

International Development Committee Inquiry

[FCDO's approach to sexual and reproductive health](#)

Response from the Coalition of Health Professional Bodies and Royal Colleges for SRHR

April 2023

Who are we?

We are a coalition of medical associations working in the field of SRHR, both domestically and globally. Our goal is to lend a strong health professional voice to advocate, alongside international development organisations, for renewed commitment by the UK Government to SRHR in its international development programming and funding and to highlight the important role played by health professionals in the delivery of universal comprehensive SRHR.

Our members include the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Nursing, the Royal College of Paediatrics and Child Health, the Faculty of Sexual and Reproductive Healthcare and the British Society of Abortion Care Providers.

1. Is the FCDO's approach to sexual and reproductive health programming in lower-income countries sufficiently responsive to the needs of communities in lower-income countries, including in its new Sexual and Reproductive Health and Rights programme?

The Coalition welcomes the FCDO's support and advocacy for 'neglected' interventions, including safe abortion and comprehensive sexuality education. Such interventions are essential to delivering comprehensive sexual and reproductive health and rights as imagined by the Gutmacher Lancet Definition.

However, the FCDO must match its policy ambitions with significant and sustainable funding commitments. Cuts to ODA have disproportionately affected SRHR programmes, including an 85% cut to UNFPA supplies, causing a significant setback in global health and creating long-lasting negative impacts for women and girls. We recommend that the FCDO restores spending on SRHR to 4% of the ODA budget or £500 million per year, in the context of a return to ODA spending as 0.7% of GNI.

The FCDO must also ensure that SRHR programmes and services are adapted so that they are available and accessible to groups, such as adolescents, LGBTQ+ people, sex workers, intravenous drug users, and those living in humanitarian or fragile settings, who may be more vulnerable to SRHR issues and at risk of SRH complications.

2. How effective is the FCDO's work on sexual and reproductive health in support for the provision and delivery of:

- **Contraceptive supplies and healthcare services**

The UK was one of the major contributors to international family planning programmes¹ and the largest contributor to UNFPA². As a major supplier of contraception to low-income countries (LICs), the latest cuts of 60% to the UNFPA budget means they will no longer be able to supply contraceptives to about a third of all users in some of the world's poorest countries³.

With changing US domestic policy affecting the content of SRH information programmes, the UK funding allowed for stability in SRH programmes. The abrupt decrease in funding and contraceptive availability will affect women and girls and contribute to a higher number of unplanned pregnancies, unsafe abortions and maternal mortality. This is against a backdrop of the COVID-19 pandemic which disproportionately negatively affected women and girls globally⁴.

- **family planning education and information programmes to communities**
- **information programmes to tackle practices that damage the sexual and reproductive health of women and girls, such as FGM**

The FCDO's commitment to supporting efforts to end the practice of FGM is welcome. FGM is a severe form of violence against women and girls which impedes their sexual and reproductive health and rights.

Increasingly, FGM is being carried out by some doctors and other healthcare providers: 16 million women report having been mutilated/cut by a medical professional⁵. The FCDO should complement its support to FGM and gender-based violence programmes by working with medical bodies and colleges to tackle the rising medicalisation of FGM.

- **maternity services and support for new-borns, including ending preventable deaths**

The FCDO's Ending Preventable Deaths (EPD) agenda⁶ is promising in its commitments to strengthening the health workforce and to supporting high-quality care health systems. These relatively low-cost interventions are essential to meeting national and global maternal and newborn survival targets, as well as improving the opportunities for mothers and infants to grow up healthy and reducing long-run costs on healthcare and economic productivity due to poor experiences around delivery and protracted morbidity and

¹ [FP2020 ProgressReport2020_WEB.pdf \(familyplanning2020.org\)](#)

² [Donor contributions | United Nations Population Fund \(unfpa.org\)](#)

³ [Donor contributions | United Nations Population Fund \(unfpa.org\)](#)

⁴ [The COVID-19 Gender and Development Initiative | Center For Global Development | Ideas to Action \(cgdev.org\)](#)

⁵ <https://link.springer.com/article/10.1007/s11930-018-0140-y>

⁶ <https://www.gov.uk/government/publications/ending-preventable-deaths-of-mothers-babies-and-children-by-2030>

disability. In particular, FCDO should invest in midwives who can provide 90% of sexual, reproductive, maternal, adolescent and child health care but currently make up less than 10% of the global workforce in this area. Midwives are a ‘best buy’ in public health, giving up to a 16-fold return on investment⁷.

