



House of Commons  
International Development  
Committee

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**The FCDO's approach  
to sexual and  
reproductive health:  
Government Response  
to the Committee's First  
Report**

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**Third Special Report of Session  
2023–24**

*Report, together with formal minutes relating  
to the report*

*Ordered by the House of Commons  
to be printed 7 May 2024*

## The International Development Committee

The International Development Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for International Development and its associated public bodies.

On 1 September 2020, DFID and the Foreign and Commonwealth Office were merged to form the Foreign, Commonwealth and Development Office (FCDO). The Committee remains responsible for scrutiny of those parts of FCDO expenditure, administration and policy that were formerly the responsibility of DFID.

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### Committee staff

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# Third Special Report

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The International Development Committee published its First Report of Session 2023–24, [The FCDO's approach to sexual and reproductive health](#) (HC 108), on 25 January 2024. The Government response was received on 30 April 2024 and is appended to this report.

## Appendix: Government Response

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### Introduction

1. The Government welcomes the International Development Committee (IDC) inquiry and subsequent report on *The FCDO's approach to sexual and reproductive health*.
2. The FCDO is grateful to the IDC for identifying important thematic areas for continued and increased FCDO policy and programmatic support on sexual and reproductive health and rights (SRHR). Particularly on the provision of a comprehensive SRHR package in coordination with wider health services and other sectors including education.
3. The FCDO has long been proud to defend and promote universal and comprehensive SRHR globally. SRHR is a central commitment in the FCDO's recently published White Paper on International Development, the International Development Strategy, the International Women and Girls Strategy, and the Government's commitment to end the preventable deaths of mothers, newborns, and children by 2030 (EPD).
4. The FCDO is committed to working with partners around the world to 'shift the dial' on progress on SRHR this year.
5. Building on the successes of the 2012 and 2017 UK Government-hosted Family Planning Summits, the Foreign Secretary is making SRHR a personal policy priority this year. He is working closely with likeminded G7 and global south counterparts, donors, philanthropists and the private sector to catalyse high level political commitment and investment. The UK will be making major funding announcements, potentially including new investments with grassroots organisations, on countering disinformation, expanding SRHR research and on reproductive health supplies.
6. The UK will host a high-level event in the margins of the UN General Assembly this autumn to reiterate the importance of continued focus on SRHR, coordinating a unified response to the rollback on women and girls' rights and to agree practical steps forward.
7. This Government response addresses the Committee's recommendations in the order in which they appear in the 'Conclusions and Recommendations' section of its report.

### Conclusion/recommendation 1

***The cuts to bilateral and multilateral Official Development Assistance on sexual and reproductive health and rights (SRHR) since 2020 have had a considerably negative***

***impact upon the aid recipients of SRHR programmes, particularly on women and girls and those belonging to marginalised groups. The abrupt nature of the aid cuts damaged the UK's relationships with aid partners and its reputation as an aid delivery partner.***

#### **Agree**

8. The FCDO agrees with the Committee's conclusions and recognises that cuts to UK ODA budgets have affected our international work on SRHR and we acknowledge the impact of those reductions. While the FCDO has worked closely with partners to mitigate those impacts, to maximise the effectiveness and impact of our funding, to complement our investments with strong political leadership and to make up shortfalls by crowding in alternative funding, it is incontrovertible that damage was done.

9. The UK remains a major donor to SRHR and uses its political and diplomatic weight in support of comprehensive SRHR.

#### **Conclusion/recommendation 2**

***The Committee welcomes the FCDO's recent policy statements which have renewed the FCDO's commitment to SRHR. To turn words into action, this should be backed up by consistent and long-term funding.*** (Paragraph 16)

#### **Agree**

10. The FCDO agrees with the Committee that consistent and long-term funding is necessary to deliver on the FCDO's SRHR commitments. The FCDO remains committed to many long-term partnerships and investments on SRHR, with multilateral partners, non-governmental organisations and partner governments. The FCDO works with these partners to achieve sustainable change, and over time to reduce reliance on UK funding, bringing in other donors and wider funding sources.

11. For example, the Prevention of Maternal Death from Maternal Pregnancy programme (PMDUP), the Women's Integrated Sexual Health (WISH) programme and its successor WISH Dividend represent over 15 years of continual UK investment in SRHR in Africa. This has enabled delivery partners to sustainably expand their footprint and service delivery support offer for the long term and ensured regular capacity building support to governments.

12. At the World Health summit in October last year, the FCDO announced £80m of renewed funding to the Global Financing Facility for Women, Children and Adolescents (GFF) from 2025 to 2030. The FCDO has been supporting the GFF to improve women and children's health since 2017.

13. Similarly, The FCDO's Reproductive Health Supplies programme has helped improve the availability, quality, supply and access to key reproductive health commodities since 2019. The UK also supported a similar earlier programme with UNFPA. The FCDO is currently working on the next iteration of this programme, which will likely run until 2030.

