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EU Gender Action Plan II

**Gender equality and Women's Empowerment: Transformation the Lives of Girls and
Women through EU External relations 2016-2020**

Annual Implementation Report 2017

Annexes

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ANNEX 8. COMMISSION SERVICES IN CHARGE OF HUMANITARIAN AID AND CIVIL PROTECTION

Several of the objectives outlined under each of the four thematic priority areas of the GAP II have specific implications for humanitarian action, especially objective 9 on protection from gender based violence in emergencies. Nevertheless, as not all indicators fit within the humanitarian mandate, reporting only takes place on a selected number of indicators.

On **institutional culture shift** in the EU's external relations, the EU is fully committed to implement the European Union gender action plan 2016-2020 in the EU's external relations, including in humanitarian actions. For instance, through the implementation of the 2013 policy, gender in humanitarian assistance: different needs, adapted assistance, the EU has already been making reference to gender equality on multiple occasions. Moreover, in the framework of the EU's leadership of the call to action on protection from gender-based violence in emergencies, the first priority of the EU is to raise awareness on gender-based violence in emergencies. Key messages for the call to action and on gender equality have been increasingly conveyed within the partnership (more than 70 partners), in international conferences and in bilateral meetings, including specific mentions under the GAP II. In 2017, the EU continued implementation and dissemination of the EU protection guidelines and the utilisation of the gender-age marker, as well as financial support for gender-based violence services, as well as the integration of gender and age in EU-funded humanitarian relief operations.

There has also been further progress on gender in the EU's humanitarian field network, where previously there were a number of protection experts, and one gender expert. Now their terms of reference have merged, making them all protection/gender thematic experts. In addition, several training sessions on gender have been organised, always with a specific focus. For instance, WASH, health, education in emergencies, disaster risk reduction, the gender-age marker, etc. These training sessions were attended by the EU's humanitarian staff and the EU's humanitarian implementing partners.

Commission services for Humanitarian Aid and Civil Protection selected three thematic objectives as priorities: objective 9, 12 and 13.

Objective	Indicator
9. Protection for all women and men of all ages from sexual and gender based violence in crisis situations; through EU supported operations	9.7. N# of EU funded humanitarian targeted actions that respond to GBV. 9.9. N# of EU funded humanitarian programs marked 2 by the Commission Services for European Humanitarian Aid and Civil Protection gender/age marker and/or Inter-Agency Standing Committee (IASC) marker. 9.10. N# of EU Member States and partner country sign up to the global initiative Call to Action on Protection from GBV in emergencies
12. Healthy nutrition levels for girls and women and throughout their life cycle.	12.5. N# of women of all ages, but especially at reproductive age, and children under 5 benefiting from nutritional related programme with EU support
13. Equal access for girls and women to all levels of quality education and vocational education and training (VET) free from discrimination.	NOT GAP II INDICATORS N# of boys and girls that access safe, quality learning opportunities N# of teachers and other education personnel trained to create a supportive learning environment and to promote learners' psychosocial well-being).

In 2017, the EU continued implementing the Staff working document on **Gender in humanitarian aid: different needs, adapted assistance** (July 2013), for instance by mainstreaming gender and age in its humanitarian operations. The EU allocated nearly €22 million for the prevention of and response to sexual and gender-based violence. Actions funded by the EU target people affected by the largest crises worldwide, e.g. in Syria, Bangladesh, Nigeria, Somalia, Democratic Republic of the Congo, Iraq, Greece, and Turkey.

To support policy implementation and coherence, the EU has also introduced a **gender-age marker**, which applies to all EU funded humanitarian projects since January 2014. The gender-age marker is an accountability tool that uses four quality criteria to measure how strongly all EU funded humanitarian actions integrate gender and age at proposal, monitoring, and final report stage. The EU is working on the first report of implementation of the marker (2014-2015) and the preliminary assessment underlines that, in 2015, 81 % of all EU funded humanitarian actions strongly or to a certain extent integrated gender and age.

In June 2017, the EU took the leadership of the **call to action on protection from gender-based violence in emergencies** (call to action), and will lead this global initiative until the end of 2018. In addition to the six individual commitments undertaken in 2013 upon accessing this partnership, the EU set out four specific priorities for its leadership: 1) to increase advocacy on the need to prevent and respond to GBV; 2) to increase focus on prevention of GBV in emergencies. Measures to mitigate risks must become a reflex for all humanitarian actors; 3) to bring the call to action to the field, where it can have the biggest impact; and 4) to implement commitments, following the call to action road map 2016-2020.

In this context, several awareness-raising events were organised on the call to action. For instance, a handover event with previous lead Sweden was organised in the margins of ECOSOC on 21 June 2017 in Geneva. In addition, at the annual meeting of the EU's humanitarian partners on 30 November 2017 a plenary session was dedicated to the call to action. Since taking over the leadership, an additional four EU Member States (Spain, Portugal Latvia and Bulgaria) have joined the initiative, bringing the total to 16 EU Member States as compared to 12 Member States in 2016. In addition, in 2017 the EU also continued supporting capacity building under EU's Enhanced Response Capacity (ERC) programme, allocating €975 000 to the United Nations Population Fund (UNFPA) for the operationalisation of the call to action on protection from gender-based violence in emergencies at field level (piloting in Nigeria and Democratic Republic of the Congo) and the development of global minimum standards on gender-based violence in emergencies. Lastly, in 2017, many preparatory actions were undertaken to strengthen the monitoring and evaluation framework of the call to action, as well as to bring the call to action to the field.

The EU funds both nutrition-specific severe acute malnutrition treatment projects and nutrition-sensitive prevention projects in the sectors of health, food assistance and WASH. In 2017, €130 million were allocated to nutrition projects reaching close to 17 million beneficiaries (mainly children under five and women of reproductive age).

Under the third selected objective (13), in 2017, the European Union dedicated 6 % of its humanitarian budget to education in emergencies (EiE). This is well on track towards the pledge by the Commissioner for Humanitarian Aid and Crisis Management at the 2016 World Humanitarian Summit, which is to reach 10 % by the end of his mandate. Besides the humanitarian budget, in 2017 the EU also managed education in emergencies funding through the emergency support instrument in Greece and the EU facility for refugees in Turkey, amounting to nearly €96 million support to education in emergencies globally. In 2017, 1.14 million girls and boys benefited from this assistance. The EU also continued to raise awareness of the importance of quality education in crisis and forced displacement contexts, linking the work of humanitarian and development actors, and to strengthen coordination and capacity building in the sector through funding the Global Education Cluster and hosting its annual partners' meeting.

