

Investing in sexual and reproductive health and rights for resilient societies

Realising sexual and reproductive rights is essential to achieving health equity and driving sustainable development.

Introduction

Sexual and reproductive health and rights (SRHR) are fundamental to human dignity and sustainable development. When individuals can make informed choices about their bodies, health and futures, the benefits extend far beyond personal well-being. Access to comprehensive SRHR services, including maternal health care, family planning, protection from sexual and gender-based violence (SGBV) and adolescent sexual and reproductive health, creates powerful multiplier effects that ripple through society: improved health outcomes, accelerated economic growth and reduced inequality.

These benefits become even more critical as today's world presents unprecedented challenges. Climate change disrupts health systems. Forced displacement separates families from essential care. And socio-economic instability disproportionately threatens the most vulnerable populations. In such turbulent times, SRHR serves as both a lifeline and a catalyst. It is not merely a health initiative, but a foundation for building resilient and equitable societies.

Positioning

Sustainable development requires ethical commitment paired with strategic investment. SRHR exemplifies this principle: it advances human rights and improves health outcomes, while delivering exceptional economic value. SRHR delivers both immediate economic value - with every \$1 invested saving \$3-7 in healthcare costs and productivity gains (Copenhagen Consensus Center, 2023) - and transformative social returns by saving lives, promoting gender equality, and boosting long-term economic development far beyond what traditional return on investment calculations capture (Sully et al., 2020). Investments in SRHR are proactive and prevention-focused, addressing the root causes of poverty while building more resilient societies.

SRHR represents one of the highest-impact development investments available today yet remains strategically underutilised. Recognising the challenging political context around SRHR in many countries, Enabel continues to uphold its commitment to human rights and gender equality. Enabel's strategic investments in SRHR build on Belgium's international commitments, including the International Conference Population Development Programme of Action and UN Security Council Resolution 1325 on Women, Peace and Security, and national initiatives like She Decides.

Enabel, combines strong local presence, trusted bilateral relationships and cross-sectoral expertise which contribute to translate successful innovations into national policy and sustained practice.

SRHR as a development catalyst: proven pathways to impact

Enabel's SRHR framework encompasses four pillars: maternal health, sexual and gender-based violence (SGBV) prevention and response, adolescent access to sexual and reproductive health services and information, and family planning. These pillars are anchored in health systems strengthening - the foundational entry point that ensures sustainable, quality SRHR service. Two cross-cutting approaches amplify impact across all initiatives: evidence-based policy engagement and multisectoral programming.

The four pillars of Enabel's SRHR approach



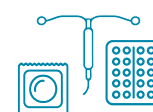
Maternal health



Eliminating sexual & gender-based violence



Adolescents & youth access to SRHR services



Voluntary family planning



Expanding universal family planning access across the life course

Family planning serves as a cornerstone for individual empowerment and sustainable development. When individuals make informed decisions about pregnancy timing and spacing, they gain greater control over their education, economic well-being, and life trajectories. These choices empower families and communities. Meeting women's unmet need for contraception (currently affecting 225 million women globally) is both a human rights imperative and a health and development multiplier (Starbird et al., 2016).

Enabel's approach centres on making modern family planning services universally accessible. This includes strengthening health systems, training healthcare providers, community-centred delivery, and ensuring contraceptive security through reliable procurement and supply chains. In addition, financial, geographic and sociocultural barriers to access are systematically addressed.

Financial barriers were eliminated in Benin by offering free contraceptive services and improved service quality via provider training and youth-friendly centres. Sociocultural barriers were reduced through male champion clubs. This approach transformed contraceptive prevalence from 4.5% (2018-2020) to 48.1% by 2023 (Kinnenon et al., 2023). Similarly, Enabel's support for free family planning services in Guinea showed significant improvements (Enabel, 2022).

Access to contraception enables optimal pregnancy spacing and timing, reducing maternal mortality risk and improving outcomes for both mothers and children (WHO, 2025b). Building on this foundation, strengthening maternal health systems becomes essential to address the remaining barriers to safe motherhood.

