

Sweden's international policy on

Sexual and Reproductive

Health and Rights

2006



REGERINGSKANSLIET

Government Offices
of Sweden

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Stockholm February 2006



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**Ministry for Foreign Affairs
Sweden**

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1. SUMMARY

The aim of this document is to give an account of the Swedish Government's position and to outline strategic areas in the field of sexual and reproductive health and rights (SRHR). It will be the basis for the bilateral, multilateral, operational and normative work that Sweden in different ways carries out in international contexts. In translating the policy into actions and practice, it will therefore be necessary to adapt its implementation to varying situations and specific settings.

The point of departure for Sweden's international work in the area of SRHR is the results of UN international conferences, in particular the UN International Conference on Population and Development in Cairo in 1994 and the UN World Conference on Women in Beijing in 1995, as well as the Government bill and policy *Shared Responsibility – Sweden's Policy for Global Development (PGD)* which was adopted by the Swedish Parliament in December 2003. *Shared Responsibility* emphasizes policy coherence and presents a whole-of-government approach to the promotion of global development and to Sweden's role in such processes. Its overall goal is the achievement of equitable and sustainable global development.

Sweden's SRHR policy is based on the ideas and objectives expressed in the PGD. Its foundation and primary point of departure is the equal value of all human beings, and the indivisibility of human rights and fundamental freedoms. In its political and practical implementation, Sweden will focus in particular on a number of central issues and on the circumstances and mechanisms that hamper results in SRHR work. These include poverty and lack of information and knowledge.

Definitions of sexual health, sexual rights, reproductive health and reproductive rights are based on existing international agreements. Sexual health refers to quality of life and personal relations, counselling and health care. Sexual rights include the right of all people to decide over their own bodies and sexuality. Reproductive health is a state of complete physical, mental and social well-being in relation to the reproductive system and all its functions, and is more than the mere absence of disease. Reproductive rights comprise the right of individuals to decide on the number of children they have and the intervals at which they are born. Everyone must be able to exercise these rights without risk of discrimination, violence or coercion.

Since women's scope for action and self-determination with regard to SRHR are severely restricted today, an analysis of gender-based power structures is a basic element to be able to carry out good SRHR work. The Swedish Government wants to promote the empowerment of women and girls so that they can shape their own lives and the society they live in. It is

therefore essential to vigorously combat men's violence against women, as well as other forms of gender-based violence.

Sweden's SRHR policy includes a number of different issues which are all interlinked: gender equality, sex education, attention to vulnerable groups, the right to contraceptives, safe abortions, maternity care and neonatal care. Efforts to fight HIV and AIDS and other sexually transmitted infections are also included as well as efforts to combat prostitution and human trafficking for sexual purposes. The build-up of health services, educational systems and legal frameworks are other important conditions for successful SRHR policies.

Sweden's international SRHR policy will be implemented in various ways and through different channels. Specific decisions and measures that have a direct impact on children, women and men will be carried out through bilateral and multilateral programmes in the field. Equally important is the normative work that ordinarily is carried out in international forums. For this reason, governments, the UN, the World Bank, the EU, the Council of Europe as well as local and international NGOs are identified as important cooperation partners.

2. INTRODUCTION

Sexual and reproductive ill health, particularly that of women and girls, accounts for a large proportion of ill health globally. Since ill health has a generally negative effect on development, sexual and reproductive ill health is a clear obstacle to achieving the millennium development goals. In fact, sexual and reproductive ill health is one of the most common causes of death and disease for women between the ages of 15 and 44 in developing countries¹, and accounts for 20 per cent of global ill health for women and 14 per cent for men of fertile age². At the global level, maternal mortality rates have not decreased for several decades despite numerous statements of political commitment. Ensuring women's sexual and reproductive health and strengthening their rights relating to sexuality and reproduction is therefore decisive if the millennium development goals are to be attained.

In 1994, representatives from 179 countries met in Cairo, Egypt to take part in the International Conference on Population and Development (ICPD). The conference had a major impact, and shifted the political focus from the threat of rapid increases in the world's population to the needs and rights of individuals. The conference showed that a lack of knowledge and power and also a lack of sexual and reproductive medical and health care were as damaging to the development of societies and nations, as to

¹ UNFPA, State of World Population 2004 (New York: UNFPA, 2004)

² WHO, World Health report 2002 (Geneva: WHO, 2002)

individuals. The focus is therefore on the individual in the conference programme of action.

Just one year after the Conference on Population and Development, the international community assembled again, this time for the Fourth UN World Conference on Women in Beijing, China. Through the Beijing Declaration and the Beijing Platform for Action the world gained a tool to strengthen the position of women at social, economic and political levels. Women and girls are particularly vulnerable as regards sexual and reproductive ill health. The Platform for Action established that women's sexual and reproductive health and rights (SRHR) are a prerequisite for their participation in all areas of society. For the first time at a women's conference of this kind, the situation and conditions of girls were given attention in addition to the roles and responsibilities of men.

The standpoints presented in the final documents from Cairo and Beijing and their follow-up conferences meant a major breakthrough for SRHR issues at the global level. Sweden contributed significantly to the successful outcome of the conferences, and has defended and will continue to defend their results and commitments.

The two conferences paved the way for international debates on several sensitive issues such as e.g. women's sexuality, young people's access to information on sexual matters, related medical care and the matter of female genital mutilation. These issues have subsequently received greater attention. Most of the world's countries have integrated population issues into their development strategies, but many challenges remain. There are strong connections between on the one hand deficiencies in sexual and reproductive health and rights, and poverty on the other hand. A large majority of deaths relating to pregnancy or childbirth take place in poor environments. Sexual and reproductive ill health in combination with an inability to control the number of children and intervals between pregnancies seriously hamper the chances of people, particularly women, of influencing their situation and development.

Although the programme of action from the Conference on Population and Development is reflected in many countries' governing political documents, the link between the written word and its implementation is inadequate. For example, maternal mortality rates have not decreased to any appreciable extent in the 20 years that will soon have elapsed since the Safe Motherhood Initiative was formulated by the International Conference on Better Health for Women and Children through Family Planning in Nairobi in 1987. Issues such as safe abortion and sexual orientation are still controversial. Sweden has an important role to play to defend and implement the programme of action from Cairo and the Platform for Action from Beijing, and to promote and advance dialogue on these issues, and to reach the millennium development goals.