### **Conclusion/recommendation 3**

*In order to meet previously set targets in this area, the FCDO should calculate a minimum percentage of bilateral Official Development Assistance to be spent on sexual and reproductive health and rights (SRHR). It should explain to the Committee why it has chosen this target and ensure adequate commitment of funding. This should not be lower than spending levels before the covid-19 pandemic. The proportion of bilateral spending on population programmes/policies and reproductive health should also not be any lower than before the covid-19 pandemic at 4% of bilateral ODA spending per annum. To ensure reliability and predictability of funding, the FCDO should ensure that programme funding is given on a multiyear basis. Programmes should run for a minimum of 5 years where possible.* (Paragraph 17)

#### **Disagree**

14. The FCDO remains committed to SRHR and this includes maintaining a strong portfolio of financial support to the sector. However, setting minimum percentage of spend targets on specific areas of work could lead to unintended outcomes. Introducing such targets reduces the flexibility of bilateral ODA budgets and could result in a suboptimal portfolio of programming that does not necessarily reflect the needs of the contexts in which the FCDO operates, including unintentionally crowding out other important work not otherwise protected by a target.

15. The FCDO is also the Department of last resort for ODA savings for any variation on ODA spend by other government departments. To rigidly earmark spend targets would limit the FCDO's ability to properly manage government finances.

16. The FCDO is committed to empowering our experts across the world to take decisions based on local needs, guided by our approach to prioritisation and international development objectives, including on global health and SRHR. This flexibility allows our teams to adjust their programming portfolio to respond to the needs of our partners as we build long-term partnerships that work towards common development objectives and a more locally-led approach to development. In the context of an increasingly unpredictable and volatile world where development cooperation is more difficult, but more important, than ever, the introduction of further targets would risk limiting that flexibility.

### **Conclusion/recommendation 4**

*Multilateral organisations are sometimes best placed to act and implement aid programming on sexual and reproductive health. The UK has historically been a key donor to multilateral organisations working on sexual and reproductive health. Evidence to the Committee has shown the benefits of both bilateral and multilateral funding. The FCDO should continue to support key multilateral organisations such as the UNFPA, the Global Fund, Unitaid and UNAIDS that are uniquely placed to work with national governments, and with civil society and communities, on aspects of SRHR. As a minimum, it should meet its prior commitments to these organisations. It should also restore discretionary funding to at least the same levels as before the covid-19 pandemic.* (Paragraph 18)

### Partially Agree

17. The FCDO recognises the importance of delivering its international development objectives through multilateral organisations in conjunction with our bilateral engagement. The FCDO maintains a strong health and SRHR multilateral investment portfolio. This includes our support to: the UN Population Fund; the Global Financing Facility for Women, Children and Adolescents; our core support to the World Health Organisation, UNAIDS, Unitaid and our investment in the Global Fund for Aids, Tuberculosis and Malaria.

18. However, all of the FCDO programmes go through a rigorous design process that seeks to ensure our funds are used effectively and in line with our strategic priorities. This includes rooting our designs in evidence and data (on what people need and 'what works'), consultation with diverse stakeholders, and strategic assessments of options to maximise impact and value for money. The FCDO must therefore continually assess where we can best focus our funding for the greatest impact and cannot agree to meet a set level of financial commitment, or restore discretionary funding, to these multilateral organisations.

### Conclusion/recommendation 5

***The Committee is pleased to see the FCDO's continuing commitment to family planning as a core part of its work on sexual and reproductive health, including the provision of safe and legal abortion services. However, the FCDO's abrupt and sudden cuts to SRHR programmes directly led to the reduction in vital services for women and girls and damaged the UK's work and reputation in this area. As part of its renewed commitment to SRHR programmes, the FCDO should ensure that it meets its original funding commitment made in November 2019 to the UNFPA Supplies Partnership to enable the delivery of vital healthcare services for women and girls. It should also consider restoring core funding to the UNFPA to £20 million annually.*** (Paragraph 27)

### Partially Agree

19. The UK is proud to defend and promote universal and comprehensive sexual and reproductive health and rights, including abortion, which is fundamental to unlocking the potential, agency and freedom of women and girls worldwide.

20. The FCDO contributed £60m to the UNFPA Supplies Partnership in 2022 and 2023, representing a return to the original annual funding levels of 2019. As the largest donor to the UNFPA Supplies Partnership, the Government's funding supports the procurement of essential SRH commodities in the 54 countries most in need of support as well as contributing to systems strengthening efforts at country level to improve access.

21. The FCDO remains committed to UNFPA's mandate and we continue to support UNFPA with core funding of £8m per year. Whilst the FCDO is unable to return our core funding to pre Covid-19 levels, we are increasing our support to UNFPA in 2024 by £4.25m to support humanitarian efforts in the Occupied Palestinian Territories.



## Conclusion/recommendation 6

*The use of telemedicine and self-management in SRHR programmes could increase the accessibility, reach and effectiveness of such programmes. The FCDO should consider how to incorporate the use of telemedicine and self-management of SRHR in its aid programming, such as in providing access to safe abortion, and update the Committee no later than Autumn 2024 on its progress.* (Paragraph 28)

### Agree

22. The FCDO agrees with the Committee's conclusion that telemedicine and self-management can improve the effectiveness of SRHR programming. The FCDO works with the UNFPA Supplies Partnership programme to support the procurement of quality-assured abortion commodities including the 'combipack' for self-managed first trimester medical abortions as recommended by the WHO. The FCDO is also supporting countries to introduce abortion commodities for self-management in line with global strategic efforts through the Best Practices Programme with the Clinton Health Access Initiative (CHAI).

