



New partnerships, new perspectives: The relevance of sexual and reproductive health and rights for sustainable development

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ABSTRACT

In the light of the opportunities presented by the Sustainable Development Goals (SDGs) debate is being reignited to understand the connections between human population dynamics (including rapid population growth) and sustainable development. Sustainable development is seriously affected by human population dynamics yet programme planners too often fail to consider them in development programming, casting doubt on the sustainability of such programming. Some innovative initiatives are attempting to cross sector boundaries once again, such as the Population Health and Environment (PHE) programmes, which are integrated programmes encompassing family planning service provision with broader public health services and environmental conservation activities. These initiatives take on greater prominence in the context of the SDGs since they explicitly seek to provide cross-sector programming and governance to improve both human and planetary wellbeing. Yet such initiatives remain under-researched and under promoted.

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This commentary, which draws in part on the deliberations arising from a panel session at the Health Systems Research Symposium in 2018, critiques past and current sexual and reproductive health and rights (SRHR) actions in practitioner and policy spheres, showcases innovative responses to the inter-sector challenge and considers future actions and directions in the context of climate change and the One Health concept.

1. An interconnected world: the SDG vision

The Sustainable Development Goals (SDGs) lay down a challenge to researchers, practitioners and policy makers: akin to concept of the indivisibility of human rights one from another, the SDGs also recognise the interconnectedness of sectors for development, referring to “human rights” in a number of Goals. While long overdue, this interconnectedness presents perhaps the biggest development challenge of all: how to programme and govern such

interrelations and complexity in order to promote and safeguard the wellbeing of humans and of the planet we live on, in an international development landscape populated by predominantly single-sector organizations and programmes chasing siloed, donor-driven funding streams.

The SDGs hold a radical – yet oft repeated – vision: that global responses to development should be “joined up”; that our efforts must explicitly recognise the connections and synergies between all sectors. Concepts of “Integrated rural development”, “sustainable development” and other similar labels have strived for just this in previous decades, though the health sector has generally remained more aloof and has not managed to sustain cross-sector connections in development before. “Health” was relatively well-served by the Millennium Development Goals, although a specific commitment to sexual and reproductive health and rights (SRHR) was late in being recognised which diluted their perceived relevance for development [1,2]. The SDGs are much more ambitious, providing a contemporary articulation of the importance of multiple, interconnected sectors for global commitments to sustainable development. Within the SDGs the connection between some sectors is more evident than others. The importance of climate for

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agriculture/food, sustainable livelihoods and water is clear to most. Less clear is how climate directly affects Health and Wellbeing and in particular the SRHR target that is within this. Problematically the SDGs stay virtually silent on the connection between ecosystem and animal health, public health and sustainable development except for in the context of elimination of neglected tropical diseases (SDG Goal 3, Target 3.3). These NTDs include a range of critical zoonotic diseases whose effective control has direct impact on the health and sustainable livelihood of human communities [3]. The apparent obtuseness of the direct connection between sustainable development, human sexual and reproductive rights and health, environmental conservation/animal health and sustainable livelihoods, therefore shows itself to be mainly a manifestation of continuing siloes in international development thinking and indeed in health.

The SDGs present opportunities to reframe health, and SRHR, as fundamental to an integrated approach to sustainable development: indivisible from other sector-operations. In the light of these opportunities some academics and advocacy groups are trying to reignite debate and understanding of the connections between human population dynamics (including rapid population growth, urbanization, migration – often climate-induced – and aging), economic development and in particular sustainable development challenges, as well as environmental conservation and animal health [4–7,46,52]. All of these major social and ecological concerns are seriously affected by population dynamics, yet too often they fail to be considered in an integrated way in development programming [8,9].

2. The importance of SRHR to sustainable development

Global recognition of the importance of SRHR to sustainable development has had a turbulent history which explains why it is no longer generally seen as core to economic development strategies, despite being a key driver of their success. In the 1950s and 1960s the direct connections between population dynamics, including rapid growth of human populations, and economic development were recognised by governments across the world. Economic development strategies included strategies to address perceived population “barriers” to economic growth – strategies that included commercially available contraception and national family planning policies as a means to ensure economic progress [10,11]. Efforts were made with varying levels of success to “integrate” programmes, but these efforts were complex, because they involved organizations with expertise in different areas working together, with monitoring and evaluation challenges which made demonstrating impact difficult. Furthermore, there were many different models of “integration” and no common definition [12]. The unfortunate extremes that some governmental population programmes went on to employ, notably in India and China, which suppressed individual rights, cast a toxic shadow over “population” policies, which lingers today [7,8]. In 1994, the International Conference on Population and Development recast support for family planning programmes in the wider context of sexual and reproductive health and rights (SRHR) programmes which included family planning programmes that respected and protected human rights. It has been argued that, in this aftermath the notion of population dynamics being central to development strategy was lost ([1,2], United Nations Millennium Project 2006).

