

July IGN Side Event Report

On 20 July 2015, Asia-Pacific Resource and Research Center for Women (ARROW), the Danish Family Planning Association (DFPA), AIDS Accountability International and the UN Non-Governmental Liaison Office (NGLS) organised a side event called 'Making the Sustainable Development Goals Work for Women and Girls: Why a Rights-Based Continuum of Quality Care Approach is Needed to Improve Women and Girls Reproductive Health'. The presentations and discussions focussed on how and why a comprehensive and rights-based Continuum of Quality Care is needed to ensure and improve the reproductive health of women and girls all over the world.

Moderated by Susan Alzner from the UN NGLS, this discussion was held in the context of the sustainable development framework - because the sustainable development goals and targets include women's sexual and reproductive health (SRH) and reproductive rights (RR). Within the next two months, the UN member states are going to commit to 'reduce global maternal mortality ratio to less than 70 per 100.000 live births' (3.1), 'to ensure universal access to SRH-care services' (3.7) and to 'ensure universal access to SRH and RR' (5.6).

Ida Klockmann, the Advocacy Officer from DFPA mentioned that agreeing on the goals and targets was the easy part – in the next 15 years, the ambitious but achievable goals and targets have to be implemented in a way that is comprehensive and simply better than what was achieved in the past 15 years of implementing the Millennium Development Goals. An estimated 800 women still die each day due to preventable causes related to pregnancy and childbirth – 74 million pregnancies are still unwanted each year – and 47.000 women still die every year from unsafe abortions according to World Health Organization. All of these numbers have to drop massively in order to achieve the goals and targets and leave no one behind.

ARROW and DFPA's Women's Health and Advocacy Partnership (WHRAP)- South Asia's call for Continuum of Quality Care (CQC) is one way of applying a comprehensive approach to the implementation of reproductive health needs of girls and women. WHRAP is an international partnership with a regional voice working together with women-led organisations and other civil society actors for evidence-based advocacy on SRHR with the aim of improving the quality of life of marginalised women in South Asia through strengthened civil society engagement and accountability for health governance

Shanta Shrestha, chairperson of Beyond Beijing Committee (BBC) based in Nepal and a partner of WHRAP-South Asia, in her presentation explained that women die as a result of complications before and during pregnancy, as well as during and after delivery. Major complications that account for nearly 75% of all maternal deaths include:

- severe bleeding (mostly after delivery)
- infections (usually after delivery)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion
- other direct and indirect causes

She presented case stories of the ground realities of women in Bangladesh, India, Nepal and Pakistan who had died due to lack of CQC.

Bob Mwiinga Munyati from AIDS Accountability International spoke on the need for CQC for young people living in the African context. He spoke on the need for adolescents to be recognised as a group with special needs in relation to their health, nutrition and empowerment (decision-making, leadership and self-esteem). They also have a right to information about their bodies and means of protecting them. Hence, policy makers must mandate comprehensive reproductive health education for in-school and out-of-school adolescents.

ARROW's Nalini Singh emphasized that women and adolescent girls have the right to quality services to help them plan and space their pregnancies; to avoid or treat sexually transmitted infections; if women, babies, children, or adolescent girls experience complications or illness at any point, continuity of quality care from household to hospital, with referral and timely emergency management, is crucial; ante-natal & post-natal care; and nutrition. Social determinants such as poverty, educational status, food and nutrition, water and

sanitation affect health outcomes. Caste, class, religion, gender-based inequalities, disability and geographical location further exacerbate the condition and adversely impact the health of women, children and young people. In addition, geographical terrain also limits access to health services. There are no shortcuts to achieving equitable access to good quality comprehensive reproductive health services. Policy makers must take a rights-based approach that incorporates equitable and non-discriminatory access to continuum of quality care. This requires:

- recognition of the specific needs of these vulnerable groups;
- specific resource allocations (budget; human resources; infrastructure); and
- the development of context-specific implementation models for continuum of quality care that meet the needs of these groups.

Given the difficulties faced by marginalised women in accessing affordable skilled care, ensuring a right based continuum of quality care across a woman's lifecycle and across locations is critical to reduce adolescent, maternal, newborn and child mortality and improve women's reproductive health.

The open discussions following the presentations brought out the need for such discussions on the 'quality' aspect of care in SRHR at the UN level and the organisers of the side were thanked for highlighting a neglected area. The concerns of the ageing women were also considered in terms of the CQC approach. In the end the participants and presenters agreed that the CQC approach will provide a definite pathway in not only achieving Goal 3 Target 3.1 but will also pave the way to achieve Goal 5. Achieve gender equality and empower all women and girls.