23. The Women's Integrated Sexual Health (WISH) programme has supported roll out of self-injectable contraception (DMPA-SC<sup>1</sup>) in countries including South Sudan and supports access to a range of abortion services in countries (within national laws), including medical abortion through pharmacies, and has prevented an estimated 6.8m unsafe abortions since 2018. It also supports telemedicine, for example in Sudan and DRC WISH has funded a telemedicine service delivered by doctors and nurses which has proven particularly successful in helping young people access advice and services, including on safe abortion in DRC, where there are high levels of stigma.

24. The FCDO trusts that this update will highlight to the Committee that we are considering and integrating telemedicine and self-management into programmes where effective and possible. If the Committee should require any further updates on this area of work, or anything else regarding the FCDO's SRHR agenda, the FCDO stands ready to respond to further requests.

## Conclusion/recommendation 7

*The FCDO's approach papers on ending preventable deaths of mothers, babies and children by 2030 (EPD) and health systems strengthening (HSS) show a positive step in the right direction. However, in the absence of key targets for progress or regular updates, it has proved difficult to assess the effectiveness of the UK's work in this area. The Committee welcomes the FCDO's commitment to publish a future progress report on its EPD and HSS work in 2024, and to provide future updates on this work. However, more frequent updates on the FCDO's work on EPD and HSS are needed in order to map the progress towards SDG commitments by 2030. The FCDO should publish key targets and achievements on an annual basis for its approach papers on Ending Preventable Deaths and Strengthening Health Systems.* (Paragraph 33)

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1 Depot Medroxy Progesterone Acetate in its Sub-Cutaneous form

**Partially Agree**

25. The FCDO will publish an Ending Preventable Deaths (EPD) narrative report in 2024 that will include progress against the key SRHR and health system strengthening actions laid out in the paper. The FCDO will report against key EPD indicators through existing mechanisms including the FCDO Outcome Delivery Plan, rather than setting up a parallel framework for reporting. EPD indicators have also been included in the FCDO's strategy frameworks such as The Global Health Framework and the international Women and Girls' Strategy and will feature in those reporting processes.

**Conclusion/recommendation 8**

*Access to clean water and the provision of adequate sanitation and hygiene reduces the risk of maternal and newborn mortality. In complementarity to its approach on SRHR spending, the FCDO should calculate and justify a minimum bilateral ODA percentage that it must spend on WASH to reach its development targets. This target should not be lower than 2% per annum. The FCDO should also ensure that WASH and SRHR programmes adopt a complementary and integrated approach.* (Paragraph 38)

**Partially Agree**

26. The FCDO's Ending Preventable Deaths (EPD) and the Health Systems Strengthening (HSS) approach papers highlight the integrated nature of the challenge and commits the FCDO to an integrated approach in response - highlighting the critical importance of strong health systems, nutrition, and water, sanitation and hygiene (WASH) to SRHR.

27. The FCDO's £18.5 million WASH Systems for Health programme is working to support the provision of safe, reliable, and resilient water supply, sanitation and hygiene services. By supporting governments to strengthen the systems needed to provide access, the programme will help people living in poor communities across Asia and Africa, including in rural areas and in informal settlements in towns and cities.

28. This programme will support improvements to water, sanitation and hygiene services in health facilities where it will have an impact on reducing infection and improving quality of care received by patients. The FCDO's new systems approach to WASH will enhance the sustainability of WASH services will ensure that women are empowered to take informed decisions about the services they receive; and aims to attract new public and private finance.

29. For the reasons mentioned under conclusion/recommendation 3, the FCDO prefers to protect budget flexibility than set additional sector spending targets.

**Conclusion/recommendation 9**

*The involvement of trained health personnel and access to adequate health care facilities for maternal and newborn health improves health outcomes for the mother and child. The FCDO should support the strengthening of healthcare systems by prioritising investment in the development of health infrastructure, particularly WASH infrastructure. The FCDO should prioritise support for training and retention of health personnel in low-and-middle-income countries. The FCDO should calculate a minimum*



***percentage of ODA to be spent on the training of health personnel in low and-middle-income countries. It should explain to the Committee why it has chosen this target and ensure adequate commitment of funding.*** (Paragraph 39)

### **Partially Agree**

30. The FCDO recognises the importance of health workers including midwives for the delivery of SRHR services. We have previously supported the WHO on developing midwifery policy guidance and are currently working with WHO, UNFPA and other partners to produce a new global roadmap on midwifery this this year.

31. The WISH programme includes in-service training and development of health care workers on SRH service delivery such as delivery of long acting and reversible contraception methods and on quality of care improvement. This will continue under WISH Dividend.

32. As outlined in the previous recommendation/conclusion, the FCDO's new WASH Systems programme will help develop health system infrastructure in health facilities.

33. For the reasons mentioned under conclusion/recommendation 3, the FCDO prefers to protect budget flexibility than set additional sector spending targets.

