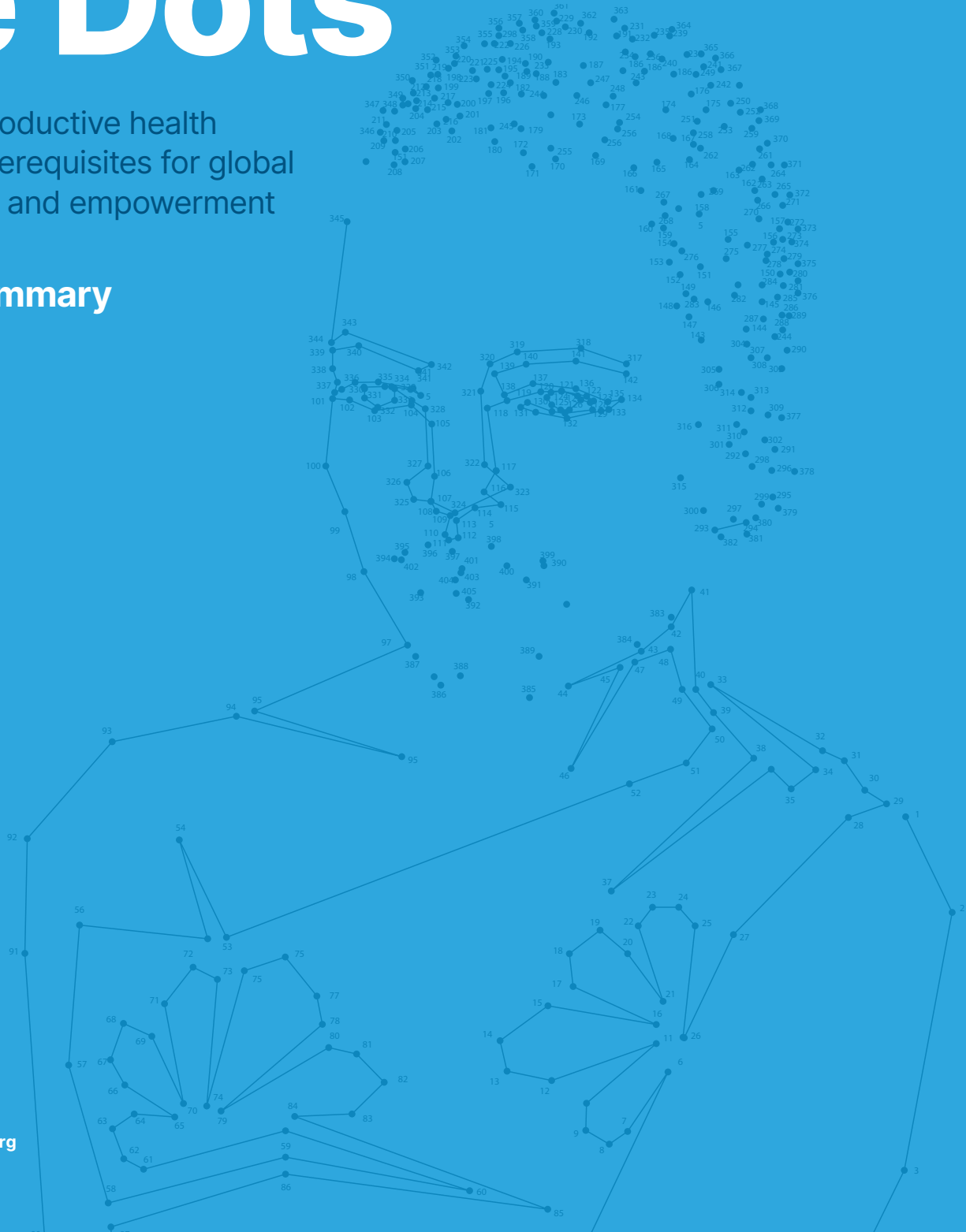




Connecting the Dots

Sexual and reproductive health
and rights as prerequisites for global
gender equality and empowerment

Executive Summary



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Global gender equality and empowerment are universally agreed upon goals and are widely considered critical across political affiliations in the United States (U.S.). Achieving these goals requires dedicated commitment to women’s and girls’ health; freedom from violence; and equal participation in education, the workforce, and politics. Additionally, as these issues are all directly impacted by the availability and accessibility of comprehensive sexual and reproductive health services, investment in the global sexual and reproductive health and rights (SRHR) agenda is critical to the advancement of gender equality and empowerment.