ANNEX 9 COMMISSION SERVICES IN CHARGE OF TRADE

Promoting gender equality through trade policies: EU's trade policy already integrates the gender dimension in some of its instruments, namely:

- All recently negotiated trade agreements include a trade and sustainable development chapter¹. This chapter contains, *inter alia* commitments on the ratification and implementation of fundamental International Labour Organisation (ILO) conventions relevant to gender equality in employment. The fundamental conventions include two of particular relevance to gender, those concerning equal remuneration and non-discrimination (ILO Conventions 100 and 111). However, other fundamental labour-related provisions are also relevant such as those on forced and child labour.
- Effective implementation of 27 core conventions on human and labour rights, environmental protection and good governance is required from the beneficiaries of the EU's so-called GSP+ system, the special incentive arrangement for sustainable development and good governance of the generalised scheme of preferences. The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the ILO convention concerning Equal Remuneration of Men and Women Workers for Work of Equal Value are among the GSP+ conventions.
- The gender dimension is systematically included when the EU assesses the effectiveness of its trade agreements (impact assessments before the negotiations start, sustainability impact assessments during the negotiations and ex-post evaluations for agreements that have been applied for sufficient time)².

On 20 June 2017, the European Commission, together with the International Trade Centre (ITC), organised an International forum on women and trade to further discuss possibilities for an inclusive trade policy.³ The forum was widely attended and has helped catalyse further reflection and work on this topic, including in follow up by the EU. For example, the recent progress report on EU trade policy strategy 'Trade for All'⁴ as well as the renewed EU aid for trade strategy⁵ includes gender-related aspects.

In the same month, the Commission services for Trade and the Joint Research Centre published an analysis of the link between women's jobs and EU exports. The analysis reveals that while exports provide substantial employment opportunities for women across the EU (amounting to almost 12 million jobs in 2011) a gender gap to the disadvantage of women persists.⁶

The EU is negotiating specific provisions on trade and gender to be included in the context of the forthcoming modernisation exercise of the EU-Chile Association Agreement⁷. This is a pilot project that the Commission announced at the above-mentioned forum. These provisions will help acquire a better understanding of the constraints and opportunities faced by women in the trade arena and share best practices aimed at facilitating women's participation in international trade. They are also intended to promote the use of relevant international legal instruments on gender equality, such as, CEDAW.

In the international arena, the EU actively supported the adoption of the **Joint declaration on trade and women's economic empowerment** on the Occasion of the WTO Ministerial Conference in Buenos Aires in

¹ Deep and Comprehensive Free Trade Agreements with Georgia, The Republic of Moldova and Ukraine, as well as Free Trade Agreements with Canada, South Korea, Colombia-Peru and Central America and recently concluded agreements with Singapore, Vietnam and Japan.

² For more details, see: Sustainability Impact Assessment Handbook

http://trade.ec.europa.eu/doclib/docs/2016/april/tradoc_154464.PDF and guidelines on the analysis of human rights impacts in impact assessments for trade-related policy initiatives

³ For more details, see: <http://trade.ec.europa.eu/doclib/press/index.cfm?id=1632>

⁴ COM(2017) 491

⁵ COM(2017) 667

⁶ Jose Manuel Rueda-Cantuche (DG JRC) and Nuno Sousa (DG TRADE) 2017: Are EU Exports Gender-Blind?, available at: http://trade.ec.europa.eu/doclib/docs/2017/june/tradoc_155632.pdf

⁷ EU textual proposal can be viewed here: http://trade.ec.europa.eu/doclib/docs/2018/june/tradoc_156962.pdf

December 2017⁸. The declaration was supported by 120 WTO members and observers. It is a non-binding instrument aiming to provide a platform for WTO Members to promote an inclusive trade agenda ensuring trade benefits for all. The declaration highlights areas where WTO Members can collaborate to make their trade policies more gender-responsive and foresees a number of seminars over the coming months and a progress report in 2019. The Commission will organise several follow-up actions, such as organising workshops, collecting data on women's participation in international trade and applying a gender lens to its trade-related technical assistance.

⁸ https://www.wto.org/english/thewto_e/minist_e/mc11_e/genderdeclarationmc11_e.pdf

ANNEX 10 COMMISSION SERVICES IN CHARGE OF RESEARCH AND INNOVATION

In its Conclusions of 1 December 2015 on advancing gender equality in the European research area (ERA), the Council of the EU invited the Commission and the Member States to consider including, among others, a gender perspective in dialogues with third countries in the area of science, technology and innovation (STI). Following up on these conclusions, gender equality in research and innovation was included in the agendas of joint science and technology steering committees, concretely so far, with Chile, Argentina, India and Mexico.

Commission services for Research and Innovation provides input for the discussions on the topic of women in science, mathematics, engineering and technology that have taken place at G7 level (Japan 2016, Italy 2017 and, most recently, for the preparation of the 2018 G7 meetings in Canada) as well as G20 level (2016 STI Ministerial meeting and Carnegie meeting in China). Commission services for Research and Innovation was also involved in the TAIEX (Technical Assistance and Information Exchange instrument) workshop on the gender dimension in science and research organised in Mexico City on 15-16 May 2017. The aim was to share practices on the way gender equality is considered in research and innovation systems in the EU and in Mexico, and to provide Mexican counterparts with best practice examples from EU funded projects and national initiatives, and overall technical assistance and scientific expertise.

The **Horizon 2020** funding programme is the core instrument at EU level to support and leverage research and innovation cooperation with third countries. Applicants from non-EU or Associated countries are free to take part in Horizon 2020 projects although they are not always entitled to funding. In the area of gender equality, the project GENDERACTION, launched in April 2017 and supported through the ‘Science with and for society’ (SWAFS) Work Programme 2016-2017, includes a specific objective on building new collaborations to advance gender equality in international cooperation in science, technology and innovation. This work is developed in close cooperation with the European Research Area Committee (ERAC⁹) Standing Working Group on Gender in Research and Innovation (SWG GRI) – of which the European Commission is a member since July 2017 – and the ERAC Strategic Forum for International Science and Technology Cooperation (SFIC).