### **Conclusion/recommendation 10**

***To meet menstrual health needs, women and girls must be able to access accurate, timely and age-appropriate information about menstruation. In addition, they need access to WASH services and inclusive infrastructure. Without adequate services and facilities, managing menstruation can be a challenge for women and girls in low-and-middle-income countries, preventing them from accessing education and employment opportunities. This could undermine the UK Government's work in other sectors, particularly in education.*** (Paragraph 42)

### **Agree**

34. The FCDO believes in enabling all girls and women to manage their periods safely, hygienically and with dignity, allowing them to stay in school and fully participate in society. Lack of adequate access to clean and safe water, sanitation and hygiene services in schools can result in girls missing days, falling behind and dropping out of school completely.

### **Conclusion/recommendation 11**

***The FCDO should support menstrual health by supporting the provision of WASH services and infrastructure and access to menstrual products. In particular, the FCDO should ensure that its work in the education and WASH sectors complement its SRHR work in this area, for example, ensuring that education programmes include the provision of appropriate sanitary facilities. It should also support age-appropriate education on menstruation.*** (Paragraph 43)

### **Agree**

35. The FCDO agrees with the Committee's conclusion/recommendation on the importance of WASH infrastructure, menstrual hygiene products and menstrual health

management education. The FCDO is supporting girls in several countries including Nepal and Ethiopia to manage their periods with confidence and dignity by constructing menstrual-friendly toilets and providing reusable sanitary products.

36. The FCDO is also tackling lack of knowledge, stigma and shame around periods by supporting girls with access to comprehensive sexuality education.

37. The FCDO supports access to a range of reproductive health commodities, including those for menstrual hygiene, through investments such as the Reproductive Health Supplies Coalition.

38. The FCDO is also supporting menstrual health management through our Girls' Education Challenge (GEC) programme, where 19 of 33 projects have found substantial impacts in knowledge of menstrual health management, 10 projects have reported increased school/learning centre attendance, and 6 projects reported more open conversations and decrease in feelings of shame/stigma.

### **Conclusion/recommendation 12**

*The FCDO has not sufficiently addressed the threat of gynaecological disease in its SRHR programming, despite the risk it poses to the SRH of women and girls. The prevalence of cervical cancer among women and girls in lower-income countries is also concerning, especially as adequate provision of the HPV vaccine could greatly reduce the threat of cervical cancer to women and girls. The FCDO should look to incorporate care of gynaecological disease, including so-called 'benign' gynaecological disease, into its SRHR programming. It should also continue to support the provision of the HPV vaccine to women and girls and look to align this with its SRHR programming where possible.* (Paragraph 46)

#### **Agree**

39. The FCDO acknowledges the severe morbidity women face from gynaecological conditions and the distress these conditions can cause.

40. The FCDO's programmes in this area include support for the rollout of the Human Papillomavirus (HPV) vaccine to prevent cervical cancer through the global vaccine alliance (Gavi); market shaping for cervical cancer screening, prevention and treatment through UNITAID, and through the United Nations Population Fund (UNFPA) the FCDO is supporting the procurement and delivery of reproductive health commodities such as hormonal contraceptives, which are also used to treat gynaecological diseases.

41. As a major donor to Gavi, the FCDO was a vocal advocate for the inclusion of HPV in their portfolio of vaccines and the subsequent revitalisation of the HPV programme with an ambitious target to reach around 86 million girls with the HPV vaccine by 2025. As of November 2023, 37 countries have introduced HPV to their routine immunisation programmes.

42. As a key partner of Unitaid, the FCDO helps drive progress towards the elimination of cervical cancer and sexually transmitted infections (STIs). Unitaid is increasing the availability of self-screening tools for HPV, pushing for the triple elimination of mother-to-child transmission of HIV, syphilis and Hepatitis B, as well as driving the uptake of

emerging diagnostics for gonorrhoea and chlamydia to improve case management and increase STI surveillance. Unitaid is now the largest funder of innovative tools to find and treat pre-cancerous lesions in women living in low-resource settings.

43. The terms of reference for implementing partners for the forthcoming WISH Dividend (Women's Integrated Sexual Health) regional programme includes the treatment of benign gynaecological disease as part of service delivery support in priority countries where feasible.

44. The FCDO works hard to integrate the latest research and evidence into our programming and into our engagement with partner governments. We will continue to review the latest information on benign gynaecological disease to influence our work.

### **Conclusion/recommendation 13**

*Female genital schistosomiasis is a painful and debilitating but treatable condition affecting up to 56 million women. FGS is best tackled through an integrated approach with wider SRHR programming, as well as with other areas of programming such as education, WASH and HIV and AIDS. The UK should integrate female genital schistosomiasis (FGS) care into its SRHR programming. This should include (a) improving access to adequate water, sanitation and hygiene facilities, (b) increasing girls' enrolment in education and supporting distribution of FGS medicine in schools, (c) distributing educational materials on WASH, and (d) considering integrating FGS and HIV and AIDS programming, including by discussing the integration of HIV and AIDS programming with FGS care with its multilateral partners, such as the Global Fund.* (Paragraph 50)

#### **Partially Agree**

45. The FCDO recognises the impact of Female Genital Schistosomiasis on women globally. We are supporting research and development into schistosomiasis through the funding for the Drugs for Neglected Diseases initiative (DNDi). This initiative is actively developing new drugs for the disease with the aim to counter the risk of resistance and to treat female genital schistosomiasis.

