

Ensuring equity, realising rights, and promoting evidence in the new WHO strategy

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The new WHO Health Sector strategy: STIs 2016-2021

- Rights
- Equity
- Evidence

A focus on rights

- 1948 – rights are universal, indivisible and interrelated
- SDGs (adopted this month) have rights in preamble
- SRHR has become SRH+RR– does this matter?

Sexual rights

The rights of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health including access to sexual and reproductive health care services
- seek, receive and impart information related to sexuality
- sexuality education
- respect for bodily integrity
- choose their partner
- decide to be sexually active or not
- consensual sexual relations
- consensual marriage
- decide whether or not, and when, to have children
- pursue a satisfying, safe and pleasurable sexual life

WHO Working Definition, 2002

What does an absence of sexual rights mean for STIs?

- **Right to choose partner:** Criminalisation of consensual sexual behaviours (transactional sex, same sex relationships, sex before marriage)
- **Right to information and education:** No guarantee of comprehensive sexuality education (enshrined in ICPD, absent in SDGs)

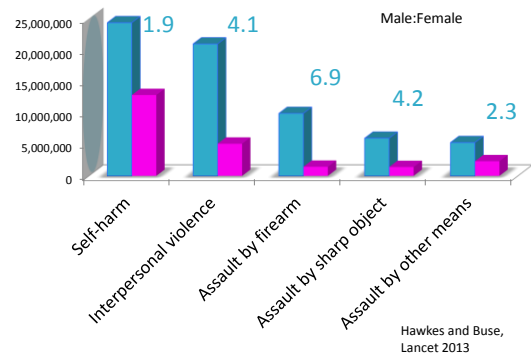
A focus on equity

- Equity in risk reduction (esp. empowerment and autonomy of women and girls)
- Equity in access to services – through universal health coverage

Equity in risk reduction

- Management of gender based violence, esp sexual violence
- Focus on women and girls

The gendered nature of violence



Equity in service access?

- Vast majority of countries rely on out of pocket payments for STI treatment in private sector – strategies for ensuring equity in access to private sector?

Evidence?

- Evidence that private sector can be equitable?
- “UHC does not equate to action on determinants of health” (Marmot, Lancet, 2013) – Evidence that action at health sector reduces STI transmission at a population level?
- Evidence that empowered women are at lower risk of poor health outcomes?
- Evidence that policy makers pay attention to evidence (Buse and Hawkes, Lancet 2014)?

Conclusions

- Neither STIs nor Sexual Rights are in the post-2015 discourse: what will this mean for prioritisation & accountability?
- Ensuring equity through private sector remains a major struggle in most countries
- Evidence is important, but evidence alone does not change policy. We need engagement with civil society.