In 2001, a special session on HIV and AIDS was held in the UN General Assembly (UNGASS). At this session, leaders from all the world's countries supported a Declaration on the need for immediate measures to fight HIV and AIDS and their consequences. A ministerial meeting was held in Dublin in 2004 to follow up the commitments from the UNGASS declaration and to create a European framework. The framework was further developed at a ministerial meeting in Vilnius in 2004, focusing on ways in which the EU can cooperate with its neighbours in the fight against HIV and AIDS. The two declarations from Vilnius and Dublin are important points of departure for Sweden's HIV and AIDS efforts in the EU and in our immediate vicinity.

The adoption of the Millennium Declaration in 2000 meant that for the first time the world had an international, commonly agreed-upon agenda for global development. In order to realise the intentions of the Declaration, eight millennium development goals (MDGs) which are measurable and time-bound were formulated. In the final document from the 2005 UN summit following up the Millennium Declaration, UN member states undertake to integrate the ICPD goal on general access to reproductive health into strategies for reaching agreed development goals, including the millennium development goals. The recognition that reproductive health is a prerequisite for development constitutes vital progress at a time when these issues are facing tough political opposition.

Aim

This document concerning Sweden's international SRHR policy is the first of its kind. The aim is to present the Swedish Government's position and strategic areas in SRHR work. It will be the basis for the bilateral, multilateral, operational and normative work Sweden carries out in international contexts. In translating the policy into actions and practice, it will therefore be necessary to adapt its implementation of this policy to varying situations and specific settings.

The document begins by defining concepts, and gives a concise picture of the SRHR situation in the world. This is followed by a list of areas that the Swedish Government considers strategic in working for universal enjoyment of SRHR. The actors Sweden sees as potential partners in this context are presented in the last chapter.

3. WHAT IS MEANT BY SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

Sexual and reproductive health is defined in the 1994 Cairo ICPD Programme of Action (PoA). In this definition, sexual health is included in the concept of reproductive health. However, in order to make it clear that sexual and reproductive health also comprises sexuality, the purpose of which is not only childbirth, Sweden uses the concepts “sexual” and “reproductive” as distinct from one another.

In accordance with the Cairo definition, sexual and reproductive health affects every person’s personal relations and sexual activities throughout the life cycle. For this reason, SRHR does not just cover the age of fertility or family planning. Furthermore, according to the Cairo definition, sexual and reproductive health includes mental health as well. The Beijing document also discusses sexual and reproductive health and emphasises the different conditions for women and men regarding these issues, and asserts that an analysis of gender-related consequences must permeate all activities. Women and girls account for the largest share of sexual and reproductive ill health. Pregnancy and childbirth can be life threatening to a great many women and girls in poor countries. Gender inequality, poverty, social injustices, inadequate health and medical care, a lack of information and influence are all factors standing in the way of good sexual and reproductive health.

Sexual health

ICPD Programme of Action (PoA) Article 7.2: *It (reproductive health) also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.*

Since sexual and reproductive health are linked in the ICPD PoA, the definition of sexual health includes a number of the component elements of reproductive health as defined in ICPD (see below), that is to say that people shall have a satisfying and safe sex life.

When questions concerning sexuality are discussed in international contexts, the debate often focuses on problems and negative effects. In many cases, the positive, life-affirming and life quality enhancing factors are ignored. The Swedish Government would prefer to emphasise that the goal of good sexual health is that all people shall have equal opportunities, rights and conditions to enable them to accept and have a positive attitude to their sexuality, and to decide over their own bodies.

Sexual rights

The Beijing Platform for Action, paragraph 96: *The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence*

The Platform for Action from the 1995 Beijing Conference on Women established that human rights include the right of women freely and without coercion, violence or discrimination, to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health³. This paragraph has been interpreted by many, including Sweden, as the applicable definition of women's sexual rights.

The UN Commission on Human Rights has established that if women had more power, their ability to protect themselves against violence would be strengthened.⁴

Furthermore, Sweden considers that sexual rights include already recognised human rights, for example the right to private life⁵ and personal safety⁶. It is a fundamental principle of human rights that one individual's rights must not encroach on those of another. In sexual relations or matters concerning sexuality and reproduction, personal and physical integrity must be respected.

In light of this, the Swedish Government defines sexual rights as meaning that all people, irrespective of sex, age, ethnicity, disability, gender identity or sexual orientation, have a right to their own body and sexuality.

In addition to the definition of sexual rights presented above, there is the general human rights principle of non-discrimination on sexual or other grounds, such as sexual orientation or gender identity. This principle is fundamental to all human rights.

Reproductive health

ICPD PoA Article 7.2: *Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and have the capability to reproduce and the freedom to decide if, when and how often to do so.*

According to ICPD good reproductive health presupposes, among other things, good maternity care, that is to say antenatal, childbirth and postnatal

³ Beijing Platform for Action, paragraphs 92, 93 and 96

⁴ E/CN.4/RES/2005/84 and E/CN.4/RES/2005/41

⁵ UN Universal Declaration of Human Rights, Article 16

⁶ UN Convention on the elimination of all forms of racial discrimination, Article 5b

care, including emergency obstetrics and knowledge about sexuality and reproduction, access to contraceptives and safe abortion where this is legal. Sweden's definition of reproductive health does not differ from that of the ICPD, however in order to fully guarantee good reproductive health, Sweden thus goes a step further since the Government considers that all women have a right to safe and legal abortion, wherever they live.

Reproductive rights

ICPD PoA Article 7.3: Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), a document specifying human rights with regard to women, establishes that discrimination against women must be eliminated. The Convention guarantees, with gender equality as the basis, the right to freely and responsibly decide the number of children, spacing and timing between pregnancies as well as access to information and education and to the necessary means to be able to exercise this right⁷.

The Swedish Government supports these definitions of reproductive rights.

4. SOME FACTS ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The interlinkages between health and social and economic development are well documented. Healthy and secure people have better chances of getting an education, gaining viable qualifications, working and participating in societal life. They contribute in this way to economic growth and social development. Sexual and reproductive ill health, in particular that of women and girls, accounts for a large proportion of global ill health.

⁷ UN Convention on the Elimination of All Forms of Discrimination against Women, Article 16

Each year, some 210 million women and girls become pregnant, eight million of whom are afflicted by complications which may cause protracted physical and mental ill health and also invalidity. Over 500 000 women – one every minute – die as a result of complications in connection with pregnancy and childbirth; 99 per cent of these deaths take place in developing countries.