46. The FCDO has previously supported research into female genital schistosomiasis through support to the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) which led to the development of new competencies for the training of health professionals on the disease.

47. Through the FCDO's funding for UNAIDS and support for their Global AIDS Strategy (2021–26) the FCDO is also supporting initiatives to address female genital schistosomiasis and integrate treatment and prevention services for the disease with HIV services, sexual and reproductive health and rights services, and comprehensive sexuality education.

48. The terms of reference for implementing partners for the forthcoming WISH Dividend regional programme includes the treatment of FGS as part of service delivery support in priority countries where feasible. The FCDO will explore where it can further integrate FGS into SRHR programming.

### **Conclusion/recommendation 14**

*The UK Government has long been an opponent of female genital mutilation (FGM) and has worked against FGM both bilaterally and multilaterally. The UK Government should renew its commitment to preventing female genital mutilation through funding multilateral and bilateral programmes, including those tackling the medicalisation of FGM and 'cross-border cutting', which involves moving women and girls across national borders to undergo FGM or cutters across national borders to perform the practice.* (Paragraph 55)

#### **Agree**

49. The FCDO remains a major donor and global champion for ending FGM. UK aid programmes have already helped over 10,000 communities, representing over 27 million people, pledge to abandon FGM. We are building on and scaling up strong results through Africa, survivor and girl-led programming to deepen our impact in high prevalence countries.

50. The FCDO has supported the Africa-led Movement to end FGM since 2013. The current phase of the programme (£35m, 2019–2027) is working with activists, communities, and grassroots organisations to take evidence-based efforts to end FGM to scale, with a focus on Kenya, Ethiopia, Somalia and Senegal. It includes leadership training to survivors of FGM to enable them to safely advocate for ending FGM.

51. Under the programme, the FCDO also funds the United Nations Joint Programme (UNJP) to end FGM which focuses on working with national governments to get laws, policies and costed action plans in place banning FGM. The UNJP also encourages gender and social norms change and strategies for FGM prevention and surveillance through working with community leaders, lawyers, schools and empowering adolescents through clubs and digital spaces.

52. The Government is clear that there is no medical justification for the practice and that FGM is a human rights violation under all circumstances. The UK will not hold back on taking a firm stance on the abandonment of FGM, including where critics may call this an imposition of Western values. The UK continues to be led by the Africa-led civil society movement to end FGM, centring the voices of survivors and the most affected communities, plays a leading role and is a powerful reminder that this is a shared global objective.

53. In light of systematic attempts by regressive actors to roll back women's and girls' rights, the Government is making use of a whole range of diplomatic and development levers to tackle FGM including, potentially, sanctions and travel bans. We will continue efforts to mobilise new funding for grassroots organisations on the frontlines. We will not shy away from having difficult conversations and taking a tough stance towards the abandonment of FGM.

54. We are also stepping up our international leadership on FGM as a neglected issue at key international moments and through senior strategic dialogues, in order to increase political will and evidence-based financing to meet the scale of the challenge.

### Conclusion/recommendation 15

*The goal of ending AIDS cannot be reached without access to proper care and treatment for all people living with HIV, and action to bring down the large numbers of people newly acquiring HIV (1.3 million in 2022, far above the global target of 500,000 by 2025). More than 40 years after the first cases, the AIDS pandemic continues to pose a major barrier to global development, and COVID-19 has had a serious and significant impact on the ability of healthcare services to reach global targets on HIV and AIDS. Recent reductions in the UK's bilateral aid spending on HIV and AIDS, alongside major cuts to its funding to UNAIDS, Unitaid and the Global Fund at the same time is, therefore, particularly concerning.* (Paragraph 64)

#### Partially Agree

55. The FCDO partially agrees that the AIDS epidemic continues to pose a major barrier to global development, and acknowledge the impact of COVID-19 on the ability of healthcare services to reach global targets on many health agendas, including HIV and AIDS.

56. The FCDO remains a significant funder in the HIV response. We continue to fund all our key partners, including the Global Fund, WHO, Unitaid, UNAIDS and others such as the Global Financing Facility and continue to support stronger health systems worldwide which help end AIDS-related deaths and prevent new HIV infections.

57. With 17 years and £588m of the FCDO's support, Unitaid have invested \$1.5bn in testing, treatment, and prevention over the past 15 years and their work means groundbreaking advances can reach people living with HIV worldwide: enabling more people to access the best quality care, avert illness and death, and helping drive down HIV transmission globally.

### Conclusion/recommendation 16

*To support the achievement of global targets on ending AIDS, and to retain the UK's historical leadership in this important area of SRHR, the FCDO should retain bilateral investments in HIV prevention and treatment, both through dedicated HIV programming and in its support for integrated SRHR, with a special focus on marginalised groups such as adolescent girls and young women, as well as key population communities. The FCDO should continue to support, and pay its fair share to, the Global Fund, which is a major funder of HIV prevention and treatment, and invest in the community-led responses and human rights programmes which are so essential to an effective AIDS response.* (Paragraph 65)

#### Agree

58. The FCDO's Ending Preventable Deaths and Health System Strengthening approach necessitates a move away from vertical investments in singular diseases. In line with this principle, the FCDO agrees with the need for investments with integrated HIV and SRHR components, with a key focus on marginalised groups at the heart of the HIV epidemic. However, it is of note that the FCDO's collective bilateral investments with a primary or significant impact on HIV, including our SRHR investments still remain sizeable, valued



at over £150 million in 2022. More than 40% of Unitaid's current portfolio is invested in HIV and co-infections – the FCDO has contributed £588m to date to Unitaid and remains a close partner.