Without robust support for comprehensive SRHR policy and programs, the U.S. government cannot properly address its own priority policy goals related to girls’ education; women’s economic empowerment; women’s political involvement; and women, peace, and security efforts. Progress in the SRHR agenda requires the U.S. to address the barriers that are entrenched in funding allocations, foreign policies, and social norms and values that all work to prevent people around the world from achieving optimal personal health and well-being. By financially and politically investing in the global SRHR agenda, the U.S. can reengage as a global leader in helping to advance equality and empowerment for women and girls worldwide.

The SRHR Agenda

The SRHR index, supported by many reproductive rights advocates, examines the U.S. government’s foreign policies related to SRHR and holds it accountable to its work on SRHR in U.S. global health assistance. The index details the following core components of SRHR:

- **Comprehensive family planning and contraceptive services, including emergency contraception;**
- **Maternal health, including prenatal care, skilled attendance at birth, antenatal care, emergency obstetric care, and respectful maternity care;**
- **Prevention and treatment of infertility;**
- **Safe abortion and postabortion care;**

- **Prevention, care, and treatment of STIs, HIV, and AIDS; reproductive tract infections; and reproductive cancers; and**
- **Prevention and treatment of gender-based violence (GBV), including screening, counseling, and referral, as well as the elimination of harmful practices, such as female genital cutting/mutilation and child, early, and forced marriage.¹**

The components of this index offer a comprehensive agenda of care and services that are needed to enable people to achieve SRHR. Recognizing the interconnectedness of these services as parts of a greater system and designating funding streams that support the full agenda can enable the U.S. to tackle global challenges and disparities with greater efficiency and efficacy.

Priority U.S. Policy Goals and Programming

Priority U.S. policy goals focused on gender equality and empowerment are inextricably intertwined with SRHR. These bipartisan policy objectives include the following items:

Girls’ Education

Access to quality education is a necessary element of gender equality for girls and a basic human right. Girls’ education and SRHR have a mutually reinforcing relationship. Early marriage and unintended pregnancy can both be a cause of and a reason as to why girls are out of school. Research has found that increasing girls’ education is one of the best ways to avoid child marriage and delay first births.² Of the 261 million

adolescent girls aged 15–19 living in low- and middle-income countries (LMICs), an estimated 32 million are sexually active and do not want a child in the next two years; and yet, 14 million of those adolescent girls have an unmet need for modern contraception and are thus at elevated risk of unintended pregnancy.³ Adolescents in LMICs have an estimated 21 million pregnancies each year, 50 percent of which are unintended.⁴ A lack of access to SRH services drives high rates of unintended adolescent pregnancy, putting global commitments to girls’ education at risk.

Women’s Economic Empowerment

Having control over one’s own reproductive life creates more agency for engagement in economic activities. Research shows that women’s empowerment to choose where and when to work is inextricably linked to their freedom and ability to choose the timing, spacing, and number of their births.⁵ As an unmet need for contraception is one of the leading causes for women’s constrained labor force participation, especially in Global South, improved access to SRH services is intrinsically linked with higher labor force participation for women.^{6,7}

Women’s Political Involvement

Strengthening women’s political engagement and their participation in government is both an imperative to improving SRHR conditions worldwide and reinforced by funding SRHR programs. When women are engaged in policymaking processes, they are better able to influence decisions

that affect them, their families, and their communities. Women’s political participation often hinges on their ability to exercise autonomy over their own bodies and reproduction. Women Deliver, a leading global advocate championing gender equality, has identified the following among the key investment areas needed to strengthen women’s political participation and decision-making power: meet the demand for modern contraception and reproductive health; dramatically reduce GBV and harmful practices; and respect, protect, and fulfill sexual health and rights.⁸

Women, Peace, and Security Efforts

Matters of peace and security are of the utmost importance to women and girls globally, especially in the Global South. Armed conflict and crises inhibit women’s access to basic services, including SRH services, and heighten ongoing threats of GBV, sometimes subjecting women and children to wide-scale sexual violence.⁹ And yet, women are rarely included in the spaces where decision-making around peace and

security efforts occur. It is important that women have a presence in these spaces, not only because they will be affected by the outcomes, but also because they are more often able to come to peaceful solutions. When women occupy positions of authority, they are more likely than their male counterparts to resolve national crises without violence, advocate for social issues that benefit all, and allocate budgets to health and education.¹⁰ It is imperative that women have an equal share of the seats at the peace and security efforts table. Access to SRH services can enable women’s ability to participate in paths to peace. Bridging the gaps in SRHR is crucial for enforcing women’s bodily autonomy and including women in peace-building efforts for lasting and inclusive development before situations arise, as well as during post-conflict reconstruction efforts.¹¹

Channeling funding to efforts to improve gender equality and women’s empowerment without connecting the dots between women’s access to SRHR and their subsequent ability to participate in education, the workforce,

and political decision-making will inevitably weaken these efforts.