Strengthening maternal health systems to address critical delays

Maternal mortality remains unacceptably high in most of Enabel's partner countries due to systemic delays in accessing appropriate care (WHO, 2025a). Enabel addresses them comprehensively through the "three delays" framework: tackling delays in the decision to seek care, reaching care, and receiving quality care.

Rwanda's approach demonstrates how to address all three delays simultaneously. Health centre improvements reduced travel time for obstetric care from over four hours to manageable distances. Ultrasound technology, critical referrals, and quality improvement initiatives reduced preventable maternal deaths through better case management (Enabel, 2024).

The Mama Rescue Project tackles transport barriers by connecting women in labour to trained motorcycle taxi

drivers in Uganda through mobile/SMS platforms. The project safely transported over 23,000 women and skilled birth attendance increased from 75% to 94.4%. The National Platform for Users of Health Services (PNUSS) addresses dialogue between communities and health authorities in Benin, improving referral pathways while fostering community ownership.

Combating sexual and gender-based violence through prevention and care

SGBV undermines individual health, community well-being, and broader development goals. Effective responses require holistic approaches that address immediate survivor needs, provide long-term support, and prevent future violence by changing social norms. Enabel's strategy recognises SGBV as a multisectoral challenge and encompasses response, prevention and reintegration.

Integrated Multisectoral Service Centres in DRC and One-Stop Centres in Guinea, Burkina Faso and Senegal provide medical and mental health care, legal support and socio-economic reintegration for survivors. In DRC, 1,103 survivors received care in 2022 with 58% filing legal complaints. Prevention efforts focus on community-level change through Benin's "Zero GBV Committees", Guinea's She Decides project and Rwanda's Urururi rw'Umuryango friendly spaces. These community-based approaches engage men and boys as allies in challenging harmful gender norms (Kolié et al., 2024).

Reaching adolescents and youth with tailored SRHR services

Adolescents and youth make up the bulk of the population in Enabel's partner countries, making their sexual and reproductive health needs both an urgent priority and a transformative opportunity. They need specialised approaches that recognise their unique developmental needs, legal constraints and sociocultural contexts (WHO, 2025a). Enabel's youth-centred approach goes beyond service provision. It engages young people as co-designers, peer educators, and advocates for systemic change.

The transformative potential of youth-led approaches is proven through Rwanda's peer-led programmes which facilitated dramatic increases in youth accessing Adolescent Sexual Reproductive Health services from 1,275 to 291,627. Enabel leverages digital innovation to overcome geographic and literacy barriers through Guinea's "Hello Ado" and "Kouyé" platforms providing confidential SRHR content and comprehensive sexuality education in local languages via mobile technology (Myat et al., 2024).

Integrating SRHR with broader youth development opportunities is critical to this approach. In Benin's youth centres and Rwanda's youth hubs, SRHR services are embedded within vocational training, entrepreneurship and life skills programmes.

Approach I: Scaling evidence-based approaches through policy engagement

Sustainable impact requires translating successful pilot programmes into national and regional policies and protocols. Enabel supports partner countries in institutionalising effective approaches through action research ensuring local innovations and voices guide policy development. DRC's participatory development of a national unified SGBV care protocol improved coordination among actors and enhanced survivor experiences. In Rwanda, findings from adolescent health programming informed national SRHR strategy revisions. Enabel's support to the West African Health Organisation (WAHO) ensures reliable access to SRHR products and services across West Africa through strengthened supply chains, pooled procurement and regional coordination.

Approach II: Implementing multisectoral programming for comprehensive impact

SRHR outcomes are fundamentally linked to broader development sectors including education, digital access, transport, governance, security, social protection and employment. Enabel's programming bridges these sectors: digitalisation efforts improve access to SRHR through platforms for emergency transport and mobile SRHR apps. Economic empowerment programmes integrate SRHR within youth employment and vocational training. Governance platforms enable communities to co-create solutions with health authorities. Reproductive health commodity security initiatives complement global procurement systems, building local forecasting, distribution, and quality assurance capacities for sustained access to contraceptives and medical supplies. Education and WASH (Water, Sanitation and Hygiene) also represent critical intersections. Menstrual health programmes address both health and sanitation barriers to keep girls in school in Niger.