Positively, there was a rise in commitment to individual human rights beyond civil and political rights, through a more systematic effort to apply human rights concepts to sexual and reproductive health and rights programming, in order to ensure that such programmes respect and protect human rights [13]. In 2000 the Special Rapporteur on the Right to the Highest Attainable Stan-

dard of Health issued a General Comment articulating what this meant in practice and illustrating it with examples from sexual and reproductive health and rights; Amnesty International also took up action on sexual and reproductive health and rights [38]. International human rights policies were explicitly drawn on in relation to sexual and reproductive rights at two UN conferences that are still considered to be landmarks in the evolution of SRHR: the last of the UN’s decennial conferences on Population and Development in 1994 and the fifth UN Conference on Women in 1995 [14]. These consolidated the transformation of the “population” movement, critical for economic development, into a broader “sexual and reproductive rights” coalition that foregrounded individual rights [15,8]. The continuing relevance of the Programme of Action drawn up in Cairo is testament to the importance of the decisions taken then; fears that efforts to “update” Cairo would have the effect of weakening global commitment to what we now call sexual and reproductive health and rights have been partly responsible for the lack of UN conferences focusing on population since that time. Nevertheless, the price for this has been the drop in visibility of population dynamics as a driver of the need for accelerated investment in sexual and reproductive health and rights programmes which include family planning. This is particularly unfortunate because the link between sexual and reproductive health and rights and, for example, food and water security is not self-evident, whereas the links between food and water security and population growth, which can be successfully addressed through voluntary family planning programmes, is immediately apparent, and easily understood.

The resulting field of research on sexual and reproductive health and gender equity holds a number of important lessons for the SDGs. Research on questions of policy and programme linkage and integration, highlights the impact, complexity and facilitating factors necessary for achieving successful cross-programme integration. Over the past decade a number of major research initiatives have sought to understand both the impact and the processes of integration across SRHR programmes both within and beyond the health sector (for example: the Integra Initiative and FACES studies on SRH-HIV linkages; and Image trial on HIV, violence-mitigation and livelihoods interventions) resulting in a wealth of articles and several Special Editions in different journals (including AIDS in 2013; Health Policy and Planning and Studies in Family Planning, both in 2017). The experiences of policy, practitioner and academic groups active in this field shed light on the complexities, possibilities – and the pitfalls – for establishing effective linkages between previously separate policies and programmes which hold fundamental lessons for attaining the SDGs. These include: affirmation of the positive impact integration may have on improving a range of health and service outcomes; the need to address policy and programme levels simultaneously; the importance of taking a systems perspective to properly analyse the interconnections between parts of a whole and support an enabling environment for integration; the need to focus on the people at different levels (frontline workers, mid-management, leaders and policy makers) who make decisions, deliver services and make connections; and, the importance of developing leadership and nurturing skills to support them ([12,16,17,54]).

In recent years, important steps have been made to re-connect SRHR with wider development issues in the context of climate change. During the months before the 2009 Copenhagen Climate Change Conference, the Population and Climate Change Alliance (PCCA) was formed of northern and southern NGOs working through the Rio+20 and Open Working Group UN processes to increase awareness of the links between population dynamics and climate change [7]. The importance of population dynamics for development and climate have been articulated in the National Adaptation Programmes of Action (NAPAs) prepared by multiple

developing countries eligible for funding for climate-adaptation activities, though this seldom translates into funded SRHR programmes [6]. Now there are calls for researchers to systematically map and analyse the connections, and impact of connections, between the health sector (and in particular SRHR) and SDGs (Warren et al., 2017). USAID staff (who have historically funded a number of PHE initiatives) have made a strong case for investing in family planning as a “best buy” for achieving progress in all five core themes of the SDGs: People, Planet, Prosperity, Peace, and Partnership [56]. UNAIDS and UNFPA have begun to map out relevant SRH and HIV programme elements across the SDGs (particularly noting Goal 3 on Health and Wellbeing and Goal 5 on Gender Equity) and their importance for attainment of the SDGs. They highlight, for example, the consequences and negative economic impact of poor access to HIV treatment services in affected countries or of poor access to rights based SRH and FP services resulting in rapid population growth and low status of women [55]. This, and a long history of SRHR research, highlights the importance of addressing individual “rights” within development activities and understanding the consequences of activities in one sector for those in another. SRHR programmes and research underlines the need to put individual human faces at the centre of development activities and, critically, an awareness of the consequences of actions across sectors for those individuals. Systematic assessments of the likely cross-sectoral knock-on effects of sectoral actions are rarely performed, in part because true cross-sector action rarely occurs. The remainder of this commentary charts some innovative cross-sector work that is taking place linking SRHR with environmental and sustainable livelihoods work.