59. The FCDO has been continuously paying our fair share, as the third largest historical donor to the Global Fund and fourth largest in the current replenishment cycle. A FCDO contribution of £1 billion to the Fund's seventh replenishment cycle will help provide antiretroviral therapy for 1.8 million people, medicine for 170,000 mothers to prevent transmitting HIV to their babies, and HIV counselling and testing for 48 million people. It will also help the Fund reach 3 million members of key population with prevention programs.

60. The FCDO is developing our plans for our contribution to the upcoming replenishment for the Global Fund, as well as the replenishments for other key health institutions such as GAVI, WHO and others, to ensure effective coordination and value for money of our investments.

61. The FCDO agrees with the importance of investing in community-led responses and human rights programmes; the criticality of both is emphasised in the FCDO's International Development Strategy, Women and Girls Strategy, and International Development White Paper.

62. The FCDO has supported expansion of an integrated approach to comprehensive sexual and reproductive health services through the WISH programme. This will continue in WISH Dividend. WISH Dividend will continue to target the poorest women and adolescents, with key performance indicators for adolescent service users and those living in poverty.

### **Conclusion/recommendation 17**

***The FCDO should also actively encourage the effective integration of HIV into sexual and reproductive health services, by explicitly including HIV in SRHR policy documents and funding calls and requiring the inclusion of organisations with HIV expertise in the SRHR programmes that it funds. These services should also be designed, implemented, monitored and evaluated in close partnership with community-led and civil society organisations, recognising the vital role that they play in ensuring that services are responsive to local needs and are able to reach those most left behind.*** (Paragraph 66)

#### **Agree**

63. The FCDO's support to HIV services forms a part of our comprehensive SRHR support. As the FCDO implements the ending preventable deaths and health systems strengthening approach, it expects all health programming to become increasingly complimentary and integrated.

64. The FCDO agrees with the importance of investing in services and programmes with community leadership in all stages from design to closure. The FCDO's bilateral programmes in country are designed with the engagement of implementing partners including community-led and civil society organisations.



65. The FCDO's funding to the Robert Carr Fund and to UNAIDS helps to support legal and policy reform to combat stigma and discrimination and to improve access to HIV services for those most at risk, as well as supporting civil society and grassroots organisations to challenge harmful policies and attitudes that exclude minorities and put them at greater risk of HIV infection and increase access to services for these groups, including LGBT+ people.

### **Conclusion/recommendation 18**

*The FCDO should have a holistic and integrated approach to all of its sexual and reproductive healthcare programming to enable recipients to live a healthy life and reach their full potential. When funding sexual and reproductive healthcare, the UK should also consider investing in a 'one-stop shop' approach to SRHR which would help to ensure truly comprehensive sexual and reproductive healthcare and reduce barriers to accessing lifesaving HIV and SRHR services, such as travel costs, time, and stigma.* (Paragraph 68)

#### **Agree**

66. The FCDO is committed to the provision of comprehensive SRHR services and we support an integrated approach to healthcare, outlined in our ending preventable deaths and health system approaches.

67. The WISH programme has supported the provision of integrated comprehensive SRHR services through public and private services, targeting populations at greatest risk. In the forthcoming successor programme, WISH Dividend, depending on need, context and feasibility, support will include long-acting reversible/ permanent and short-term contraception including self-care; prevention and treatment of sexually transmitted infections; Post-Abortion Care (PAC); Safe Abortion Care (SAC) to the full extent allowed by national laws; prevention, detection, and treatment of cervical cancer and treatment of female genital schistosomiasis (FGS) and benign gynaecological conditions.

68. The FCDO's education programmes also provide a comprehensive offer for maximum impact. The Girls Education Challenge has five key SRHR interventions: access to Comprehensive Sexuality Education (CSE); knowledge and products to support Menstrual Health Management (MHM); it works with community members to shift unhelpful norms; it trains and supports staff delivering CSE sessions; and supports access to family planning resources and services. These lead to improved MHM, enhanced SRHR knowledge and increased agency around SRHR decision making.

69. However, in some cases the FCDO may target its funding on singular issues which are otherwise underfunded or where there is a particular need for focused investment, for example, on safe abortion. This means that some of our programming may be less integrated but still form a part of a wider comprehensive approach.

### **Conclusion/recommendation 19**

*Access to SRHR services and comprehensive sex education is vital to adolescents; however, adolescents may often face barriers to accessing sexual and reproductive health services. Ensuring that women and girls are fully educated on sexual and reproductive*

***health can empower them and give them the autonomy to make informed decisions in life. Better education among women and girls is also linked to better sexual and reproductive health outcomes. Considering the UK's commitment to girls' education, the FCDO should embed comprehensive age-appropriate sex education into its ODA-funded education programmes.*** (Paragraph 74)

**Agree**

70. The FCDO is supporting several programmes that work with governments, civil society and community groups to provide comprehensive sexuality education (CSE) across our girls' education, health, child marriage and ending violence work.