Several topics in other Horizon 2020 work programmes also consider both the gender dimension and international cooperation aspects, such as one on food systems in Africa, under societal challenge two (food security, sustainable agriculture and forestry, marine, maritime and inland water research and the bio-economy) or another one on EU-India water co-operation, under societal challenge five (climate action, environment, resource efficiency and raw materials).

Last but not least, several gender-related projects funded under Horizon 2020, and FP7, have involved third countries as partners. Most notably, the Horizon 2020 GENDER-NET Plus ERA-NET Cofund which was launched in September 2017 includes two national Canadian funding agencies (NSERC and CIHR) among its 16 partners. The consortium partners will develop joint activities and co-fund selected transnational research projects, which integrate a gender dimension in topics exploring interactions and interdependencies between Sustainable Development Goal (SDG) 5 on gender equality and one or more of the following SDGs: SDG 3 on good health and well-being, SDG 9 on infrastructure, industrialisation and innovation, and SDG 13 on climate action. The joint call closed in March 2018 and the selection process is ongoing.

⁹ See <http://www.consilium.europa.eu/en/council-eu/preparatory-bodies/european-research-area-innovation-committee/>

Annex 11: COMMISSION SERVICES IN CHARGE OF AGRICULTURE AND RURAL DEVELOPMENT

The external relations of the Commission services in charge of Agriculture and Rural Development are strongly related to FAO and G20. The Commission services have followed the special event on ‘Leaving no one behind: achieving gender equality for food security, nutrition and sustainable agriculture’¹⁰, organised during the FAO 40th Conference, in July 2017. The special event provided government representatives, UN entities, civil society and the private sector and other stakeholders with a platform to share experiences in accelerating progress towards gender equality and rural women’s empowerment. It highlighted forward-looking strategies and partnerships in the fight against hunger, malnutrition and extreme poverty.

The Commission services have also followed the preparation of the EU position on 44th Committee on World Food Security, in particular for the item ‘Forum on Women's Empowerment in the context of Food Security and Nutrition’. In this context, the EU position was fully in support to gender equality, the full realisation of women's rights and the empowerment of women and girls as necessary in achieving food security and nutrition objectives. The Commission services participated also in the Ministerial Conference, Rome, in July.

In the relationships with the G20, the EU supported the Agriculture Ministers’ Declaration 2017¹¹ (Towards food and water security: Fostering sustainability, advancing innovation) on Implementation of the agenda for sustainable development. In it, the group underlined ‘that sustainable and resilient agriculture contributes significantly to achieving a wide range of SDGs, including through its links to food security and nutrition, poverty eradication, health, women’s empowerment, employment, economic development, climate change and the environment, including soil and biodiversity’. The group adopted an action plan in which they commit to ‘strengthen our efforts to improve the ICT skills of farmers and farm workers via training, education and agricultural extension services with a particular focus on smallholders, women and youth’.

As for the institutional culture shift, no specific policy is ongoing for the moment, and the services are still working towards having more women in middle management positions, not being far away from the target of 40 %.

¹⁰ <http://www.fao.org/fsnforum/news/leaving-no-one-behind-achieving-gender-equality-food-security-nutrition-and-sustainable>

¹¹ <http://www.g20.utoronto.ca/2017/170122-agriculture-en.html>

Annex 12: COMMISSION SERVICES IN CHARGE OF MOBILITY AND TRANSPORT

Highlights of promotion of gender equality and women's rights through the action of the Commission services in charge of mobility and transport during 2017.

International Transport Forum summit May 2017

The Commission services in charge of mobility and transport moderated a discussion table at the networking breakfast, Getting women on board, on 31 May. The participatory session gathered around 80 women from around the world to discuss the opportunity and difficulties women face in transport-related professions, and which policy measures can help overcoming discrimination. Our planned, Women in transport – EU platform for change¹², was presented at this occasion and launched in November 2017.

G20 Hamburg, 7/8 July 2017

Commission services in charge of mobility and transport were associated to the preparatory briefing for the meeting. Subsequently the G20 Leaders' Declaration, Shaping an interconnected world¹³ refers to women's empowerment and to 'women's access to labour markets through provision of quality education and training, supporting infrastructure, public services and social protection policies and legal reforms, where appropriate'.

G7 Transport Ministers meeting (September 2017)

Transport ministers adopted two Declarations which both include a reference to women, following input from the Commission services in charge of mobility and transport¹⁴. Follow excerpts from these documents.

Basic Strategy for Developing New Transport Infrastructure and Renovating Aging and Deteriorated Transport Infrastructure

It is important to promote the deployment of quality transport infrastructure in every country worldwide to support economic growth for all the countries concerned. We share the view that it is essential to promote transport infrastructure investments that lead to increased economic efficiency in terms of life-cycle cost, and that contribute to job creation, capacity building and transfer of expertise and know-how for local communities in accordance with "G7 Ise-Shima Principles for Promoting Quality Infrastructure Investment" endorsed at G7 Ise-Shima Summit. We also agree to promote women's active roles in transport infrastructure development as well as in the transport sector in general, on the basis of the G7 Ise-Shima Leaders' Declaration.

Development and Widespread Utilization of Advanced Technology for Vehicles and Roads

We especially recognize that practical application of automated and connected vehicles as well as related ITS technologies including for buses and trucks have the potential to contribute not only to a reduction in quantity and scale of traffic accidents, but also to reduce traffic congestion, improve efficiencies including logistics, reduce environmental and health impacts, alleviate driver burdens and expand opportunities (in particular for women, in line with the G7 Ise-Shima Leaders' Declaration). These technologies are also expected to improve the mobility and accessibility of transport by facilitating integration across transport modes and providing other transportation options, particularly for the elderly and persons with reduced mobility, or for those living in remote or underpopulated areas.

¹² https://ec.europa.eu/transport/themes/social/women-transport-eu-platform-change_en

¹³ <http://www.g20.utoronto.ca/2017/2017-G20-leaders-declaration.pdf>

¹⁴ http://www.mlit.go.jp/en/kokusai/kokusai_fr1_000027.html

ANNEX 13 EUROPEAN OFFICIAL DEVELOPMENT ASSISTANCE FOR GENDER EQUALITY AND WOMEN'S EMPOWERMENT IN 2017

Figures below summarise statistics on Commission Services' ODA¹⁵ commitment for actions supporting Gender Equality and Women's Empowerment by recipient region¹⁶.