The figures for maternal mortality reflect the greatest difference between poor and rich countries. The risk of dying as a result of pregnancy and childbirth complications in rich countries is one in 4 000, while the figure is one in 17 in the least developed countries.

Universal access to sexual and reproductive health services⁸ would reduce this figure significantly. Despite this, 137 million women still do not have access to contraceptives although they do not wish to become pregnant in the near future⁹. Every year, approximately 80 million women have unplanned pregnancies against their wishes. Half of these pregnancies lead to abortions. Of these 19 million are carried out in an unsafe environment.

Globally, 13 per cent of all cases of maternal mortality are caused by unsafe abortions, but in many places in developing countries the figure is as high as 20 – 50 per cent¹⁰. Unsafe abortions are therefore a serious obstacle to reaching the fifth millennium goal of reduced maternal mortality. In spite of this, safe abortions are beyond the reach of most poor women and girls.

HIV and AIDS and other sexually transmitted infections (STI) are widely spread across the world. In 2004, three million people in the world died of AIDS. In the same year, an additional five million people were infected by HIV. Sub-Saharan Africa has the highest prevalence of HIV and AIDS, but the rapid spread of HIV-infection in Central and Eastern Europe and in South and South-East Asia is a cause for great concern. Although the prevalence of HIV and AIDS is relatively low in the West Indies, in the 14 - 44 age group, AIDS is the main cause of premature death. The HIV and AIDS situation in Russia is also alarming, where WHO estimates the number of those infected to be between 420 000 and 1.4 million. 7 – 8 000 HIV-positive pregnant women are registered in Russia every year. It may be seen from UNDP's Human Development Index that between 1995 and 2001, average life expectancy decreased in nine out of the ten countries most seriously affected. Infant mortality increased dramatically in all ten countries.

Women make up over half of those living with HIV in the world, and in certain regions the risk of becoming infected is 2 ½ times higher for young women aged 15 – 24 than for boys and young men of the same age. The

⁸ The concept "service" is used instead of care since it is considered to be a broader concept, including in addition to care, information, counselling, contraceptives and abortions where these are legal.

⁹ UNFPA, State of the World Population 2004, (New York: UNFPA, 2004)

¹⁰ RFSU, Passion for Rights 2004, (Stockholm: RFSU, 2004)

The Millennium Development Goals (MDGs)

Goal 1

Eradicate extreme poverty and hunger

Sub-goal: halve the number of people living on less than one dollar per day by 2015

Sub-goal: halve the number of people suffering from hunger by 2015

Goal 2

Achieve universal primary education

Sub-goal: all children in the world, both girls and boys, must be able to complete their primary education.

Goal 3

Promote gender equality and empower women

Sub-goal: eliminate gender disparity in primary and secondary education preferably by 2005, and in all education by 2015.

Goal 4

Reduce child mortality

Sub-goal: reduce by two thirds the mortality rate among children under five by 2015.

Goal 5

Improve maternal health

Sub-goal: reduce the maternal mortality rate by three quarters by 2015.

Goal 6

Combat HIV/AIDS, malaria and other diseases

Sub-goal: halt and reduce the spread of HIV/AIDS by 2015.

Goal 7

Ensure environmental sustainability

Sub-goal: halve the number of people without access to clean drinking water by 2015.

Goal 8

Develop a global partnership for development

Sub-goal: official development assistance as a percentage of OECD/DAC countries' gross national income (GNI). The goal is 0.7 per cent by 2015.

main cause of the spread of HIV and AIDS is through heterosexual contacts where mainly women and young girls are affected.¹¹ Married women in families in southern Africa are a large and growing group, infected mainly through their husbands. The spread of HIV and AIDS is also considerable among lesbian women since lesbian women are raped and forced to have sexual relations with men – because of their sexual orientation, ostensibly to “cure” them of their homosexuality.¹²

The fourth millennium development goal concerning child mortality has strong links to sexual and reproductive health. The child mortality rate improved markedly in the 1980s but the present trend indicates that this millennium goal will not be achieved. According to UNDP's *Human Development Report 2005*, the goal will be missed by 4 million children. Furthermore, it is clear that infant mortality is not being reduced among the poor but, on the other hand, is lessening among those who are better off in poor countries. General access to sexual and reproductive health care would reduce infant mortality considerably.

In all, 70 countries in the world have laws prohibiting sexual relations between persons of the same sex. Of the six countries in which homosexuality can lead prosecution and punishment including the death penalty, three countries have enforced the law in the last ten years, something which is in contravention of instruments of international law.

5. SWEDEN'S POLICY FOR GLOBAL DEVELOPMENT (PGD)

The outcomes of the UN conferences in the 1990s, the 2000 Millennium Declaration, the eight millennium development goals, the development agenda from the WTO ministerial conference in Doha in 2001, as well as the results of the 2002 Monterrey International Conference on Financing for Development and the UN World Summit on Sustainable Development in Johannesburg, as well as the Outcome Document from the 2005 UN Millennium World Summit constitute a global framework for development and the fight against poverty.

The overall goal for Sweden's global development policy is to contribute to an equitable and sustainable global development. Government bill *Shared Responsibility – Sweden's Policy for Global Development* (Bill 2002/03:122) was adopted by the Swedish Parliament in December 2003.

Sweden's global development policy is to promote and be characterised by two perspectives; the rights perspective and the perspectives of poor people. Both perspectives focus on the individual as a bearer of rights and

¹¹ UNAIDS, Report on the global AIDS epidemic, 2004 (Geneva: UNAIDS, 2004)

¹² Sida (Samelius, Wägberg), Sexual Orientation and Gender Identity Issues in Development, 2005 (Stockholm, Sida, 2005)

as a subject and actor who is a driving force in development. The rights perspective and development from the perspectives of poor people complement and reinforce one another and partly overlap. Sexual and reproductive rights are universal and people's enjoyment of these rights is an essential part of efforts to fight poverty, promote development and fulfil the UN millennium goals. Thus, Sweden's focus on SRHR is a strategic and logical part of work to promote equitable and sustainable global development. The link between reproductive health and the fulfilment of the millennium development goals was also confirmed in the final declaration from the UN summit in September 2005.

Development from the perspective of poor people

In Sweden's global development policy and in Sida's analytical approach *Perspectives on Poverty* (2004), the poverty concept is given a broad, multi-dimensional interpretation. Poverty is not limited to economic and material conditions. A lack of power, freedom and resources to decide and shape one's own life is also an expression of poverty. Material poverty and lack of respect for human rights are closely related to one another. Discrimination of women is a major cause of poverty. Women are doubly discriminated against since they are often poorer and are discriminated on grounds of their sex and gender-based power structures. Men's and women's, boys' and girls' life opportunities and conditions differ due to the economic and social roles they have been assigned.