3. Connecting SRHR, environment and sustainable development through integrated programming

The SDGs provide not only an opportunity for, but also confer an obligation on, both the SRHR community and the environmental and livelihoods community to break out of their traditional silos and forge new and stronger connections with each other. Population, Health and Environment (PHE) approaches remain under-researched and under-promoted yet provide some innovative examples of truly cross-sector operations linking practical conservation and health care delivery activities.

Many PHE implementers and projects are small-scale, but not all and many are scaling up operations or have formed national and regional networks. In the Philippines, the Path Foundation supported Integrated Population and Coastal Resource Management initiative has shown that integrated delivery of coastal resource management and reproductive health services (including family planning) succeeded in generating higher positive impacts on the ecosystem AND health than delivering either in isolation [18]. Many initiatives come from sub-Saharan Africa, from some of the poorest, highest fertility countries where the connections between these sectors is particularly evident to those living there. The Lake Victoria Basin Commission is concerned with population dynamics in the countries that border Lake Victoria – Kenya, Uganda, Rwanda and Tanzania – and the impact of these on the health and stocks of the Lake for the lives and livelihoods of those populations [19]. The PHE Ethiopia Consortium partners work in remote villages across the country to provide sexual and reproductive health services together with interventions to reverse environmental degradation caused by deforestation and other factors [20].

Blue Ventures is currently one of the most successful conservation organisations that provides SRHR services to under-served communities. They started in Madagascar (see Box 1) where they sought to respond to community concerns about declining fish stocks and unmet health needs. Their integrated programming

combines family planning services with support for local marine management [21] and, like the Philippines example, appears to result in positive impacts across the environment and health sectors [22,23]. Today it supports similar joint local marine management and SRHR services in a further five countries. But the combination of marine conservation and SRH programmes is startling. It's difficult to imagine a grant that would encompass both activities, and this is a factor making PHE programmes difficult to fund. Siloed, single-sector programmes are easier to demonstrate “impact”, and are therefore more attractive to donors, yet hold less potential for addressing the SDGs successfully.

Conservation NGOs supporting provision of SRHR services represent innovative opportunities to address interconnected cross-sector needs in isolated communities. Many conservation groups have detailed knowledge of the local environment and long-established links with local communities and, importantly, their trust [23]. These communities are often in rural, remote or ecologically fragile areas where human populations are considered “hard to reach” and where regular family planning services may not function. Together, these sectors can ensure expanded access to voluntary, rights-based family planning services, to enable couples to space their births and prevent unintended pregnancies through integrated (or linked) programmes of livelihoods and environmental conservation. This, in turn, reduces long-term pressures and demands upon the natural resources and ecosystems upon which livelihoods depend. Furthermore, as women are able to plan their children, they are able to further their education and thus increase their economic opportunities, including involvement in the environmental protection field achieving gains across a variety of SDGs.

4. Advocacy and the importance of “rights”

To promote attention and resources to innovative cross-sector programmes such as those described above, advocacy is critical but requires both a sensitive approach to language and a creative view of what is possible. As noted, the long shadow of historical coercion in Asian family planning programmes continues to subdue SRHR proponents' enthusiasm for engaging with new sectors to promote family planning services, because the emphasis on a rights-based approach to family planning service provision appears to cut across the concept of funding family planning to address population dynamics, including growth. Academics have periodically sought to re-draw the connections between demographic patterns, economic development and sustainable development [7,17,24–26,27] but the SRHR sector has been reluctant to advocate for innovative pathways to impact. The environmental conservation sector too has its undesirable history but its advocacy style has been very different. For example, the human rights abuses associated with early national park reservations (notably in North America) which removed indigenous peoples from their lands, are rarely discussed, despite being ongoing in many countries [28]. Rather, their approach has been to look to the future with longer-term horizons, while beginning to acknowledge the importance of engaging and working with (rather than evicting and prohibiting) indigenous communities in their efforts to promote conservation and climate adaptation activities [29]. The world's largest and most diverse environmental network, the International Union for the Conservation of Nature (IUCN), actively works with Indigenous Member Organisations and in 2018 formed the International Indigenous People Forum on World Heritage. Similarly, organisations concerned with animal protection and health, such as World Animal Protection (until 2014 known as WSPA), are beginning to not only engage with the evident connections between ecological sustainability and species' conservation, but also the link between animal welfare and sustainable livelihoods [30,31]. Clearly it is essential for

Box 1: Marine conservation and SRHR service delivery: integrated programming for cross-sector gains in Madagascar.

