



CENTER
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EQUITY

Executive Summary

Investing in Reproductive Justice for All:

Toward a U.S. Foreign Policy on Comprehensive Sexual and Reproductive Health and Rights

A field report on the advantages and challenges to comprehensive approaches to sexual and reproductive health and rights in the Dominican Republic, Ethiopia and Botswana

About this Report

In 2008, the Center for Health and Gender Equity (CHANGE) conducted a field inquiry in Dominican Republic, Ethiopia and Botswana to examine examples of programs with comprehensive approaches to sexual and reproductive health, as well as explore the problems that arise when programs are artificially segregated and/or not based on human rights. The countries were chosen based on their particular situations of sexual and reproductive health and human rights, their diverse histories with U.S. assistance, and their different internal policies. The research consisted of extensive interviews with health practitioners, government officials, aid workers, and nongovernmental leaders (see Annex 1 for a list of institutions by country). In addition, researchers consulted recent data to complement or challenge interview findings.

All interviews were conducted in confidentiality, and the names of the interviewees are withheld by mutual consent.

This report is a sampling of findings and recommendations based on the field visits. CHANGE did not set out to collect empirical evidence about why each country has its specific HIV infection rates, maternal mortality rates, and other health indicators. Instead, this report examines concrete examples of the benefits of and challenges to providing comprehensive, rights-based sexual and reproductive health care.

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Cover photo: Serra Sippel. Children at rural health post, outside Bahir Dar (Ethiopia).

Executive Summary

From the 1974 World Population Conference in Bucharest to the 1994 Cairo International Conference on Population and Development (ICPD) and subsequent global fora, international consensus around population and development has undergone a monumental paradigm shift away from demographic-centered policies toward an emphasis on women's empowerment, gender equality, and sexual and reproductive health and rights as critical to the achievement of sustainable development.

Despite this, the U.S. currently does not have a cohesive, overarching strategy for tackling urgent global sexual and reproductive health issues, as illustrated by the configuration of U.S. foreign assistance agencies and the disjointed policies that govern aid distribution. Instead, the United States' foreign assistance structure and politically-motivated funding restrictions combine to create unnecessary barriers to effective, comprehensive, and integrated health care that includes HIV prevention, maternal health, and family planning.

Using the definition that emerged from the 1994 International Conference on Population and Development in Cairo as a point of departure, CHANGE sought to construct a conceptual definition of comprehensive sexual and reproductive health care based on evidence from the field. Our field inquiries and literature review point to three essential components of comprehensive sexual and reproductive health care: family planning; sexual health; and maternal health.

It is not just the combination of services, however, but also the approach of health care providers that distinguishes comprehensive care from other models. First, health systems must meet the continuum of sexual and reproductive health needs of the population by integrating services at the user level. Also, successful approaches employ this user-based integration perspective with a sensitivity to and understanding of contextual issues, particularly regarding gender-based violence against women. Successful programs are based on human rights, respecting the dignity, autonomy and agency of a diverse client base.

Comprehensive sexual and reproductive health programs must address health across the life cycle, providing services and programming appropriate to each stage of life. This includes comprehensive sex education for young people, youth-friendly sexual and reproductive health services, family planning and maternal health care for those in their reproductive years, and care for post-menopausal women.

In field visits to the Dominican Republic, Ethiopia and Botswana, CHANGE found the following:

- *Profamilia* and *Colectiva Mujer y Salud* in the Dominican Republic provide high quality care in a full range of services to address the needs of women and youth, including those who are living with HIV. However, U.S. assistance for family planning and reproductive health has recently ended, leaving *Profamilia* relying more on user fees for sustainability and the Dominican government, under heavy influence of the Catholic Church, to prove its own commitment to ensuring access to sexual and reproductive health services.
- In Ethiopia, the Family Guidance Association of Ethiopia (FGAE) and Amhara Development Association (ADA) both use a Community Based Reproductive Health Agent (CBRHA) program, which trains lay people to work directly with their communities on sexual and reproductive health, and which now forms an integral part of Ethiopia's health system. Many of the CBRHAs are trained in offering comprehensive services—

including HIV prevention, family planning counseling and services, fistula prevention and management, post abortion care, and maternal and child health information and referral.

- In general, sexual and reproductive health services in Botswana are fragmented and not comprehensive, and women's human rights are often undermined. For example, Tebelepele, the major U.S.-funded VCT (Voluntary Counseling and Testing) NGO in the country, does not offer family planning, STI treatment or other sexual and reproductive health service that sexually active clients may need. Another U.S.-funded organization requires that peer mothers living with HIV not become pregnant in order to receive their stipend and keep their position as a counselor, undermining their fundamental right to make reproductive decisions free from coercion.
- Women living on the margins of society are often neglected when it comes to sexual and reproductive health services. CHANGE's field visits found infrequent and inadequate attention to the needs of these women, specifically women in prison and sex workers.