Development from the perspectives of poor people means that the situation, felt needs, interests, abilities, experiences and priorities of poor women and girls, men and boys, must serve as guidance in the formulation and implementation of all parts of Sweden's global development policy.

In Sweden's view, poverty is multidimensional, specific to situations and a dynamic phenomenon. Social differentiation and the division of power in society are therefore the core of analytical work. Hence, specific poverty analyses should include discrimination and oppression of women and girls, and also power relations and social norms concerning sexual orientation, age, ethnicity, religion or disability.

The rights perspective

The basis for the rights perspective is every individual's right to a life free from discrimination and poverty. The rights perspective means that the efforts made to contribute to an equitable and sustainable global development must defend and emphasise human rights, democracy and gender equality. The individual is the bearer of rights and is entitled to fully enjoy the universally recognised and agreed human rights as defined in the UN

Universal Declaration of Human Rights and subsequent human rights conventions. Human rights regulate the relationship between the state and the individual, and comprise civil, political, economic, social and cultural rights. Every individual state is thereby responsible for ensuring that these rights are respected, protected and promoted. Non-discrimination, democracy, gender equality, the realisation of the rights of the child and democratic governance comprise elements of the rights perspective.

A rights perspective in development policy means that the values and principles expressed in the UN Universal Declaration of Human Rights, and in later conventions, must be the basis for all development cooperation. The premise for this is that in societies where human rights are promoted and protected, development processes will be more democratic, sustainable and will benefit everyone.

6. STRATEGIC AREAS FOR SWEDEN'S INTERNATIONAL WORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In order to ensure effective SRHR-related efforts, the Government has chosen to focus on a number of strategic areas. These are presented below, albeit not in order of priority. The presentation of each area begins with an account of the Government's points of departure and views, and continues with examples of concrete measures which Sweden is already implementing and supporting or intends to implement and support.

Empower women and girls to shape society and their own lives

The Swedish Government considers that a necessary precondition for translating the SRHR concept into practice is that women and girls are regarded and treated as full citizens and equal individuals with men and boys in society and in the family. It follows from this that women's and girls' enjoyment of human rights is respected and on the same terms as the human rights of men and boys. One of the conclusions drawn following the Cairo conference is that increased gender equality between the sexes and more power for women are not just women's responsibility, but that men must also take responsibility for the promotion of gender equality.

Furthermore, the Government is of the view that progress in reaching MDG 3 on the promotion of gender equality and the empowerment of women is also a prerequisite for reaching the other millennium development goals. This applies in particular to goal 1 (eradicate poverty), goal 4 (reduce child mortality), goal 5 (improve maternal health) and goal 6 (combat HIV and AIDS), all of which are closely linked to SRHR.

Sweden's efforts to promote gender equality are based on a policy and national law that adopts a gender-based power structure perspective. The objective of the government's gender equality policy is that women and men shall have the same opportunities, rights and responsibilities in all areas of life. States are responsible for guaranteeing that everyone's rights are protected, and that women have access to knowledge about their rights as well as the power to exercise them. This includes freedom from coercion and fear, the right to decide over their own bodies and freedom from sexual exploitation and harassment. Efforts that aim to increase women's and girls', and also men's and boys', knowledge about sexuality and reproduction create better conditions for their enjoyment of these rights.

The Swedish Government:

- promotes gender equality by applying a gender equality perspective in all work.
- gives special priority to strategic issues such as opportunities for girls to complete primary education under safe conditions, and women's and girls' right of ownership and inheritance of property. This produces increased economic security and is an essential instrument in combating violence against women and girls.
- wishes in particular to strengthen women and girls from ethnic minorities who risk finding themselves in a specially exposed and vulnerable situation.
- supports efforts aiming to increase the participation, awareness and responsibility of men and boys in the promotion of gender equality.
- will continue to support efforts to achieve an equitable and just health system.

The health and rights of young women and young men

The world today has the largest generation of young people ever. Many young women and men, particularly unprotected groups such as orphans and young people fleeing from war and difficult circumstances, lack information and services regarding SRHR. This renders them extremely susceptible, for example, to violence, unwanted pregnancies, unsafe abortions and HIV and AIDS. To motivate young people to take responsibility for their sexuality and reproduction, they must have reason to believe in the future.

Sweden considers it important that young people are not just regarded as recipients of care and information but also as active subjects and agents with the ability to handle information and knowledge about SRHR.

Furthermore, in order to promote gender equality, it is essential to focus on young women and young men so that they have an opportunity at

an early stage to constructively question prevailing norms, conditions and power structures that are related to biological sex and to notions of gender roles and what it means to be a woman or a man.

Sweden:

- will aim to strengthen the position of young women and young men through different initiatives that encourage dialogue, and that involve them in discussions and decisions that affect their lives.
- will continue to support initiatives that contribute to access to youth-friendly health services of good quality.
- will also continue to support activities that aim to educate and spread information to young people about the unequal division of power between men and women, sexuality and personal relationships, reproduction and the prevention of HIV-infection.

The role and responsibility of men in the promotion of gender equality

It is important that men and boys are involved in and take responsibility for work to promote gender equality. Prevailing male norms and expectations of male behaviour in society are, for example, manifested by dominance, aggression, heterosexuality and the expression of uncontrollable sexual urges. This creates a confining and, at worst, directly dangerous environment for women, but also for men who do not fit into these prevailing norms. It is therefore essential that male norms are questioned. Greater attention must be given to men's responsibility – within as well as outside of marital relationships.

Through increased knowledge and transformation of current power structures, opportunities will be created to constructively question and change perceptions of what is considered male and female sexual behaviour. Sweden has long worked with positive results with both young men and young women, and has maintained a dialogue on issues concerning sexuality, personal relationships and gender equality.

In accordance with fundamental principles of human rights, the rights of some people may not violate those of others. In other words, men's sexual rights must not encroach on those of women.

Sweden will:

- continue to support efforts that aim to promote gender equality and that question gender-based power structures, and that are addressed to men and boys in particular.
- continue to support measures that involve men and boys, and that encourage them to take responsibility for the promotion of gender equality.