Madagascar is famed for its biodiversity yet the island's ecosystems are facing significant degradation attributable, in part, to destructive agricultural and fishing practices. Given limited government capacity, natural resource management is generally conducted at the local level. However, community engagement is often restricted by unmet health needs and other pressing priorities. Overreliance on natural resources for livelihoods render communities vulnerable to food insecurity and climate change, and unintended pregnancies resulting from unmet family planning needs further exacerbates this vulnerability.

Recognising the connections between people, their health, and the environment, Blue Ventures has pioneered a holistic approach through which these inextricable links are reflected in programme design. SRHR services are delivered alongside support for local marine management and livelihood diversification, thereby enabling communities to plan their families and manage their marine resources sustainably [23,22].

Blue Ventures started working in coastal southwest Madagascar in 2003. Experimental temporary closures of octopus fishing grounds proved effective in boosting fisher catches and incomes [47]. This sparked community interest in more ambitious marine management initiatives, resulting in the creation of a locally managed marine area with permanent reserves [42]. Subsequently, non-extractive livelihoods such as sea cucumber farming and seaweed farming were established [21].

Through close collaboration with communities, it became clear that there was a huge unmet need for health services. Demand for family planning, alongside a lack of social barriers to uptake, was particularly well articulated [22,23]. Half of girls aged 15-19 in this area were pregnant or already had a child [44]. Communities themselves had identified that growing families was putting increased pressure on these fragile marine ecosystems and reducing food security, leading to poor health [22].

With the realisation that communities could not engage in natural resource management unless their basic health needs are met, in response to local demand for services and with support from government officials and health agencies working within the area, Blue Ventures established a community health programme in 2007 [23]. *Safidy* (meaning "choice") aims to address unmet needs for family planning, avert unintended pregnancies, and enable couples to choose freely the number and timing of their births. Initially, services were offered by Blue Ventures-supported clinics. Later, local women were trained as community health workers – able to offer short-acting contraceptives – to meet increasing demand for services [22,50]. In 2009, long-acting reversible contraceptives began to be offered through a partnership with Marie Stopes Madagascar [50,23].

Regular, peer-led outreach activities help communities explore the connections between their health and the environment, for example, through interactive theatre performances and small group discussions using pictorial storytelling cards [50,22]. Linking themes through such activities has allowed Blue Ventures to engage men in discussions about family planning and women in discussions about fisheries management [22].

Although most of Blue Ventures' employees work within specific programmes, strong communication between teams and periodic cross-sector training means that all staff receive basic training in all programme areas [50,53]. At strategic level, each Blue Ventures programme has a work plan but implementation is integrated with sharing of personnel, resources, infrastructure and transport [22]. This model may be more cost- and time-efficient than traditional siloed approaches. Monitoring and evaluation is conducted through integrated social surveys using indicators from across all of Blue Ventures' programmes (family planning, health, livelihoods, fisheries management, engagement in marine conservation) to allow for analysis of interactions between programme outcomes.

Between 2009 and 2013, modern contraceptive use among sexually active women of reproductive age (15-49 years) in Blue Ventures' first programme site more than doubled from 25% to 59% [23,51] averting an estimated 2500 unintended pregnancies amongst a population of 45,000 now served by the programme, across four sites in Madagascar (Blue Ventures, unpublished data).

Anecdotally both women and men state that having fewer children has given them more time to work, earn money, and provide for their families (Blue Ventures, unpublished data). Women are more likely to spend their income on their household; this may translate into improved nutrition, and therefore better health, for their children [53]. Although causation cannot be inferred, an increase in the proportion of female representatives within the local marine management committee has been observed in southwest Madagascar in recent years (from 13% to 38%) (<https://blog.blueventures.org/elections-bring-new-leaders-energy-into-velondriake-association-madagascars-flagship-lmma/>). Women also currently account for about half of all seaweed and sea cucumber farmers [22].

all sectors to acknowledge the need for all their work to not merely respect the relevance of interconnected issues and human rights for all, but also to strive actively to realise the interconnectedness of sustainable development issues in programming, as well as protect and fulfil human rights. There is also, perhaps, a need to recognise that younger people today are more aware of the interconnectedness of sustainable development issues and "rights" than older generations and less inhibited by the past. For advocacy in particular it is important to look to a sustainability and rights-based future without being constrained by the past, while recognizing that those who do not learn lessons from the past are disproportionately likely to make similar mistakes.