Current U.S. Funding for SRHR

U.S. support for various components of the SRHR agenda flows through multiple budget and appropriations line items, such as bilateral Family Planning/Reproductive Health (FP/RH), Maternal and Child Health, the U.S. President’s Emergency Plan for AIDS Relief, contributions to the United Nations Population Fund (UNFPA) and other multilateral funding avenues. Since SRHR is interwoven in many development priorities that are funded by U.S. foreign assistance, it is difficult to pinpoint the exact current U.S. expenditure on SRHR programming. The following table provides an overview of current funding levels for FP/RH programming, one of the main funding streams for SRHR activities, as well as a calculation of what can be seen as the U.S. “fair share” of support needed for these services in the Global South.

Current and Fair Share Funding for FP/RH Programming

	FY 2022 Funding Amount	U.S.’s Fair Share	Difference
FP/RH Bilateral Programming	\$575 million	\$1.62 billion	\$1.045 billion
UNFPA Core Contribution	\$32.5 million	\$116 million	\$83.5 million
Total	\$607.5 million	\$1.736 billion	\$1.1285 billion

The Concept of “Fair Share”

In 1994, the International Conference on Population and Development Programme of Action recommended that two-thirds of the costs of reproductive health care in low and middle income countries be provided by the countries themselves, and one-third of the needed funds come from external sources, such as bilateral funders like the U.S. and other donor countries.¹² A recommendation espoused by PAI and other SRHR advocacy organizations is that each donor’s share of total funds should be based on the wealth of the donor country as measured by their gross national income.¹³ According to this formula, the U.S. should provide 41.34 percent of the support for reproductive health care from donor countries.¹⁴

The Guttmacher Institute estimates that it would take \$12.6 billion to ensure the reproductive health needs of all women of reproductive age in LMICs.¹⁵ Of that number, the one-third share from donor countries would equal \$4.2 billion. The U.S.’s fair share calculation of 41.34 percent of the donor countries’ contribution totals \$1.736 billion. This means that, in order to be in accordance with the estimated fair share, the U.S. would need to raise its support for FP/RH programming to \$1.736 billion annually.¹⁶

What It Takes

Full gender equality and empowerment cannot be achieved without SRHR. Policymakers must shift their mindsets from seeing SRHR as a siloed and contentious public health issue and instead shape their understanding of SRHR as a prerequisite for bipartisan policy goals related to gender equality and empowerment. It is imperative that the U.S. increase its support for FP/RH programming to its estimated fair share of \$1.736 billion annually, including \$116 million for UNFPA. However, it is also important for policymakers to understand that current FP/RH programming and other sources of SRHR funding are not inclusive of the entire SRHR agenda, namely abortion care and infertility treatment and care, and further U.S. funding is needed to ensure all SRHR components are fully realized.

When it comes to the core components of SRHR, there cannot be any exceptions or exclusions; the U.S. should expand its SRHR programming to include all core components of the SRHR agenda. This will require a change in U.S. foreign policy—notably to enable more supportive SRHR funding and programming, such as passage of the *Global HER Act*,

permanently repealing the global gag rule; passage of the *Abortion is Health Care Everywhere Act*, repealing the Helms Amendment; and modifications to the Kemp-Kasten Amendment, ensuring U.S. funds are not wrongfully withheld from UNFPA.

A Committed Focus

In addition to a need for full funding and advancement of progressive policies, it is essential that there is a committed focus ensuring that systemically excluded groups, including ethnic minorities, forcibly displaced peoples, indigenous peoples, sex workers, young people, unmarried people, people in a forced union, people with disabilities, rural and urban poor individuals, and the LGBTQI+ community, are intentionally centered in U.S. funding and programming for SRHR. Inequalities related to SRHR exist for a range of reasons that include income inequality; insufficient health facilities, providers, and supplies; legal barriers; inadequate education; and cultural norms.¹⁷

At This Moment

Now is an opportune time to invest. As the world population grows, so too does the need for SRHR funding to fulfill every individual's right to access SRH services. Today, there are

1.8 billion people between the ages of 10–24—the largest generation of youth in history. Close to 90 percent of this generation lives in LMICs, and the numbers of individuals of reproductive age are projected to grow by 2030.¹⁸ These figures highlight just how critically important it is to increase U.S. funding for global SRHR in order to ensure efforts do not fail to keep pace with the SRH needs of this generation. But it will take a commitment from the U.S. to reestablish its leadership on global SRHR through robust investment—both financially and politically. Achieving these crucial elements can pave the way for real progress in gender equality and empowerment.

The Use of Women and Girls in Data Points

Population Institute intentionally uses the terms “women” or “girls” when describing data that did not include nonbinary people or trans men in the research. Otherwise, Population Institute is committed to using gender-inclusive language to represent all individuals who deserve full access to SRHR services.

Endnotes

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