Increased focus on homosexual, bisexual and transgendered persons

Analyses and projects for SRHR have mainly been based on sexual relations between women and men, what is known as a heteronormative approach. This means that people who do not identify themselves as heterosexual, in the Western world most often defined as homosexuals or bisexuals, are either ignored or consciously rendered invisible in direct action or in the normative policies that are pursued. Furthermore, when matters concerning sexual orientation and gender identity are discussed, lesbian women are often excluded and their situation and problems neglected. Another group that is often discriminated comprises individuals whose gender identity or sexual expression occasionally or always differs from the norm for the sex registered for them at birth, that is to say transsexual persons. Persons born with genitalia or other sex markers that do not fall clearly into the designation of what is considered male or female genitalia, i.e. intersexual persons, are also often discriminated regarding their sexual and reproductive health since they cannot automatically be placed under the applicable headings and norms.

LGBT (Lesbian, Gay, Bisexual and Transgendered persons) are exposed to, among other things, denials and violations of human rights, discrimination, forced surgical alteration, social marginalisation and violence, including assault, rape and execution in many countries throughout the world. If their human rights are to be acknowledged and respected, and also in order to contribute to development in general, their situation and vulnerability as well as their capacities must be made visible.

The above-mentioned definitions are not universal. LGBT persons do not always identify themselves by such labels, but use the language and identities that have emerged in the particular contexts within which they live their lives. Heed must therefore be paid to the existing conceptual nomenclature for sexual orientation and gender identities in different societies.

Sweden:

- will contribute to raising the level of knowledge and competence concerning sexual orientation and gender identities in its international work, and in this way prevent SRHR work from automatically being based on the assumption that all humans are heterosexual, and that they thus have the same interests and needs.
- will continue to recognise and draw attention to discrimination against LGBT persons as constituting violations of their human rights.

Gender-based violence and sexual exploitation

The UN Committee for the elimination of all forms of discrimination against women defines gender-based violence as “violence that is directed against a woman because she is a woman, or that affects women disproportionately”¹³. The UN Declaration on the Elimination of Violence against Women was adopted by the General Assembly in 1993. The Declaration defines violence against women as follows: “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

Thus, according to this definition, violence includes physical, sexual and psychological violence in the family and in society. Examples of this are physical and psychological maltreatment, rape, sexual coercion, sexual harassment and threats, female genital mutilation, trafficking in women and prostitution. In both national and international contexts, the Swedish Government often uses the concept “men’s violence against women” or “gender-based violence” to clarify the problems and render visible perpetrators as well as victims. The largest proportion of gender-based violence by far is men’s violence against women. The Swedish Government considers this to be an expression of structural power differences between men and women.

A major part of gender-based violence associated with sexual and reproductive health, pregnancy and childbirth is often deeply rooted in cultural customs and historical traditions. The Swedish Government considers that harmful traditions and customs such as, for example, female genital mutilation, are serious violations of the right of women and girls to their own bodies. Such harmful practices cannot be condoned or excused by referring to culture or religion. Customs must, of course, be understood and dealt within their specific socio-cultural contexts. It is particularly important to support the implementation and follow-up of international, regional and national laws and agreements prohibiting harmful traditions and customs.

Violence is also directed against individuals or groups because of their sexual orientation or gender identity. Men, especially younger men, may be harassed, assaulted or killed because they do not live up to the prevailing male norms.

Sexualized violence is often perpetrated systematically in conflict situations and war, and also in post-conflict and transitional situations, particularly against women and girls but also against young men and boys.

The nations of the world are under obligation to prevent and investigate all forms of violence, and to combat impunity by ensuring that the perpetrators do not go unpunished. States are also under obligation to of-

¹³ General Recommendation 19

fer protection to the victims of violence. Not to do so is a breach of human rights.

Sweden:

- strives for the elimination of all forms of gender-based violence and therefore supports programmes that deal with the underlying causes and other influencing factors.
- will continue to support efforts to strengthen the economic and political power of women, to increase men's acceptance of responsibility in relation to their partners and their children, to influence traditional gender roles and structures and sexual patterns, and to combat abuse of alcohol and illegal drugs, which has clear links to gender-based violence. Support is also given to different types of efforts for the victims of violence, both medical and psychosocial.
- gives broad support to national and local efforts to counter harmful customs and traditions related to and that affect sexual and reproductive health.
- will intensify its work to implement and follow up UN Security Council Resolutions 1325 (2000) on women, peace and security.
- will also strengthen its efforts to develop, implement and follow up the UN strategy for the prevention and elimination of sexual exploitation and abuse (SEA) against women and children perpetrated by personnel in peace-keeping and emergency operations, including education, support to and care for the victims of such assaults.

Prostitution and human trafficking for sexual purposes

In the promotion of sexual and reproductive health and rights, it is of central importance to combat the purchase of women and children for purposes of prostitution, and to specifically counteract and prevent demand for sexual services as well as work for the protection and support of the victims of prostitution and human trafficking for sexual purposes. All measures to counter and prevent demand must focus on the responsibility of the buyer and give first priority to the safety, rights and integrity of the victims. Men must take responsibility for their sexual behaviour and actions, as well as their consequences for women and girls, and be responsible for adopting a respectful view of women and girls.

The Swedish Government's long-term goal is to eliminate prostitution and human trafficking for sexual purposes. In Sweden's SRHR work it is essential to counteract and prevent demand, which is an underlying cause of the exploitation of people, mainly women and children, by human smugglers, panderers and those who buy sex. The behaviour and underlying motives of the buyers, chiefly men, have seldom been investigated or even

questioned. It is also of fundamental importance to aim for a levelling out of the social, political and economic inequalities in the countries of origin and transit that constitute a breeding ground for prostitution and human trafficking for sexual purposes, particularly of women and children. At the same time, it is essential to protect and support the victims of prostitution and human trafficking for sexual purposes.

The close connection that exists between purchase of sexual services and the spread of HIV and AIDS and other sexually transmitted diseases must be made visible. In many regions, HIV is spread above all among those who are exposed to the infection through prostitution and human trafficking, sex buyers and their partners. Buyers often pay more if a condom is not used, and this is encouraged by pimps and other intermediaries since it increases their profit. To reduce the spread of HIV-infection, efforts are required that aim at increasing the use of condoms and also knowledge about HIV and AIDS among buyers, persons exploited for purposes of prostitution, and panderers.