By integrating SRHR across sectors, Enabel's approach addresses the full spectrum of factors influencing SRHR, creating multiplier effects that advance human rights, improve health outcomes and generate broader social and economic benefits.

Recommendations

Build resilient health systems through strategic investment

1. Strengthen accountability systems with gender-disaggregated data collection and community feedback mechanisms, building on successful models like Benin's PNUSS platform.
2. Support countries in strengthening their domestic health financing systems to ensure sustainable, long-term coverage of the four SRHR pillars, recognising that comprehensive SRHR investments yield substantial economic returns that far exceed initial costs (Darroch et

al., 2017). Prioritise funding for locally led organisations through simplified, flexible modalities.

3. Diversify financing through private sector partnerships, innovative mechanisms (such as blended finance), and advocacy for gender-responsive public budgeting to enhance supply chain resilience and sustain comprehensive SRHR services.
4. Scale digital innovations such as Guinea's "Hello Ado" and Uganda's Mama Rescue platforms that increase women's access to information and services.
5. Secure sustainable supply chains through pooled procurement, local forecasting, and regional manufacturing of SRHR commodities.

Integrate SRHR across interconnected systems and sectors

1. Mainstream SRHR across health, education, employment, and WASH sectors to ensure access throughout a person's life-course, including institutionalising comprehensive sexuality education and linking reproductive health to women's economic empowerment through targeted job training and social protection.
2. Strengthen multisectoral SGBV response systems by coordinating health, justice and psychosocial services, and embedding gender-transformative, survivor-centred approaches.

Strengthen gender-transformative SRHR programming

1. Elevate women's and youth leadership by investing in women and youth-led organisations and ensuring meaningful participation of women and girls in programme design and delivery.
2. Ensure inclusivity by tailoring programmes to meet the needs of underserved populations, including adolescents, persons with disabilities and rural women.
3. Scale up gender-transformative approaches that challenge harmful norms and promote shared decision-making, such as male champion clubs and community dialogues.

Sustain full SRHR services in fragile settings and anti-rights contexts

1. Guarantee uninterrupted SRHR services - including safe abortion (where legal), contraception access and SGBV care - during crises, with particular focus on women and girls in excluded zones, including those isolated by geography, conflict, climate impacts, or legal status (such as displaced women excluded from formal care systems).
2. Build climate-resilient health systems that integrate SRHR into adaptation strategies, recognising how environmental shocks worsen gender and health inequalities (Burns and Mutunga, 2024; Enabel, 2025).
3. Advocate firmly for SRHR without compromising core principles, adapting language and framing to local contexts while using evidence and coalition building to uphold international commitments, particularly in politically challenging contexts where Enabel has proven experience.

Create multi-level coherence through enhanced Belgian leadership and strategic engagement

1. Scale up Belgium's financial commitment to SRHR and secure strategic positioning within European and global coordination mechanisms, including active governance participation in the Team Europe Initiative SRHR hub, to ensure Belgian expertise and values shape collective approaches.
2. Play a bridging role by intentionally facilitating linkages between global frameworks and regional cooperation (e.g. WAHO), national systems, and local communities, while coordinating closely with development partners.
3. Make advocacy a core programme component, supporting partner countries through the double anchorage approach, which intentionally provides dedicated support to ministry staff while strengthening capacities of local, decentralised actors (including civil society) and links both.
4. Use co-design and action research to ensure local expertise informs policy change, and that policy gains translate into measurable outcomes.

Conclusion

Investing in SRHR is strategic and generates measurable returns across multiple dimensions of human development. When SRHR are neglected or restricted, societies face cascading costs including preventable maternal deaths, unplanned pregnancies, and perpetuated cycles of poverty and gender inequality that undermine development progress. Climate change and fragility amplify these vulnerabilities disproportionately affecting the most marginalised populations.

Conversely, when individuals can exercise their reproductive rights and access quality services across Enabel's four pillars multiplier effects are transformative, advancing human rights and gender equality, improving health outcomes, and delivering broader social and economic benefits that maximise development impact. **The question is not whether we can afford to invest in SRHR, but whether we can afford not to.**

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