71. As mentioned in the previous recommendation/conclusion, the FCDO's flagship girls' education programme, Girls' Education Challenge (GEC), has a significant focus on supporting girls to realise their SRHR. The main SRHR intervention is providing CSE, alongside efforts to build girls' skills and agency, as well as shifting discriminatory norms and behaviours in the community.

72. The WISH Dividend programme will support women and adolescent girls to have increased knowledge, capacity and community support to make informed decisions about, and recognise and advocate for, their sexual and reproductive health and rights. This support will be tailored to local context and needs, and where appropriate will include work to improve access to CSE and in/out of school engagement.

### **Conclusion/recommendation 20**

***People accessing SRHR services may be vulnerable, such as adolescents. The FCDO should ensure that staff who are delivering FCDO-funded aid programmes receive training to be able to recognise safeguarding concerns when interacting with aid recipients. These staff should be empowered to signpost aid recipients to the appropriate services and support.*** (Paragraph 75)

**Agree**

73. The FCDO agrees that adolescents and other marginalised groups can be vulnerable to a range of safeguarding risks, and we work closely with partners to ensure organisations have a strong safeguarding culture and systems, particularly when working with vulnerable groups. This includes responding to safeguarding concerns raised within the programme but also signposting vulnerable people to wider services and support.

### **Conclusion/recommendation 21**

***People with disabilities may face additional barriers to accessing SRHR programmes and providing services to people with disabilities may often take additional resources. Consequently, organisations implementing development programmes may be disincentivised from reaching marginalised groups as programmes are often required to show that they have reached as many recipients as possible. The FCDO should ensure that all SRHR programmes are accessible to people with disabilities. FCDO's SRHR programmes should include a dedicated budget, baselines, targets, and key performance indicators so that people with disabilities are fully integrated into aid programmes.***

***In addition, all FCDO programming on SRHR should record disaggregated data on aid recipients, including age, sex, and disability to assess how successful they are at inclusivity.*** (Paragraph 80)

### **Partially Agree**

74. As committed to in the FCDO's 2022 Disability Inclusion and Rights Strategy, the FCDO has an ambition to embed disability inclusion across the full range of FCDO's diplomacy, policy and programming, including SRHR, by 2030.

75. As part of these commitments, the FCDO is working towards ensuring that new SRHR programmes disaggregate data on aid recipients including on age, gender and disability, where this is possible, for example in the Women's Integrated Sexual Health (WISH) Dividend programme.

76. WISH Dividend will collect, analyse and report disability-disaggregated data using the Washington Group questions. The programme will also have clear targets and performance indicators that review access for people with disabilities to WISH D services. Budget will be made available to support provision of inclusive services. It should be noted however that designing, implementing and evaluating programmes that systematically address the barriers and respond to the requirement of people with disabilities in all their diversity is very complex. Further, in many contexts where WISH Dividend will be delivered it is challenging to set reliable baselines due to a lack of national data, poor definitions of 'disability' and weak public data systems. WISH Dividend will use learning and evidence generated from WISH to continue to adapt and strengthen the programme's approach to disability inclusion, whilst generating learning that can be shared and applied by others, too.

77. It is not possible for the FCDO to disaggregate data by recipient for all SRHR programming. In some cases, our programmes support broader health systems, normative and policy change, or support other activities such as research where we do not focus on the number of recipients reached with our funding. In other cases, we rely on existing reporting mechanisms to measure progress and while we work to improve these systems, they are not always ready to report a full range of disaggregated data.

### **Conclusion/recommendation 22**

***People from marginalised groups, such as people with disabilities and LGBT+ people, may face additional and unique challenges in accessing SRHR services. The FCDO should ensure its commitment to the principle of 'Leave No One Behind' in all its SRHR aid programmes. The FCDO should include hard-to-reach aid recipients, often those belonging to often marginalised and excluded groups, in the planning, development, and delivery of aid programmes on SRHR and should invest in community and civil society organisations led by these populations, recognising that they are essential partners in achieving health outcomes.*** (Paragraph 83)

### **Agree**

78. The FCDO recognises the importance of consulting those impacted by our policy and programmes including the most marginalised groups, such as people with disabilities

and LGBT+ people. The FCDO believes it is integral to empower and promote the active participation of both these groups as partners, understand their diverse needs and ensure the programmes and policies are inclusive and supportive.

79. As emphasised to in the FCDO's 2022 Disability Inclusion and Rights Strategy, the FCDO has committed to step up the close consultation and active involvement of organisations of persons with disabilities (OPDs) in our work, including for SRHR. This includes strengthening the capacity of OPDs to engage and advise on policy and programme design and monitoring; and partnering with OPDs in the delivery of programmes and policy objectives and implement feedback mechanisms. The FCDO has also reiterated its commitment to ensuring that people with disabilities and LGBT+ people are empowered to play a meaningful leadership role and that their voices are heard, including through their representative organisations.