Table Annex ODA.1

Commitments 2017	OECD GM0			OECD GM 1			OECD GM 2		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
<i>Commission Services for International Cooperation and Development</i>									
<i>Africa</i>	31.02	34.06	44.00	66.76	64.10	52.00	2.23	1.84	5.00
<i>Americas</i>	50.85	33.48	48.00	49.15	64.54	48.00	3.47	1.98	4.00
<i>Asia</i>	11.30	36.68	48.00	88.70	56.72	47.00	0.00	6.61	5.00
<i>Europe</i>	14.72	65.75	67.00	85.28	34.25	24.00	0.00	0.00	10.00
<i>Oceania</i>	2.11	22.51	43.00	84.37	74.72	43.00	13.52	2.76	14.00
<i>Developing Countries (unspecified)</i>	31.02	46.09	82.00	57.17	43.85	17.00	11.82	10.06	1.00

In the frame of the **International Cooperation and Development**, in **2017**, the ODA commitment in all regions - except Americas - increased the percentage of funds used for actions where gender is mainstreamed (those marked with OECD gender marker 1). In 2017 Commission services for International Cooperation and Development gender mainstreamed actions in Africa, Asia, Europe and Oceania correspond to the largest amount of funds committed throughout the regions globally, Europe having the highest increase from the previous year (nearly 51 %).

Actions targeting gender equality and women's empowerment on the other hand use a very small portion of the committed funds and in Asia have decreased as compared to the previous year. In 2017 commitments for targeted actions increased significantly in Oceania (nearly 11 %), as well as in Africa, the Americas and actions targeting 'Developing countries (unspecified)'. There were no funds committed for targeted actions in Europe region.

The regional commitments show very positive trends. With the exception of Americas where 49.15 % of commitments were made on actions that are gender mainstreamed (as compared to 66.52 % in 2016), all regions have increased the commitments to such actions. Commitments for region Africa increased to 68.98 % (from 65.94 % in 2016); for Asia to 88.70 % (from 63.33 % in 2016); for Europe to 85.28 % (from 34.25 % in 2016); in Oceania to 97.89 % (from 77.48 % in 2016) and in 'Developing countries (unspecified)' commitments increased to 68.98 % (from 53.91 % in 2016.) Globally these trends do not seem to depend directly on the increase or decrease of the overall ODA funds committed to the region over the same period.

Table Annex ODA.2

¹⁵ These figures exclude administrative costs (type of aid G01) and include co-financing.

¹⁶ Geographical Regions classification used are those of the OECD. Africa (North of Sahara), Africa (South of Sahara), America (North and Central), America (South), Asia (Far East), Asia (Middle East), Asia (South and Central), Europe, Oceania, Developing Countries (Unspecified) meaning data refer to actions that have global scope and/or are carried out in groupings of countries and/ or regions.

Commitments International Cooperation and Development per region	Difference of commitments marked “OECD GM1+GM2” from 2016 to 2017 (% points)	Difference of overall ODA commitments from 2016 to 2017 (Euro)
Africa	Increased by 3.04	Decreased by 2.043.723.267
Americas	Decreased by 17.37	Increased by 46.530.445
Asia	Increased by 25.37	Increased 141.574.965
Europe	Increased by 51.03	Increased by 6.644.862
Oceania	Increased by 20.41	Increased by 31.890.000
Developing Countries (unspecified)	Increased by 15.07	Increased by 508.014.846

Table Annex ODA.3

Commitments 2017	OECD GM0			OECD GM 1			OECD GM 2		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
<i>Commission Services for Neighbourhood Policy and Enlargement Negotiations</i>									
<i>Africa (Neighbourhood South)</i>	31.23	14.93	56.00	63.56	80.57	31.00	5,20	4.49	13.00
<i>Asia</i>	44.58	31.36	45.00	53.00	68.24	50.00	2.42	0.40	5.00
<i>Europe (Neighbourhood East, Accession and pre-Accession countries)</i>	37.86	34.72	82.00	58.50	63.73	17.00	3.64	1.55	1.00
<i>Developing Countries (unspecified)</i>	93.47	95.81	95.00	5.14	4.19	5.00	1.40	0.00	0.00

In 2017, in the frame of the Neighbourhood Policy and Enlargement Negotiations, the ODA commitment in all regions decreased the percentage of funds used for actions where gender is mainstreamed (those marked with OECD gender marker 1), except for actions targeting ‘Developing Countries (unspecified)’.

Actions targeting gender equality and women’s empowerment use a small portion of the committed funds overall. However, there was increased commitment across the regions. There was commitment of funds for actions targeting gender equality and women’s empowerment (actions marked with OECD gender marker 2) in ‘Developing Countries (unspecified)’ reversing the trend from the two previous years.

In relation to the commitments that score G1 or G2, the regional commitments are lower than the previous year, with the exception of actions in ‘Developing Countries (unspecified)’ with 6.53 % of funds marked G1 or G2 (as compared to 4.19 % in 2016.) In the other regions, the situations is as follows: in the Neighbourhood South were committed 68.77 % of funds (compared to 85.06 % in 2016); in Asia 55.42 % (compared to 68.64 % in 2016); in the Neighbourhood East, Accession and pre-Accession countries 62.14 % (compared to 65.28 % in 2016.) Globally these trends do not seem to depend directly on the increase or decrease of the overall ODA funds committed to the region over the same period.

Table Annex ODA.4

Commitments per region by Commission Services for Neighbourhood Policy and Enlargement Negotiations	Difference of commitments marked “OECD GM1+GM2” from 2016 to 2017 (% points)	Difference of overall ODA commitments from 2016 to 2017 (Euro)
Africa (Neighbourhood South)	Decreased by 16.29	Increased by 115.929.935
Asia	Decreased by 13.22	Decreased by 50.514.969
Europe (Neighbourhood East, Accession and pre-Accession countries)	Decreased by 3.14	Decreased by 685.694.146
Developing Countries (unspecified)	Increased by 2.34	Decreased by 81.191.702

Table Annex ODA.5

Commitments 2017 Other DGs	OECD GM0			OECD GM 1			OECD GM 2		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
<i>Africa</i>	43.55	93.05	80	56.45	6.95	19	0.00	0.00	0.00
<i>Americas</i>	99.86	47.10	80	0.14	52.90	20	0.00	0.00	0.00
<i>Asia</i>	85.28	89.50	91	14.72	10.50	9	0.00	0.00	0.00
<i>Europe</i>	7.67	81.57	78	92.33	18.43	20	0.00	0.00	0.00
<i>Oceania</i>	0.00	100	100	0.00	0.00	0.00	0.00	0.00	0.00
<i>Developing Countries (unspecified)</i>	86.57	89.90	96	13.10	10.10	3	0.34	0.00	0.00

In 2017 **Other Commission services** used their ODA commitment in a way that gave mixed results regarding contribution to gender equality and women’s empowerment. Regarding actions that were gender mainstreamed (those marked with OECD gender marker 1) the trend which was very positive in the Americas region last year, this year is entirely reversed (nearly 53 % decrease.) Commitments for region Asia also decreased slightly (2.7 %) but they increased greatly for the Africa region and Europe region; there was a slight increase of commitments for actions in ‘Developing Countries (unspecified)’. There was no commitment of funds at all to region Oceania. As in the previous year, there has been no commitment to targeted actions for gender equality and women’s empowerment with a minor exception for ‘Developing Countries (unspecified)’.