U.S. Policy and Law Clash with Comprehensive Sexual and Reproductive Health and Rights

U.S. policies and funding structures often pose significant obstacles to comprehensive models of care. CHANGE's field visits exposed instances where U.S. policies create barriers to comprehensive sexual and reproductive health and rights programming:

- **Funding Issues** - While the large infusion of PEPFAR funding is critical to fighting the HIV/AIDS pandemic, and has brought many benefits to AIDS treatment, as has been reported elsewhere and was echoed by CHANGE's findings, health infrastructure outside of HIV and AIDS has suffered. The issue is not that there is too much funding for PEPFAR, as an increase in U.S. funding for HIV/AIDS is needed to address the burden of disease. At issue is the effectiveness of PEPFAR assistance and inadequate funding for all sexual and reproductive health programs. In Ethiopia, PEPFAR-funded programs pay two times government health salaries, causing a drain of doctors and other health care providers in other sectors. In Botswana, the large and heavily restricted PEPFAR budget and lack of any USAID funding for reproductive health has created booming—but vertical—programming just on HIV. Also, in several countries including the Dominican Republic, the U.S. has ended family planning funding. Advocates are concerned that the Dominican Republic will end up with a two-tier system: a rights-based, comprehensive system for those who can afford it and a low quality, non-integrated system for those without resources.
- **Funding Silos** - The U.S. government's funding silos make holistic, integrated approaches difficult. An implementing organization in Ethiopia compared U.S. funding to the Dutch government's efforts, saying that most comprehensive approaches are funded not by the U.S., but by the Dutch or the European Union. The Dutch have funded a large project that not only works to provide comprehensive reproductive health care, but also creates the institutional linkages to support this programming into the future. Whereas Dutch funding is flexible, allowing a complete shift in activities to address community priorities, U.S. funding is laden with earmarks and restrictions

from Washington that eliminate discretion for making funding decisions based on local realities and restrict alignment with European counterparts.

- **Global Gag Rule** - The Mexico City Policy, or Global Gag Rule, has been a significant barrier to client-based, comprehensive care. Several of the best and most experienced organizations that implement sexual and reproductive health and rights programs had refused to sign the gag rule because of a principled support of their clients' rights and adherence to public health standards. This includes the Family Guidance Association of Ethiopia, which conducts well regarded sex education with adolescents, trains midwives to attend births, and provides comprehensive reproductive health care including HIV testing. All of these services are critical in a country where maternal mortality, HIV prevalence, and adolescent pregnancy are extremely high.
- **Abstinence-Until-Marriage/ABC** - U.S. funding preferences for abstinence-until-marriage programs have also undermined comprehensive approaches. The current U.S. guidance on PEPFAR programs limits condom programming to youth 15 and over. In the Dominican Republic, the U.S. guidance sharply contrasts with the government's recent action to revise the age of reproduction from 15 to 10 due to the high number of pregnancies and STIs occurring in this age group. A doctor in one youth clinic talked about girls in his community who were already sexually active at age 12. However, because of U.S. funding restrictions, he reported that they only provide condoms to these girls if they admit being sexually active; otherwise they only teach abstinence.
- **Anti-Prostitution Loyalty Oath** - The requirement that PEPFAR grantees have a policy against the practice and legalization of prostitution has had varied effects in the field. Some organizations sign the pledge and continue with their programs as before. Others interpret the policy as a prohibition against supporting sex workers, and either refuse to sign and turn down the money, or sign and stop outreach to sex workers. CHANGE found two key HIV/AIDS organizations in Botswana who do not include sex workers in their HIV prevention and education efforts, despite the high risk of HIV transmission for this population. Although reduction in the extent of prostitution is the stated goal of the APLO, none of the advocates and service providers interviewed noted a reduction in sex work as a result of the U.S. policy.

Recommendations for U.S. Foreign Policy and Law

The current structures and restrictions governing U.S. sexual and reproductive health programming clearly do not facilitate the comprehensive, rights-based approaches that are most successful in promoting global health and development. Unless the United States alters these policies, it will fall short of achieving its own development goals and those it has committed to in the form of the Millennium Development Goals. More importantly, it will continue to lose opportunities to protect the life, health, and rights of women and girls worldwide.

Based on findings from field visits to The Dominican Republic, Ethiopia and Botswana, CHANGE recommends the U.S. government do the following:

- **Affirm and recognize sexual and reproductive health rights of all people**, with special attention to women and youth, and ensure that U.S. ambassadors and missions

support and promote comprehensive approaches to sexual and reproductive health and rights on the ground.

