible, affordable and need-based youth-friendly services, as well as access to comprehensive sexuality education. However, accessing such services is not a given. Too often, young people, particularly adolescent girls, face stigmatisation, discrimination or even coercion when trying to exercise their sexual and reproductive rights. In addition, health facilities do not always provide SRHR services with a youth-friendly approach.

→ GAP III should therefore **support the provision of equitable, accessible, affordable and needs-based youth-friendly SRHR services, free from stigmatisation and coercion**. GAP III should be particularly attentive to the need of young people most at risk of discrimination, including adolescent girls and young LGBTIQ+ people.

→ GAP III should **support access to comprehensive sexuality education**, as a mean for young people to understand better their bodies and their rights, to counter harmful gender norms and stereotypes and to limit gender-based violence.



## Women and girls need a strong civil society

Civil Society Organisations (CSOs) serve the hard-to-reach and most at-risk groups. They have a key role to play in services delivery, community outreach, awareness raising and advocacy, when it comes to SRHR. However, SRHR and women's rights organisations have been facing a **global backlash against women's rights and a shrinking space for civil society**, making it harder for them to be heard and to reach the most vulnerable people.

→ GAP III should **focus on impact for women and girls on the ground**. It should therefore be based on an analysis of the current situation of women and girls and the identification of priority areas of intervention in consultation with CSOs and community-led movements, including SRHR and local women's rights organisations.

→ GAP III should **prioritise support for local women rights and SRHR organisations**, which have extensive experience and reach in delivering services to communities and to those who are often excluded from public health interventions, and in **representing the voice of these communities** in decision-making processes. CSOs, in particular local SRHR and women's rights organisations, should be seen as key partners in shaping and implementing policies and in delivering services.



## Women and girls need a GAP III that supports achieving Universal Health Coverage

Achieving Universal Health Coverage (UHC) is an important part of reaching gender equality through promoting women and girls' health, and SRHR for all. Every human being has a fundamental right to the enjoyment of the highest attainable standard of health without discrimination, violence or coercion of any kind. SRHR are an integral part of the right to the highest attainable standard of health. GAP III should play a role in achieving UHC through:

→ Ensuring that **Human Rights and gender equality are integrated into the design and implementation of UHC models and programmes**.

→ Recognising **SRHR as an indispensable and integral component of UHC**, critical to the realisation of the right to health, sustainable development and a necessary precondition for gender equality and non-discrimination.

→ Supporting the adoption and endorsement by partner countries of a **comprehensive affordable package of SRHR interventions to be delivered through UHC schemes**.





# COVID-19 IMPACT ON WOMEN AND GIRLS ACCESS TO CARE AND TREATMENT

Due to the de-prioritization, disruption and decrease in the provision of SRHR services as well as mobility restrictions and changes in health-seeking behaviour, the COVID-19 pandemic has strongly impacted access to SRHR, whereas SRH services are essential and lifesaving. The pandemic has increased SRHR-related needs for communities in lockdown and seen increases in sexual and gender-based violence (SGBV), unmet needs for contraception, compromised SRH services, and a lack of comprehensive sexuality education (CSE).

A recent study estimated that the COVID-19 pandemic could result in Low- and Middle-Income Countries in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year.<sup>10</sup> Another study shows that for every 3 months the lockdown continues, an additional 15 million extra cases of gender-based violence are expected; 2 million Female Genital Mutilation cases and an additional 13 million child marriages that could have been averted may occur over the next decade due to the disruptions in programmes against FGM and early and forced marriages.<sup>11</sup>

Furthermore, the pandemic has exacerbated already existing inequalities for women and girls, and for groups already marginalized and experiencing discrimination, including refugees, migrants, people living with disabilities, members of the LGBTIQ+ community, and those living in conditions of extreme poverty. It is therefore crucial that the EU addresses SRHR during and in the aftermath of the pandemic through all means possible, including the GAP .

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- 2. WHO, 2018. Factsheet on maternal mortality. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- 3. WHO, 2018. Factsheet on family planning and contraception. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- 4. WHO, 2018. Factsheet on preventing unsafe abortion. <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>
- 5. WHO, 2017. Factsheet on violence against women. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

- 6. Guttmacher Institute, 2020. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. [https://www.guttmacher.org/sites/default/files/article\\_files/4607320.pdf](https://www.guttmacher.org/sites/default/files/article_files/4607320.pdf)
- 7. UNPFA Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>
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- 9. Guttmacher-Lancet Commission, Accelerate progress report, <https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary>
- 10. Guttmacher Institute, 2020. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. [https://www.guttmacher.org/sites/default/files/article\\_files/4607320.pdf](https://www.guttmacher.org/sites/default/files/article_files/4607320.pdf)
- 11. UNPFA Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>



Countdown 2030 Europe (C2030E) is a Consortium of 15 leading European non-governmental organizations advocating towards European donors for increased funding and support to Sexual and Reproductive Health (SRH), including Family Planning (FP), in international development cooperation. Consult C2030E website and join us on twitter for more information on SRHR in EU policies, including the latest figures on European donor support to SRHR.



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