In relation to the commitments that score G1 or G2, the regional commitments for Americas show a drastic fall 0.01 % (compared with 53 % in 2016). There is a decrease for region Asia 7.82 % (compared with 11 % in 2016). Positive trends emerged with regards to commitments for region Europe 33.19 % (compared with 18.43 % in 2016), for Africa 22.21 % (compared with 6.95 % in 2016) and for ‘Developing Countries (unspecified)’ 15.43 % (compared with 10.1 % in 2016.) Globally these trends do not seem to depend directly on the increase or decrease of the overall ODA funds committed to the region over the same period.

Table Annex ODA.6

Commitments other DG's per region	Difference of commitments marked "OECD GM1+GM2" from 2016 to 2017 (% points)	Difference of overall ODA commitments from 2016 to 2017 (Euro)
Africa	Increased by 49.50	Increased by 1.168.060.835
Americas	Decreased by 52.76	Increased by 727.019.735
Asia	Increased by 4.22	Increased by 563.544.295
Europe	Increased by 73.90	Increased by 2.422.391.503
Oceania	No change	Decreased by 3.007.560
Developing Countries (unspecified)	Increased by 3.34	Decreased by 2.899.208

Table Annex ODA.7

ODA Commitment to GEWE per region as % of regional total 2017							
	Total globally	OECD GM 0		OECD GM 1		OECD GM 2	
		Total	%	Total	%	total	%
Commission Services for International Cooperation and Development 2017							
Africa	4.692.425.237	1.455.463.766	31.02	3.132.461.471	66.76	104.500.000	2.23
America	651.605.213	331.318.324	50.85	320.286.889	49.15	22.603.532	3.47
Asia	1.306.458.449	147.647.996	11.30	1.158.768.810	88.70	41.644	0.00
Europe	112.044.862	16.494.862	14.72	95.550.000	85.28	0	0.00
Oceania	104.290.000	2.200.000	2.11	87.990.000	84.37	14.100.000	13.52
Developing Countries (unspecified)	1.822.422.376	565.237.608	31.02	1.041.854.634	57.17	215.330.134	11.82
Commission Services for Neighbourhood Policy and Enlargement Negotiations 2017							
Africa	672.559.935	210.047.803	31.23	427.511.675	63.56	35.000.458	5.20
Asia	827.637.947	368.963.209	44.58	438.674.738	53.00	20.000.000	2.42
Europe	2.140.369.799	810.360.130	37.86	1.252.165.888	58.50	77.843.780	3.64
Developing Countries (unspecified)	472.601.847	441.724.847	93.47	24.277.000	5.14	6.600.000	1.40
Other DGs 2017							
Africa	2.257.184.636	1.778.438.907	78.79	478.745.729	21.21	0	0.00
America	779.439.025	779.395.696	99.99	43.329	0,01	0	0.00
Asia	1.252.196.499	1.154.272.475	92.18	97.924.025	7.82	0	0.00

Table Annex ODA.7

ODA Commitment to GEWE per region as % of regional total 2017							
	Total globally	OECD GM 0		OECD GM 1		OECD GM 2	
		Total	%	Total	%	total	%
Europe	3.339.356.025	2.230.911.300	66.81	1.108.444.725	33.19	0	0.00
Oceania	0	0	0,00	0	0,00	0	0.00
Developing Countries (unspecified)	738.537.135	639.323.618	86.57	96.713.516	13.10	2.500.000	0.34

Table Annex ODA.8

ODA Disbursement for GEWE per region as of regional total 2017							
	Total globally	OECD GM 0		OECD GM 1		OECD GM 2	
		Total	%	Total	%	Total	%
Commission Services for International Cooperation and Development 2017							
Africa	3.489.579.812	1.941.191.077	55.63	1.478.681.445	42.37	69.707.290	2.00
Americas	601.881.235	349.635.055	58.09	229.642.649	38.15	22.603.532	3.76
Asia	1.199.878.826	518.729.737	43.23	635.262.877	52.94	45.886.212	3.82
Europe	136.426.658	102.607.709	75.21	25.956.812	19.03	7.862.137	5.76
Oceania	89.012.325	53.184.417	59.75	33.142.612	37.23	2.685.296	3.02
Developing Countries (unspecified)	644.121.118	53.184.417	8.26	100.780.741	15.65	137.312.187	21.32
Commission Services for Neighbourhood Policy and Enlargement Negotiations 2017							
Africa	498.666.980	254.929.778	5,12	221.548.839	44.43	22.188.363	4.45
Asia	854.981.434	538.664.911	63.00	300.711.224	35.17	15.605.299	1.83
Europe	1.593.147.094	911.433.331	57.21	668.758.658	41.98	12.955.105	0.81
Developing Countries (unspecified)	96.310.068	79.261.907	82.30	15.583.225	16.18	1.464.936	1.52
Other DGs 2017							
Africa	2.007.629.561	1.523.191.051	75.87	481.040.369	23.96	3.398.142	0.17
Americas	618.728.992	599.168.939	96.84	16.263.383	2.63	3.296.669	0.53
Asia	1.417.468.831	1.119.256.926	78.96	283.720.171	20.02	14.491.733	1.02
Europe	3.343.517.351	2.992.499.558	89.50	337.417.793	10.09	13.600.000	0.41

Table Annex ODA.8

ODA Disbursement for GEWE per region as of regional total 2017							
	Total globally	OECD GM 0		OECD GM 1		OECD GM 2	
Oceania	2.863.992	2.248.068	78.49	615.923	21.51	0	0.00
Developing Countries (unspecified)	537.127.122	487.392.440	90.74	49.036.648	9.13	698.034	0.13

ANNEX 14 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The EU policy framework

The EU international cooperation and development policy promotes sexual and reproductive health and rights (SRHR) in line with the global reference framework to combat discriminations and inequalities and for the empowerment of women and girls¹⁷. The EU has incorporated and expanded these principles in key policy documents that lay down the ground for the EU's support to comprehensive equitable and universal health systems that encompass SRHR and family planning (FP) services¹⁸.