- **Rewrite the Foreign Assistance Act of 1961** to modernize our foreign assistance objectives to include gender equality and women's empowerment and human rights as principal goals; and to include a comprehensive sexual and reproductive health and rights framework within U.S. foreign assistance and programs.
- **Develop and issue joint guidance from the State Department, USAID and OGAC** for U.S. missions, ensuring family planning, maternal health and sexual health programs are integrated, reflect a comprehensive approach, and are informed by local realities. Issue guidance that allows U.S. funding to be used to save women's lives through safe abortion where legal.
- **Invest at least \$1 billion in voluntary international family planning programs and services for FY 2011**; ensure that funding streams for family planning, maternal health and sexual health (including HIV/AIDS) receive robust funding with flexibility and guidance to allow integration of services on the ground.
- **Adopt a collaborative role for the U.S. in global affairs**: align U.S. foreign assistance with the ICPD Programme of Action and the Millennium Development Goals; pool resources with other donor governments where practicable; sign, ratify and incorporate into U.S. law key international treaties that recognize and promote sexual and reproductive health and rights, such as Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC).
- **Amend PEPFAR legislation to eliminate restrictions** such as the Anti-Prostitution Loyalty Oath, and end reporting requirements for abstinence, abstinence-until-marriage, and fidelity programs.
- **Introduce legislative measures** to ensure that policy restrictions such as the Global Gag Rule cannot be reintroduced to U.S. policy by future presidential administrations. Eliminate the Helms Amendment that bans U.S. funding for abortion services where legal.
- **Adopt a rights-based strategy for foreign assistance** to ensure that U.S. funded programs meet the sexual and reproductive health needs of women sex workers, women injecting drug users, women prisoners and those recently released back into communities.
- **Adopt modalities to ensure that U.S. funding goes directly to local, innovative, smaller grassroots organizations** that promote comprehensive sexual and reproductive health and rights and ensure that U.S. money gets in the hands of women's groups.
- **Strengthen health systems in developing countries to ensure integration** of sexual and reproductive health programs, promote rights-based approaches, and guarantee access to services and information, particularly for underserved users such as women in prisons, sex workers, and youth.

CHART 5. COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

NECESSARY COMPONENTS	FAMILY PLANNING	SEXUAL HEALTH	MATERNAL HEALTH
PROGRAM GOALS AND VALUES	Reduce the number of unplanned pregnancies and allow for optimal spacing of children	Prevent the spread of HIV and STIs, promote the healthy expression of sexual intimacy free from violence and coercion	Reduce maternal mortality and morbidity, reduce obstetric fistula, reduce unsafe abortion
USER CENTERED AND PARTICIPATORY	No external incentives to promote particular method, involvement of beneficiaries in program design, service selection based on user needs	Programs present scientifically correct information on all prevention methods to users without judgment; involvement of beneficiaries in program design	Woman-centered antenatal care—including for HIV-positive women—space for questions, involvement of beneficiaries in program design, service selection based on user needs
RESPECT	Provision of services free from judgment and stigma	Interventions administered free of judgment and stigma	Choice of health provider; respect for childbearing decisions—including those of HIV-positive women
INFORMED CHOICE	Education about all available methods and potential side effects or consequences, education about rights	Education about all available prevention methods and treatment options, education about rights, no disclosure of status to others without consent	Education about all available options—including the option of abortion, education about rights
FREEDOM FROM COERCION	No pressure to use particular method, to prevent, continue or end pregnancy, or to conceive	No coercion to undergo testing, to reveal the results of positive tests, to undertake specific treatment	No pressure to prevent, continue or end pregnancy, or to conceive
EQUAL ACCESS (RACE, CLASS, AGE, GENDER, SEXUALITY, HIV STATUS, PROFESSION)	Reasonable cost of all available methods, range of providers, materials in appropriate languages, make services youth-friendly, use appropriate outreach to marginalized communities	Reasonable cost of all approved prevention methods, range of providers, materials in appropriate languages, ability to incorporate emerging technologies as they are approved, make services youth-friendly, use appropriate outreach to marginalized communities	Reasonable cost, range of providers, materials in appropriate languages, use appropriate outreach to marginalized communities
QUALITY OF CARE	Services provided by trained personnel, quality monitoring and evaluation performed regularly	Services provided by trained personnel, quality monitoring and evaluation performed regularly	Services provided by trained personnel, quality monitoring and evaluation performed regularly
INTEGRATION OF CARE	Family planning, sexual health, and maternal health services offered in one location or through seamless referral process, linked as well to services for survivors of gender-based violence. Providers fully trained in all technical aspects, as well as in providing rights-based, judgment-free services with awareness of gender-based violence.		

About the Center For Health and Gender Equity

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that seeks to ensure that U.S. international funding, policies and programs promote sexual and reproductive health and rights and gender equality by advocating for effective, evidence-based policies and increased funding for critical programs; and by holding the U.S. government accountable when policies and funding fail to uphold human rights or promote public health.

CHANGE believes that every individual has the right to basic information, technologies, and services necessary to enjoy a healthy and safe sexual and reproductive life free from coercion and preventable illness.

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