In Sweden, prostitution is regarded as a form of men's gender-based violence against women. It is therefore necessary to develop and implement efforts that focus on creating opportunities and support for people, particularly women and children, who are exploited in prostitution to get themselves out of the situation and build lives in which their human rights are not violated. In work on prostitution and human trafficking it is essential not to lay the blame on the exploited women and children. Sweden will work to promote a reintegration of persons in prostitution, particularly women and children, including education and employment measures as well as measures to strengthen their economic, political, legal and social position. Furthermore, efforts will focus on sexual and reproductive health through access to condoms, health care, counselling and safe and legal abortions.

Sweden will:

- continue to encourage other countries to introduce legislation prohibiting the purchase of sexual services.
- continue to counteract the demand for women and children for sexual purposes.
- aim for efforts and measures that strengthen the economic, political, legal and social position of girls and boys in order to counter the danger of their being drawn into prostitution as well as efforts that increase their opportunities to get out of prostitution and promote reintegration.
- aim for efforts and measures that focus on sexual and reproductive health and rights for women and children exploited for purposes of prostitution, in which the focus is on access to condoms, health care, counselling and safe abortions.

Maternity care

Sweden considers that women's health must be given much higher priority on the political agenda. Despite the fact that international initiatives for safeguarding health during pregnancy, childbirth and postnatal care were launched over 20 years ago, most pregnant women in poor countries continue to be exposed to substantial health hazards. The maternal mortality rate is still very high in poor countries and especially among the poorest women and among young women. In fact, from a global point of view, the maternal mortality rate has not been noticeably reduced since the Safe Motherhood Initiative in Nairobi in 1987 or the 1994 International Conference on Population and Development. Sweden also considers it important to highlight the connection between unsafe abortions and maternal mortality since this obvious connection is often overlooked or totally ignored in current debates.

Sweden will:

- work to ensure that all women have power over decisions concerning their lives and health.
- pursue policies to ensure that all people have access to reproductive health care services.
- support efforts to improve the health care systems. High priority will be given to policy development, research, access to competent maternity care, including institutionalised maternity care with an efficient referral procedure for comprehensive emergency obstetrics, as well as qualified care and treatment of HIV-positive women and their children.
- support the training of personnel, particularly midwives and other professional health care personnel in obstetrics, surgery and anaesthesia.
- support efforts to make safe and legal abortions available to all women.
- support activities that draw attention to childbirth complications, including fistulas and care of the women afflicted.

Neonatal care

The Swedish Government has taken note of the very close links that have been observed between infant mortality and quality of maternity care. The risk of an infant dying is especially great during the first weeks after birth (neonatal period). The commonest causes are delivery complications or premature birth and poor care. Breast-feeding has positive biological, nutritional and psychological effects on the child. If a baby receives breast milk exclusively, the likelihood of its survival increases.

Sweden:

- will continue to advocate efforts intended to improve the quality of care and increased survival of infants through good care during child birth – and neonatal care – early and long-term breast-feeding as well as initiatives that enable women to combine work and breast-feeding.
- also advocates the spread of knowledge about effective strategies to prevent the transmission of HIV to new-born babies and infants.

Access to contraceptives

The Swedish Government considers that availability of information about and actual access to different types of contraceptive methods, including condoms, is vital if people are to have an opportunity to have a safe sex life, and determine if and when they want to have children. From a rights perspective, national governments are under obligation to provide individuals with the knowledge and methods to be able to enjoy their rights in this regard.

Sweden:

- supports the build-up of sustainable national systems for purchase, distribution, and control of affordable contraceptives of good quality as well as counselling for adults and young people regardless of sex.
- also supports the purchase and distribution of emergency contraceptive methods and PEP treatment (Post Exposure Prophylaxis) where there is a risk that persons may have been infected with HIV.

Safe and legal abortions

The Swedish Government considers that women's lack of access to safe and legal abortions is an obstacle to their enjoyment of human rights. Furthermore, in Sweden's view unsafe abortions comprise a major health problem among women and girls that can have very serious consequences. Unsafe abortions often lead to serious illnesses and infertility, and in many developing countries it is a common cause of maternal mortality, which makes unsafe abortions a serious social problem.

Sweden supports:

- efforts to make abortions available, safe and legal for all women.
- information efforts to prevent unsafe abortions and to broaden the choice of contraceptives available.
- efforts that secure access to equipment for surgical and medical abortions.

- efforts to create efficient care service by trained personnel who can perform safe abortions and treat women who have undergone unsafe abortions.

HIV, AIDS and sexually transmitted infections

Preventive work and support for HIV-positive persons, such as care and treatment of HIV and AIDS, is an important aspect of Sweden's work to promote people's sexual health and rights. In order to guarantee good sexual health for all, it is essential to highlight the underlying social causes of why and how people become HIV infected, including linkages to causes such as poverty and inequitable power structures. Women are more vulnerable than men when it comes to the risk of becoming infected with HIV, and they are also harder hit by its effects. Gender equality is therefore a prerequisite for reducing the spread of HIV and AIDS.

HIV spreads in different ways in different regions – in some regions the spread of HIV is primarily limited to specific groups while in other regions it is widespread throughout the entire population. It is therefore essential in Sweden's international work that the analysis of how best to prevent HIV gives attention to how the virus is spread in specific contexts, and, where appropriate, it highlights the situation of marginalised affected groups. Vulnerability is magnified due to discrimination, sexual violence, lack of information and actual chances of protecting oneself. To counteract infection, we must acknowledge, for example, the sexuality of young women, LGBT persons including men who have sex with men (MSM), as well as the fact that women are subject to violence and rape by their own husbands or partners. In accordance with the rights perspective of Sweden's policy for global development, all people should have access to information and condoms in order to protect themselves.

Sweden:

- supports efforts to increase men's responsibility in promoting gender equality and in this way reduce the spread of HIV and AIDS.
- will continue to work to achieve and support the right to care and information for all – including youth-friendly care and information – so that all people are able to have a positive and responsible sex life, irrespective of HIV and AIDS status.
- will aim for strongly non-stigmatising, youth-friendly, function-friendly medical and health care systems, that can integrate preventive measures, treatment and care for HIV, AIDS and other STI at all levels. Untreated STI can result in reduced fertility and increased susceptibility to HIV infection.
- will make increased efforts to ensure that sexual and reproductive health services are offered in connection with the care and treat-

ment of HIV and AIDS. In parallel with this, Sweden will make efforts to ensure that HIV and AIDS measures become part of all sexual and reproductive health services and that they are given high priority in public health and medical care systems.