The first EU plan of action on gender equality and women empowerment in development 2010-2015 recommended the adoption of guidelines at country level for policy dialogue on maternal mortality and universal access to reproductive health. The EU gender action plan 2016-2020 emphasises the importance of addressing a variety of aspects connected to SRHR, more specifically within thematic priority B, calling on the Commission to ensure girls and women's physical and psychological integrity in its development cooperation work. This implies providing protection and support to eradicate violence against women and girls, increasing access to quality, affordable and equitable sexual and reproductive health services and rights, including rehabilitative physical and mental health care services, promoting sexuality education, and improving women and girls' health nutrition levels throughout their lifecycle.

The New European Consensus on Development - Our world, our dignity, our future, recalls this framework, reinstates the EU's strong commitment to the 'promotion, protection and fulfilment of the right of every individual to have full control over and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence' and stresses 'the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services'¹⁹. As the fourth-largest donor globally, the EU institutions provide key interventions for the implementation of the 2030 Agenda and specifically to the SDGs that include SRHR, i.e. target 3.7 under the health goal and target 5.6 under the gender equality goal.

This engagement is being transferred also into regional policy documents. For example, on 19 June 2017 the Council of the European Union adopted the Conclusions on a renewed impetus for the Africa-EU Partnership reaffirming its commitment to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the ICPD and to fully support SRHR in this context²⁰.

The challenge of addressing the SRHR agenda

¹⁷ I.e. the Convention on the Elimination of All forms of Violence Against Women (CEDAW, 1979), the Programme of Action of the International Conference on Population and Development (ICPD, 1994), the Beijing Platform of Action (UN World Women Conference, 1995), and the Agenda on Sustainable Development 2030.

¹⁸ These are: The Council Conclusions on Global Health, 2010; the Council Conclusions "Overarching post-2015 agenda", 2013; the Council Conclusions on a transformative post-2015 agenda; the Commission's Strategic Engagement for Gender Equality 2016-2019.

¹⁹ Council Conclusions "European Consensus on Development" doc. 9393/17 + COR 1, 19/5/2017, art. 34.

²⁰ Council Conclusions on a renewed impetus for the Africa-EU Partnership doc. 10135/17, 19/06/2018, art. 11 + Joint Communication to the European Parliament and the Council for a renewed impetus of the Africa-EU Partnership, Brussels, 4/5/2017 JOIN(2017) 17 final.

Albeit policy and financial commitments are remarkable, upholding the entirety of SRHR implies a broader understanding of their complexity and intersectionality characteristics and a more holistic factual and financial response to ensure that no one is left behind.

2017 has been a year of significant challenges and steps forward for SRHR worldwide.

A first challenge was represented by the strong concerns related to the possible drop of funding as a result of the UK decision to leave the EU or possible negative impact of the US Global Gag Rule reinstated by the US administration in January 2017. As one of the consequences, the conservative anti-choice movement, backed by the US administration, has raised its voice stronger against reproductive and sexuality rights. On the other hand, the global initiative ‘SheDecides’²¹ has boosted attention, policy and financial commitments on SRHR, and the family planning summit in London²² on 11 July 2017 has reenergised international pledges.

A second challenge was posed by the limitation of the international definition(s) of SRHR. The 2030 Agenda for Sustainable Development though explicitly calling for universal access to sexual and reproductive health services, including for family planning (target 3.7), and reproductive rights (target 5.6) does not cover some critical elements of the gender and human rights agenda, such as non-discrimination based on sexual orientation and gender identity, access to safe abortion care, young people and adolescents’ sexuality, diversity and intersectional inequalities. More broadly, international policy documents for the protection and advancement of SRHR, including at EU level, do not explicitly clarify the link between gender equality and the need of structural economic and governance reforms to fully protect and promote these rights by eradicating discriminations and inequalities.

The recently published Guttmacher-Lancet Commission report on SRHR²³ re-conceptualises SRHR and defines them through seven core components: contraceptive services, maternal and new-born care; prevention and treatment of HIV/AIDS and care for sexually transmitted diseases (STIs) other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection, and counselling for gender-based violence; prevention, detection, and treatment of infertility and cervical cancer; and counselling and care for sexual health and wellbeing.

The Guttmacher-Lancet Commission report is expected to positively influence the discussion over the tracking of funding and measuring of progress in SRHR which each present its own challenges. So far, the only internationally agreed methodology is the Muskoka methodology for tracking reproductive, maternal and new-born child health (RMNCH) expenditures which was developed and adopted in 2010 following the G8 Muskoka summit to monitor progress on pledges made on maternal and new-born child health (MNCH)²⁴. The Muskoka methodology relies on data of the OECD CRS and applies percentages of funding reported to OECD - under certain purpose codes or to selected multilateral organisations. These percentages are calculated based on the population segment that includes exclusively women of reproductive age and/or children under five – targeted by a programme. This methodology is also used by the Partnership of Maternal Neonatal and Child Health²⁵ for its annual accountability report. The Muskoka methodology has many shortcomings,

²¹ <https://www.shedecides.com>

²² <http://summit2017.familyplanning2020.org>

²³ Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet commission. Published online <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>, 9 May 2018.

²⁴ <http://www.g8.utoronto.ca/summit/2010muskoka/methodology.html>

²⁵ The Partnership for Maternal, Newborn, & Child Health (PMNCH) is an alliance of more than 1000 organisations – NGOs, Healthcare Professionals Associations, Academic, Research & Training Institutes, Private Sector, Donors, Multilateral

both financial and conceptually-wise. Criticism exists with respect to the overestimation of the percentages of some budget codes and to the deficiencies in addressing SRHR investments in comprehensive sexuality education and sexual and reproductive rights, including gender-based violence and discriminations, prevention and protection from FGM, and child and forced marriage. Following a brainstorming meeting in London early May 2018 a technical working group has been established to review current methodology and propose changes to take account of identified shortcomings and to more comprehensively cover SRHR related disbursements.