The FCDO’s EPD paper also rightly recognises the importance of safe abortion care to reducing maternal mortality. Unsafe abortion remains one of the leading causes of maternal mortality worldwide⁸. The FCDO should invest in telemedicine and self-management for abortion, as an additional safe pathway which can increase patient access and choice. Self-managed and telemedical service delivery models reduce transport costs, increase privacy and enable abortions to be performed earlier in the pregnancy, reducing the risk of complications. Moreover, telemedicine and self-management afford more equal access for marginalised groups, including those living in rural communities, survivors of gender-based violence, LGBTQ+ people and people with disabilities.

3. How could the FCDO target the use of funding for sexual and reproductive health programmes more effectively?

As a former architect of the Family Planning 2020 Initiative, the UK Government has historically been a global leader in support for SRHR. However, the decision to cut aid spending from 0.7% to 0.5% of GNI has led to the closure and disruption of a number of programmes providing vital sexual and reproductive healthcare, with an estimated £132.4 million cut to family programming in 2021-2022 alone⁹. This has had a devastating impact on women and girls: cuts to SRH services are estimated to have already resulted in 9.5 million fewer women receiving contraceptive services and supplies and led to 4.5 million more unintended pregnancies, 1.8 million more unplanned births, 1.4 million more unsafe abortions and 8000 more maternal deaths¹.

Prior to the pandemic, UK spending on SRHR constituted 4% of the aid budget, around £500 million per year¹⁰. The UK Government should make a commitment as part of the FP2030 Initiative to restoring this spending every year for the next three years (2022-2025), in the context of a commitment to restoring ODA spending to 0.7% of GNI. This would make a huge contribution to supporting the 257 million women and girls who need access to a modern method of contraception to avoid pregnancy and help end the nearly 300,000 maternal deaths and 34 million unsafe abortions each year¹¹.

The announcement of funding for a new SRHR programme is welcome but the FCDO must also continue to invest in multilateral channels. Achieving truly universal access to sexual and reproductive healthcare services requires joined-up thinking and the linking of local and national action with global level goals and commitments. For example, 40% of the world’s contraceptive supply is provided by UNFPA, reaching approximately 20 million women and

⁷ <https://www.unfpa.org/sowmy>

⁸ <https://www.who.int/news-room/fact-sheets/detail/abortion>

⁹ <https://www.guttmacher.org/just-numbers-impact-uk-international-family-planning-assistance-2021-2022>

¹⁰ https://donorsdelivering.report/wp-content/uploads/2021/09/DD_Report_2021.pdf

¹¹ <https://www.safehands.org/ukshr-statement-guttmacher-just-the-numbers>

young people every year. It is essential that these agencies continue to be supported as they have always been by the FCDO.

Finally, as promised by the Health Systems Strengthening Paper, the FCDO must invest in the quality and quantity of the health workforce. At present the sexual, reproductive, maternal, new born and adolescent health workforce is meeting only 75% of the world's need for essential care. In low-income countries, the deficit is graver with an available SRMNA workforce to meet only 41% of the need¹². There is an urgent need to invest in the education and creation of funded positions across all cadres of the global health workforce, to address workforce gaps and ensure that patients can access quality SRHR and maternity care from the moment they first enter the health system.

5. Does the FCDO's new global Women and Girls strategy sufficiently address sexual and reproductive health?

The Coalition welcomes the inclusion of SRHR as a stated priority for the FCDO's new global Women & Girls Strategy. Reproductive choice is key to unlocking the social, economic and political agency of women and girls and its importance to gender equality cannot be overstated.

However, we are concerned that the limited amounts of crossover with the priorities of the 'Three E' framework, such as education and ending violence, will hamper improvements. Mainstreaming SRHR throughout the FCDO's implementation of the Strategy would ensure that the root causes of inequalities, rather than just the impacts, are addressed.

Although there is a welcome focus on support for women with disabilities in the Strategy, greater attention must be provided to addressing the barriers faced by marginalised and vulnerable communities, including but not limited to adolescents and LGBTQ+ people, as it was in the former Department for International Development's (DfID) 2018 Strategic Vision for Gender Equality¹³, to ensure that no woman or girl is left behind.

The Women & Girls Strategy promises to address SRHR as a 'long term' development issue. However, in the context of cuts to ODA, it is difficult to see how this ambition will be realised without a significant multi-year funding commitment. We urge the UK Government to restore spending on SRHR to £500 million each year, as suggested above, to ensure that women and girls not only have access to life-saving services now but have the reproductive choice to make decisions about their futures too.

¹² <https://www.unfpa.org/sowmy>

¹³ <https://www.gov.uk/government/publications/dfid-strategic-vision-for-gender-equality-her-potential-our-future>