80. The FCDO will build and expand on its existing work ensuring people with disabilities are involved in the planning, development and delivery of aid programmes on SRHR, including with the Women's Integrated Sexual Health (WISH) Dividend programme, Safe Abortion Action Fund and through the Partnership for Maternal, Newborn and Child Health.

81. The FCDO's seven-year (running to March 2026) £46 million Disability Inclusive Development (DID) programme is producing evidence on what works to support people with disabilities in lower-and middle-income countries. By March 2023 the interventions had reached over 16.7m people, including 3m people with disabilities in six countries, providing access to education and health care, supporting livelihoods and microentrepreneurs with disabilities, and tackling stigma and discrimination. The programme has included projects delivering inclusive SRH services in Kenya, Nepal and Nigeria, and evidence from these projects have been used to shape mainstream programmes including the Lafiya programme in Nigeria, WISH and WISH Dividend.

### **Conclusion/recommendation 23**

***The FCDO has made positive progress in tackling sexual and reproductive health in humanitarian contexts, such as by adopting the Minimum Initial Services Package. The FCDO should ensure that SRHR services in these contexts reach the most marginalised groups and consider how to further implement SRHR aid programming in humanitarian contexts to meet need. This should include knowledge sharing between teams within the FCDO who work on fragile, conflict-affected, and humanitarian contexts and sexual and reproductive health, such as teams working on global health, humanitarian crisis response and the Office for Conflict, Stabilisation and Mediation.*** (Paragraph 86)

#### **Agree**

82. The FCDO has committed to considering SRHR in all our humanitarian funding, and to supporting the rollout of the Minimum Initial Service Package (MISP) in acute crises. The FCDO ensures cross working from the onset of humanitarian crisis, with dedicated capacity on humanitarian SRHR in global health, working with and alongside humanitarian colleagues.

83. A technical guidance note has been produced within FCDO on SRHR in humanitarian settings, to guide crisis response. When possible, the FCDO works to prioritise SRHR funding in humanitarian crisis including funding on SRHR in Ukraine and in Gaza to reach the most marginalised groups.

84. The WISH programme has operated in fragile and conflict affected countries in Africa since 2018, and WISH Dividend will prioritise support to fragile and conflict affected states, including provision of sexual and reproductive health services in refugee camps, and protracted crisis and humanitarian contexts. The programme has been designed to ensure appropriate expertise and resources are available to ensure services in these contexts can reach young and marginalised women, including the poorest and those with disabilities.

85. Within any organisation, knowledge sharing is invaluable and the FCDO is committed to learning from past experiences and working better across the various teams involved in crisis.

### **Conclusion/recommendation 24**

*Over recent years, there has been an alarming rollback on the rights of women and girls globally, of which SRHR are integral, and further criminalisation of LGBT+ people. The merger of the Foreign and Commonwealth Office with the Department for International Development offers an opportunity for the FCDO to better use its diplomatic position to obtain its development goals on sexual and reproductive health and rights, such as by supporting access to these rights by women and girls and other marginalised groups. The UK should continue to position itself as a global leader on SRHR by*

*a) continuing to advance the principle of 'Leave No One Behind' across its aid programming.*

**Agree**

86. The 'leave no one behind' principle is important to the FCDO. The FCDO encourages all countries to uphold constitutional and international obligations on human rights, including the principles of the UN Charter, the Universal Declaration on Human Rights.

87. The FCDO will continue building on its 2023 work to raise the issue of rights of women and girls, and other marginalised groups including people with disabilities and LGBT+ people.

*b) continuing to raise the issue of the rights of women and girls, LGBT+ people and other marginalised groups both in multilateral fora and in bilateral conversations with partners in regard to SRHR. It should ensure that its diplomatic and development work on SRHR are integrated and complementary. (Paragraph 91)*

**Agree**

88. The FCDO agrees with the Committee's assessment that there is a growing risk to the rights of women and girls, LGBT+ people and other marginalised groups. The FCDO is committed to using its diplomatic and development levers to champion gender equality and the rights of marginalised people.

89. The International Development White Paper highlighted the FCDO's concern about increasing attempts to rollback or undermine the human rights and freedoms of women and girls and LGBT+ people, particularly those relating to sexual and reproductive health and rights.

90. In response to these challenges, the FCDO's diplomatic and development network has continued to champion the universality of human rights and the principle of non-discrimination. While much of this work is through discreet diplomacy, the FCDO's diplomatic missions have continued to visibly demonstrate their support around key dates, such as the International Day Against Homophobia, Biphobia, and Transphobia (IDAHOBIT), and local Pride events. We also increased multilateral cooperation with likeminded partners in the Equal Rights Coalition, UN LGBTI Core Group, and the Council of Europe to respond to attempts to rollback or undermine the human rights of LGBT+ people.

91. In addition, the FCDO hosted a 2023 Wilton Park conference on SRHR rollback, including representation from a leading disability rights organisation, which provided an opportunity to learn and strategise together on the implications of SRHR rollback on people with disabilities. The FCDO also provided grants to grassroots organisations across Africa to attend the 2023 Women Deliver conference, which convened stakeholders across the world to discuss addressing challenges and identifying opportunities to advance gender equality in SRHR for Women and girls in all their intersecting identities.