- will continue to support efforts addressed to men who live in heterosexual marital relationships to reduce the risk of infection of married women.
- will also support measures with special competence in the field of MSM and HIV and AIDS in order to reach target groups that are not otherwise tested to any great extent and that are often subject to discrimination.
- will be proactive to ensure that pregnant women and their partners have access to counselling and testing for STI, including HIV and AIDS and that, where necessary, may be combined with a long-term undertaking for treatment and inhibitor drugs.

Education and dialogue about sexuality and reproduction

Sweden's point of departure is that sexual and reproductive ill health such as STI including HIV and AIDS, unwanted pregnancies and unsafe abortions are largely the result of a lack of access to knowledge and information. We therefore consider that increased knowledge about reproduction and sexuality, including issues concerning gender-based power structures, sexual orientation and gender identity is an essential prerequisite for strengthening people's SRHR. Young people are an obvious group in this work, however it is also essential to give adults support and information, and to give attention to particularly vulnerable groups that are not reached by the formal education system.

Sweden:

- supports openness, availability of and access to correct, youth-friendly information adapted to the situation and dialogue about sexuality, including sexual orientation, in a form that enables young people to actively shape the dialogue themselves.
- will continue to aim for the integration of sex education in education systems.

Capacity-building

Health and medical care

Sweden's position is that non-discriminatory, broad and comprehensive health and medical care is a basic condition for general access to SRHR. This type of care is a corner-stone in guaranteeing the right of all people,

irrespective of sex, gender identity, ethnicity, disability, age or sexual orientation, to their own bodies, and to decide whether and when they want to have children. It is of fundamental importance if women are not to risk their lives in connection with pregnancy and childbirth. Efficient care accessible to all is also a corner-stone in preventing and treating HIV, AIDS and STI, particularly for those most at risk. An absence of health and medical care causes totally unnecessary suffering, death and unforeseen expenses.

Furthermore, the Swedish Government is of the view that the personnel are the heart of every health and medical system, irrespective of whether it is a question of preventive work, care or treatment. Personnel are the key to sustainable and reliable health care systems.

Sweden:

- supports the development of equitable health and medical systems that offer safe contraceptive counselling, safe abortions, good maternity care, including safe childbirth, good infant care, STI including HIV prevention and the care and treatment of AIDS.
- will advocate public financing systems that guarantee everyone access to sexual and reproductive health and medical care of high quality.
- stresses in particular the importance of training for personnel at middle levels, for example nurses and midwives, so that their remit can be widened to include also emergency obstetrics.
- stresses the importance of creating incentives and the requisite conditions for nursing staff to stay in the health service.

Education systems

The objective of Sweden's cooperation in the education sector is that all girls and boys receive education, which will also have an impact on SRHR. There is a clear positive connection between girls' education and their life situation. With education, women's opportunities increase when it comes to deciding for themselves whether, and if so when and with whom, they want to have children. A good education is therefore not just an investment in individual girls but also in any children she subsequently has and in her country's economic development. Several studies show that extended education for women and girls leads to later pregnancies, which in their turn reduce the risk of complications in connection with pregnancy or childbirth. There are also clear linkages between the education of women and girls on the one hand, and on the other hand reduced poverty in both families and societies, through inter alia food safety and better health.

- Sweden supports efforts to strengthen non-discriminatory education for both girls and boys.

Legal measures

Cooperation in legislation and legal protection is another important field of work for Sweden. An efficient judicial system and protective legislation based on human rights and the fact that citizens have the knowledge and power to exercise them is of fundamental importance for individuals to be able to enjoy their sexual and reproductive rights.

A clearer gender equality perspective is needed in the promotion of the rule of law and its principles in post-conflict situations, which can contribute in the long term to preventing violence and violations of women's and girls' SRHR from a broader perspective. This also applies to efforts to combat human trafficking.

In this area, an important effort for Sweden is to support countries' capacity to enforce existing laws that aim to strengthen individuals' enjoyment of human rights. It is also essential to have knowledge about different countries' judicial systems where, for example, legal frameworks imposed by colonial powers exist in parallel with local traditional or religious systems.

These issues should be included in the dialogue when Sweden supports reforms in the judicial sector.

Sweden will:

- support legal reforms that aim to promote sexual and reproductive health and rights for all.
- support education of legal experts, police, judges, defence lawyers and public prosecutors in civil law and political rights. In this way, it is expected the legal rights of girls and women and also vulnerable and marginalised groups will be strengthened.
- continue to encourage more countries to legalise abortions.
- continue to pursue policies for the abolition of laws sanctioning harmful customs and traditions, such as female genital mutilation and child marriage.
- also work for the decriminalisation in more countries of sexual relations between persons of the same sex, and the introduction of protection against discrimination on grounds of sexual orientation or gender identity.
- continue to encourage more countries to introduce legislation against the purchase of sexual services.

Research cooperation

The Swedish Government considers that analytical capacity and research are the keys to effective SRHR strategies and measures. It is therefore essential in Sweden's SRHR cooperation that low income countries can carry out training and their own research. This is a prerequisite for their participation on equal terms in international discussions and debates, and in SRHR research.

Questions concerning SRHR are often complex and require interdisciplinary research efforts and collaboration. Researchers from different disciplines such as e.g. medicine, biomedicine, epidemiology, sociology, law and anthropology must be involved. They must also be familiar with local conditions and at the same time be able to analyse problems from a global perspective.

- Sweden will implement measures to strengthen research capacity in the SRHR area in cooperating countries. Research that is supported through bilateral cooperation in low income countries must meet the needs and priorities of the cooperating countries.
- At the same time, SRHR research must be based on a gender equality and a rights perspective, and must focus on issues that are essential for fighting poverty and combating marginalisation. Particular importance will be attached to research leading to a deeper understanding of, and measures for, SRHR activities prioritised by Sweden.

7. COOPERATION PARTNERS

Sweden will continue to promote people's SRHR through both normative and operational work. In the political dialogue at different levels, Sweden will continue to draw attention to breaches of the human rights linked to sexual and reproductive health. The aim is to support well-coordinated efforts to implement the decisions taken at the conferences in Cairo and Beijing, and that are required to reach the millennium development goals. This requires openness to activities with varying time perspectives and at different levels, in and across all sectors of society.

Sweden aims to continue to be one of the most progressive forces for SRHR and to argue in favour of and support efforts that aim to promote general and equitable access to services and care of high quality.

Potential partners in dialogue include national and international institutions as well as NGOs and the media, professional groups, religious leaders, politicians and private enterprises.