During the 2012 FP London Summit, the Family Planning 2020 (FP2020) movement was created in support of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescent's Health, based on the principle that all women, no matter where they live should have access to lifesaving contraceptives²⁶. FP2020 developed a methodology to track FP expenditures - using a subset of the Muskoka methodology - that also relies on data of the OECD CRS but applies different percentage contributions to the selected codes. In addition to this, some donors and various groups based in Europe and USA track donor funding for FP, SRH, and/or women's and children's health with different methodologies resulting in different data.

The EU financial mechanisms for SRHR

The EU financial investment in SRHR including FP takes place through different financial instruments and programmes, notably through geographic programmes on gender, health and population, contributions to Global Initiatives and UN organisations, and grants to Civil Society Organisations (CSOs). External action financing instruments used include the European Development Fund (EDF), the Development Cooperation Instrument (DCI), the Humanitarian Aid Instrument (HAI). The bulk of this financing is direct bilateral support to the health sector at country level (€1.5 billion for the period 2014-2020 EDF and DCI), which aims to support health systems strengthening and universal access to an essential package of health services (including family planning and maternal reproductive and sexual health services). It is however difficult to accurately quantify how much of this funding benefits family planning or SRHR and for that reason the EU is using the Muskoka method described above to track its expenditures in that respect.

In the 'Agenda for Change'²⁷, the Commission is committed to spending at least 20 % of EU aid on social inclusion and human development. This commitment was re-emphasised in the new European Consensus on Development. The implementation of GAP II represents an outstanding opportunity to channel additional funds to SRHR based on identified country needs and linked to a robust monitoring framework to measure progress and achievements.

In the framework of the 11th EDF 2014-2020:

- The EU-ACP strategy for the period 2014-2020²⁸ highlights SRHR under the health objectives.
- The EU-ACP Multi-Country Cooperation on Health Strategy²⁹ includes the objective 'to strengthen the capacity of health systems in ACP countries to deliver basic universally

Organisations and Partners governments – active in 77 countries. The PMNCH is administered by a Secretariat at WHO in Geneva. <http://www.who.int/pmnch/en/>

²⁶ www.familyplanning2020.com

²⁷ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, "Increasing the impact of the EU Development Policy: an Agenda for Change". The European Commission, COM(2011) 637 final. Brussels, 13.10.2011.

²⁸ Intra-ACP Cooperation – 11th European Development Fund. Strategy paper and indicative programme 2014-2020, page 14. https://ec.europa.eu/europeaid/sites/devco/files/intra-accp-strategy-11-edf-2014-2020_en.pdf

²⁹ https://ec.europa.eu/europeaid/regions/african-caribbean-and-pacific-acp-region/acp-multi-country-cooperation/health_en

available healthcare’ and the target ‘improving access to prevention, treatment, and care for reproductive health, and universal access to affordable contraceptives and commodities’;

- The 11th intra-Africa Caribbean Pacific (ACP) Strategy 2014-2020, adopted on 26th November 2015, acknowledges SRHR as a priority which is reflected in the outcome document of the 2nd Meeting of the ACP Ministers of Health, held in 2015.
- In 2010, the EU launched the MDG Initiative, targeting support towards the MDGs for which progress was most off track in the ACP region. The Initiative financed €1 million for 68 projects in 46 countries focusing on hunger, maternal health, child mortality and water and sanitation. The Initiative supported governments in 10 countries³⁰ (€255.4 million 2007-2013 funding cycle) to develop and implement national health policies and strategies, strengthen health systems to improve access and uptake of life-saving maternal health services, and reach universal access to quality and affordable reproductive and sexual health services and information.

In the framework of the DCI 2014-2020:

- At least 20 % of funds is to be allocated to basic social services, with a focus on health, education and social protection.
- The Human Development component of the Global Public Goods and Challenges (GPGC) programme in accordance to the Multiannual Indicative Programme (MIP) 2014-2020 and on the basis of the DCI Regulation prioritises actions to improve access to essential health commodities and sexual and reproductive health services and reduce the gap of unmet needs for family planning and reproductive health care in developing countries (UNFPA supplies programme, €20 million for 2016-2017).
- The programme’s components gender equality, human rights, and child well-being also provide support to SRHR, especially in terms of fighting harmful practices of child marriage and FGM and gender-based violence. In this framework, the EU funded several initiatives in the period 2016-2019 implemented through the UN, such as the ‘global programme to address son preference in selected countries’ (UNFPA, €4 million), the programme ‘Towards universal birth registration’ (UNICEF, €4 million), the joint programme UNFPA-UNICEF to abandon FGM (€11 million) and end child marriage (€5 million).
- The MIP for the thematic programme, civil society organisations and local authorities (CSO/LA), for the period 2014-2020 is also a source of funding for SRHR. The programme prioritises enhancing CSO/LA contributions to improving governance and development processes, integrates a gender perspective and mainstreams cross-cutting issues including human rights, democracy, good governance, children’s rights, indigenous people’s rights, rights of persons with disabilities, and fight against HIV/AIDS.
- The European Instrument for Democracy and Human Rights (EIDHR) is another mechanism to channel funds to SRHR as it specifically addresses many of its related issues, including the rights of the lesbian, gay, bisexual, transgender and intersex persons (LGBTI), the rights of women and girls, the rights of persons with disabilities and the rights of minorities as set forth in the international and regional instruments in the areas of civil, political, economic, social and cultural rights.

The EU also supports SRHR through its support to multilateral global initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance Vaccine Initiative (GAVI), the EU-UN Spotlight Initiative, and the UNFPA Supplies programme (see above) for which both EDF and DCI funding streams are used.

³⁰ Liberia, Burkina Faso, DRC, Ghana, Guinea Bissau, Namibia, Sao Tome & Principe, Sierra Leone, Zambia, Zimbabwe

- The EU has supported the GAVI fund since 2003. At the Berlin conference held on 26-27 January 2015, the EU pledged to contribute €200 million for the 2016-20 period (an increase of €15 million with respect to previous pledge for the same period). This comprises €70 million from the DCI and €130 million from the EDF instruments.
- The EU has supported GFTAM since its inception in 2002 with €1.5 billion through funding from both the EDF and DCI budget and is currently one of its largest donors. At the Global Fund's Fifth Replenishment on 16-17 September 2016, the EU pledged an additional €475 million for the period 2017-2019 (an increase of 27 % with respect to the previous contribution).
- The EU-UN Spotlight Initiative to eliminate violence against women and girls, backed by an initial envelope of €500 million, provides for a specific focus on SRHR in Sub-Saharan Africa with emphasis on reaching vulnerable/marginalised population groups, including youth.