There are few agencies willing to navigate cross-sector terrain to (re)connect rights-based family planning and wider SRHR activities with conservation and sustainable development initiatives. Among the non-governmental groups, the Margaret Pyke Trust, which coordinates the Population & Sustainability Network, is notable. This is an NGO that has provided clinical SRH training for 50 years and has also more recently become a member of the IUCN. Created in 1948, the IUCN has 1300 member organisations and 15,000 experts, and is at the forefront of conservation policy making. As the only IUCN member with half a century's SRHR expertise, the Trust is using its knowledge of both SRHR and environmental con-

servation to positively promote the importance of reproductive health and rights within environmental conservation policy and programme design. This has required the Trust to adapt its use of language and approach, due to differences in knowledge, meaning, strategies and priorities between sectors. For instance, when SRHR practitioners refer to "community" they mean a group of people living in a location or having a particular characteristic in common. When ecologists refer to a "community" they mean a group or association of populations of two or more different species in the same geographical area, and so the Trust makes sure it refers to "human communities". SRHR practitioners think of health impact as the (ideally) positive result of health programming. The conservation sector thinks of environmental impact as the harm which they are seeking to avoid. From conceptual analysis to evaluation of results, understanding the differences as well as the similarities of different sectors is fundamental to cross sector collaboration.

The Trust's approach of ensuring the first step of cross sectoral working is cross sectoral understanding has led to the European Parliament adopting the report "Women, gender equality and climate justice" which promotes PHE [32], the Cheetah Conservation Fund co-authoring with the Trust "*The importance of human reproductive health and rights for cheetah conservation*" [33], a British Zoo funding the Trust's family planning training work at a hospital adja-

cent to a Ugandan national park, and the Trust's approach itself being promoted both by the conservation focussed IUCN [34] and reproductive health focussed FP2020 [35]. As of late 2018, the Trust is in discussions with seven different conservation NGOs about to incorporate improved rights-based reproductive health information and services into the projects of those conservation NGOs.

5. New perspectives, new partnerships

We have surveyed the long and complex history of SRHR programmes and research in relation to development and offered a number of new perspectives on partnerships and connections that can and must be made across multiple sectors to ensure people-centred sustainable development. Conservation agencies as well as organisations concerned with animal health and welfare offer new partnerships for SRHR service providers, since their long-term commitments and vision aligns particularly well with the long-range effects of population dynamics for human development as well as ecological sustainability, animal protection and planetary health. The available evidence suggests that integrated cross-sector service delivery has the power to reach communities that, historically, have been the hardest to reach, to the benefit of their health, conservation, and their wider social and economic prosperity [23].

Human health, environmental sustainability, animal health and the sustainable livelihoods of people and communities are intrinsically linked. For people living in poverty in ecologically fragile areas with little access to adequate health services, this is a reality of daily life – at community level the challenge is one. It is also a macro-reality recognised in the concept of the SDGs. One of the ironies apparent in efforts to link sexual and reproductive health and rights with environmental concerns is that, while the links are apparent at community level (e.g. the perception in Madagascar in a fishing village that the dwindling fish stocks were partially the result of growing families, and that, therefore, the twin intervention of local marine management *and* voluntary family planning were required), there is a disinclination to link them conceptually at policy or donor levels. While this is often said to be the result of funding and accountability siloes, progress in making innovative connections is also sometimes held back by some types of feminist thinking. Feminists importantly and successfully argued for a rights-based approach for family planning, partly on the grounds that women need to be subjects, not objects of programmes. For them, linking population dynamics with climate change – seeing family planning programmes as an instrument for wider, long-term change rather than as an individual woman's choice – seems a step back. But the case for rights-based family planning programmes has essentially been won and is clearly recognised as the corner stone of programme design. The conservation sector lacks historical interest in or knowledge about population and reproductive health and it too has an obligation to learn more about the relevance for its own programmes. If reticence on any side to link population dynamics with sustainable development issues such as climate change, environmental degradation, animal health and protection, food and water security etc. results in continued lack of funding for such initiatives, it becomes important to ask what purpose the reticence is really serving, and who benefits if programmes continue to lack funding?

It is complex to integrate different policy and service delivery approaches across sector boundaries. These difficulties are not only technical, they also rooted in siloed thinking and programme practice in the way that donors, governments, administrations and agencies engage with the challenge that is increasingly framed as One Health or, more pretentiously, Planetary Health. We need innovation to break those silos and forge ahead with new perspectives and new partnerships if we are to generate successful sustainability and rights-based programmes for the interconnected challenges

that lie between where we are now, and sustainable development for what Dr Halfdan Mahler used to call Spaceship Earth.

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