Governments

The Swedish Government, including through its foreign missions, has an important role to play in drawing attention to sexual and reproductive rights at the international level. Sexual and reproductive rights should be included in the dialogue with countries where Sweden is represented. Our foreign missions should continually monitor this area in their regular human rights reports, and should consider special initiatives and measures if required and appropriate to influence or promote developments in a positive direction.

In accordance with the principles of the Paris Declaration, Sweden aims in development cooperation for genuine national ownership of countries' development policies, which means that the policies pursued must represent and express the will of the citizens. This is a prerequisite if development is to be sustainable and effective in the long term. Sweden will support efforts prioritised by cooperating countries or by democratic organisations operating within them. It is essential that the measures supported are adapted to the social and cultural situation without sacrificing the rights perspective.

The way in which the right to sexual and reproductive health is included in strategies for fighting poverty and sector plans is particularly important when cooperation with a country takes the form of sector programme support. In these cases, Sweden will attach great importance to the analysis and follow-up of sector programmes and reform processes from an SRHR perspective which also includes HIV and AIDS. Sweden will ensure that the follow-up systems produced for the health sector by cooperating countries include SRHR aspects.

When a country or regional cooperation strategy is formulated, SRHR aspects can be highlighted in the poverty analysis and also included in the analysis of the strategy for fighting poverty, the situation regarding democracy and human rights and equality between women and men.

Multilateral institutions

With its extensive mandate, global representation and neutral position, the UN has a totally unique role. The UN's strength lies mainly in its global legitimacy attained through its comprehensive and democratic structure. The UN has an advantage as an arena for international agreements, negotiations and global decisions on important issues. In its capacity as a political forum, the UN with its normative role has an incomparable opportunity to carry SRHR work forward.

Sweden will continue to support UN operations through long-term basic contributions and core organisational funding. Sweden will work

through the activities of the various organs of the UN to ensure that SRHR is included in a coordinated development plan.

UNFPA has a central role in the implementation of the Cairo agenda and for this reason Sweden will continue to support its activities. WHO, UNAIDS, UNICEF, the CEDAW Committee, the Committee on the Rights of the Child and UNIFEM also have clear mandates to work with SRHR and Sweden will continue to pursue these issues in committee work and support well-coordinated efforts at global, regional and national levels. In addition, several other UN bodies carry on activities relating to SRHR issues. For example, UNESCO has a mandate to lead the global initiative for education about HIV and AIDS, and UNODC is engaged in combating human trafficking and drug abuse.

The World Bank is the largest individual financier of development assistance. Sweden will continue to work with the Nordic-Baltic constituency and other like-minded nations to contribute to ensuring that the institution's activities are informed by both a poverty perspective and a rights perspective, through committee work and by promoting various efforts. A dialogue about Swedish views and knowledge concerning SRHR is part of the strengthened, ongoing cooperation between Sweden and the World Bank. In this context, it is essential to make use of the World Bank's comparative advantage as an influential economic development institution, and to focus in the dialogue with the World Bank and its Board on the linkages between rights issues and economic development.

Sweden will further continue to work actively in the Council of Europe for the promotion of SRHR. In this forum, Sweden previously took part in establishing that member states must strengthen protection of SRHR through exchange of experiences and through integrated and cross-sectorial measures. Studies, indicators, guidelines and recommendations are formulated within various committees (for women's issues, population issues, public health, etc.) to guide the 46 member states in their efforts to produce national health strategies that promote, among other things, SRHR. For example, it has been established that SRHR is part of gender equality mainstreaming.

The European Union (EU)

With its 25 member states, the European Union (EU) is an important global actor. Furthermore, the European Commission has a vital role in international development cooperation. The EU accounts for 55 per cent of global development cooperation, and more than one fifth of this is administered by the European Commission, that is to say it is counted as joint development assistance. The EU has supported the guidelines of the International

Conference on Population and Development since their inception in 1994 and through its policies continues to defend the Cairo agenda.

The Commission is a guarantor for increased consensus in development policy. This is not just an important political undertaking but also a legal obligation¹⁴. With its global presence and activities in 140 countries and the considerable number of cooperation agreements between the EU and its partner countries, the Commission offers a favourable environment for political dialogue. The EU also has an important role in the matter of cross-border issues relating to HIV and AIDS, prostitution, human trafficking and drug abuse in our vicinity.

As one of the foremost advocates of SRHR, Sweden has a very important role in EU contexts, on the one hand, to carry work forward and, on the other, to defend existing agreements. Sweden will continue to be proactive in ensuring the implementation of the Dublin and Vilnius Declarations and maintenance of the political agreements relating to SRHR.

Civil society

Civil society organisations and networks play an important role, both by taking responsibility for the practical supply of sexual and reproductive health services and also as powerful actors and partners in dialogue, contributing to forming opinion on and increasing awareness of SRHR issues among the general public. Civil society may also have contacts with particularly vulnerable groups in society who may otherwise be difficult to reach.

NGOs may be particularly important in countries where respect for sexual and reproductive rights is low. Today, Sweden cooperates fruitfully with major transnational organisations such as the International Planned Parenthood Federation (IPPF) and also with smaller, local organisations. In many developing countries, the number of non-profit associations has increased considerably. This applies in particular to countries with a high prevalence of HIV and AIDS. In spite of this positive multiplicity, Sweden must guarantee effective support to civil society and ensure that this does not mean the start of a completely new dependence on external support.

Sweden will continue to support democratic, non-profit associations and aim for extended cooperation between Swedish, international and local non-profit organisations.

¹⁴ EC Treaty Art. 178

List of Abbreviations

| | |
|--------|---|
| AIDS | Acquired Immuno Deficiency Syndrome |
| ART | Anti Retroviral Treatment |
| EU | European Union |
| FGM | Female Genital Mutilation |
| HBT | Homo, Bisexual and Transsexual persons |
| HIV | Human Immunodeficiency Virus |
| ICPD | UN International Conference on Population and Development |
| LGBT | Lesbian, Gay, Bisexual and Transgendered persons |
| MDGs | Millennium Development Goals |
| PEP | Post-Exposure Prophylaxis |
| PoA | Programme of Action |
| SEA | Sexual Exploitation and Abuse |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually Transmitted Infection |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNGASS | United Nations General Assembly Special Session |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organisation |
| WTO | World Trade Organisation |



REGERINGSKANSLIET

**Ministry for Foreign Affairs
Sweden**