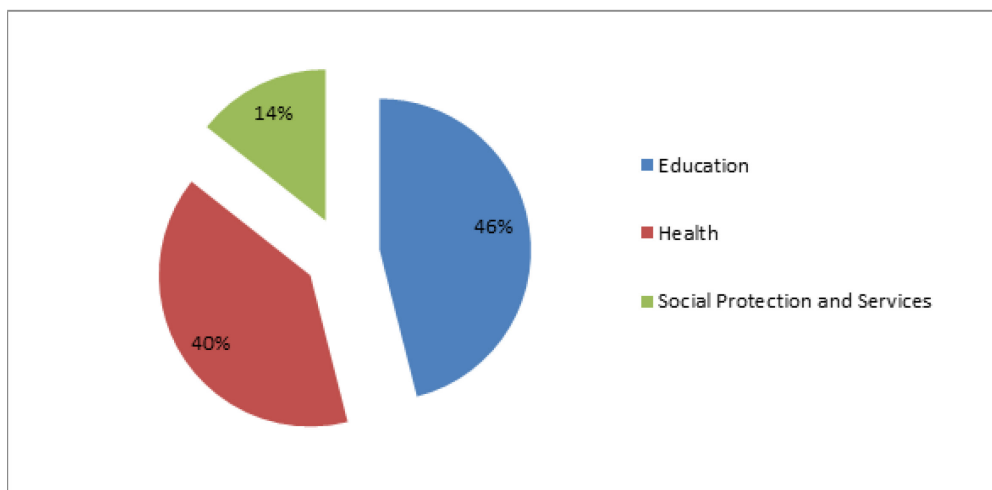
In the framework of the Humanitarian Aid Instrument, Commission Services for European Humanitarian Aid and Civil Protection provides around €200 million every year to support humanitarian health programmes, which include sexual and reproductive health, in line with Commission services for European Humanitarian Aid and Civil Protection's Health Policy. DG Commission services for European Humanitarian Aid and Civil Protection is currently funding UNFPA for around €34 million in several projects spanning 2017-2019. The projects primarily include activities related to sexual and reproductive health (including reproductive health kits) and prevention/protection services for sexual and gender-based violence.

The EU financial investment on SRHR

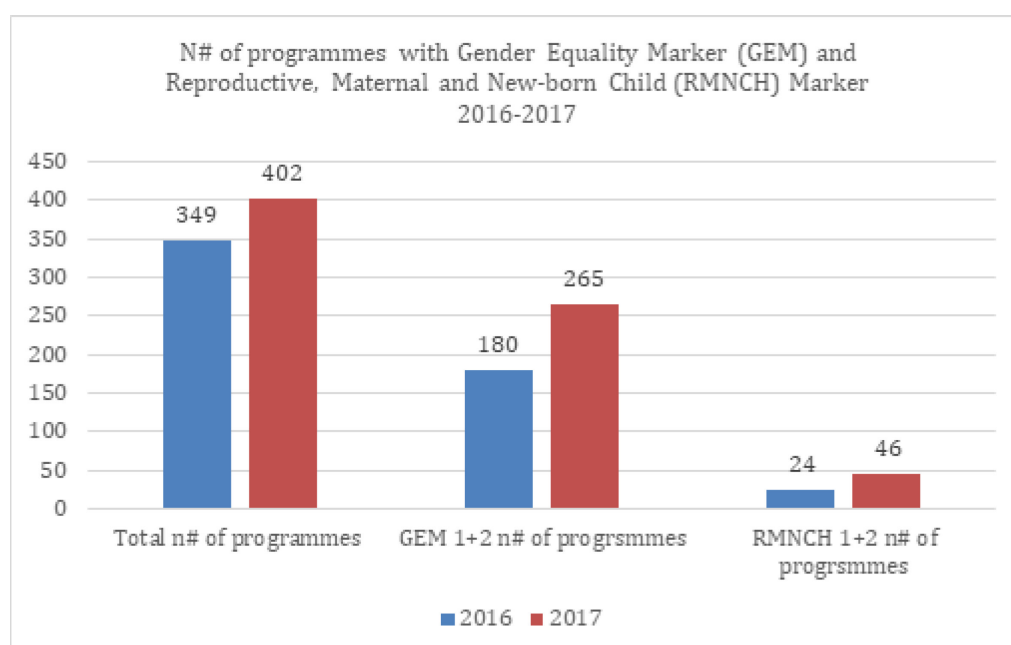
As highlighted earlier, there is an ongoing international debate on how to better track SRHR expenditures, including disbursements for programmes targeting adolescents. The technical Working group established in May 2018 is anticipated to present a draft proposal in September 2018. Muskoka methodology revisions together with the ongoing reorganisation of the EU general financial tracking system, are expected to result in the formulation of a more comprehensive methodology to appreciate the EU support to SRHR in the near future.

At present, the EU uses different methodologies to track the EU commitments and disbursements for SRHR, including the OECD-RMNCH Marker, the Muskoka methodology and FP subset, and the HD commitments. These methodologies are not interchangeable because each looks at different aspects of the EU financial support to SRHR. For this second-GAPII report, 2016 data constituted the baseline to measure the progress of the EU investment and support to SRHR during 2017. The quantitative assessment was based on OECD-CRS 2016 and 2017 disbursement data using the Muskoka and FP2020 methods, and an appraisal of programmes that ticked the gender and RMNCH marker boxes and through aggregated results from the EU Result Framework (EU RF). A qualitative analysis was done through the review of the External Assistance Management Reports (EAMR).

The total share of the overall human development committed budget during 2014-2017 was 16.9 %. In 2017, the Commission services for International Cooperation and Development committed €1.48 billion towards actions contributing to human development, representing 17.1 % of the total commitments made in the same year. This shows a substantial increase compared to 2016 (€1.2 million) though still short of the 20 % target. The distribution of Commission services for International Cooperation and Development commitments across sectors for 2017 is shown in the figure below.



The EU requests the utilisation of gender and RMNCH markers for each decision and programme³¹.



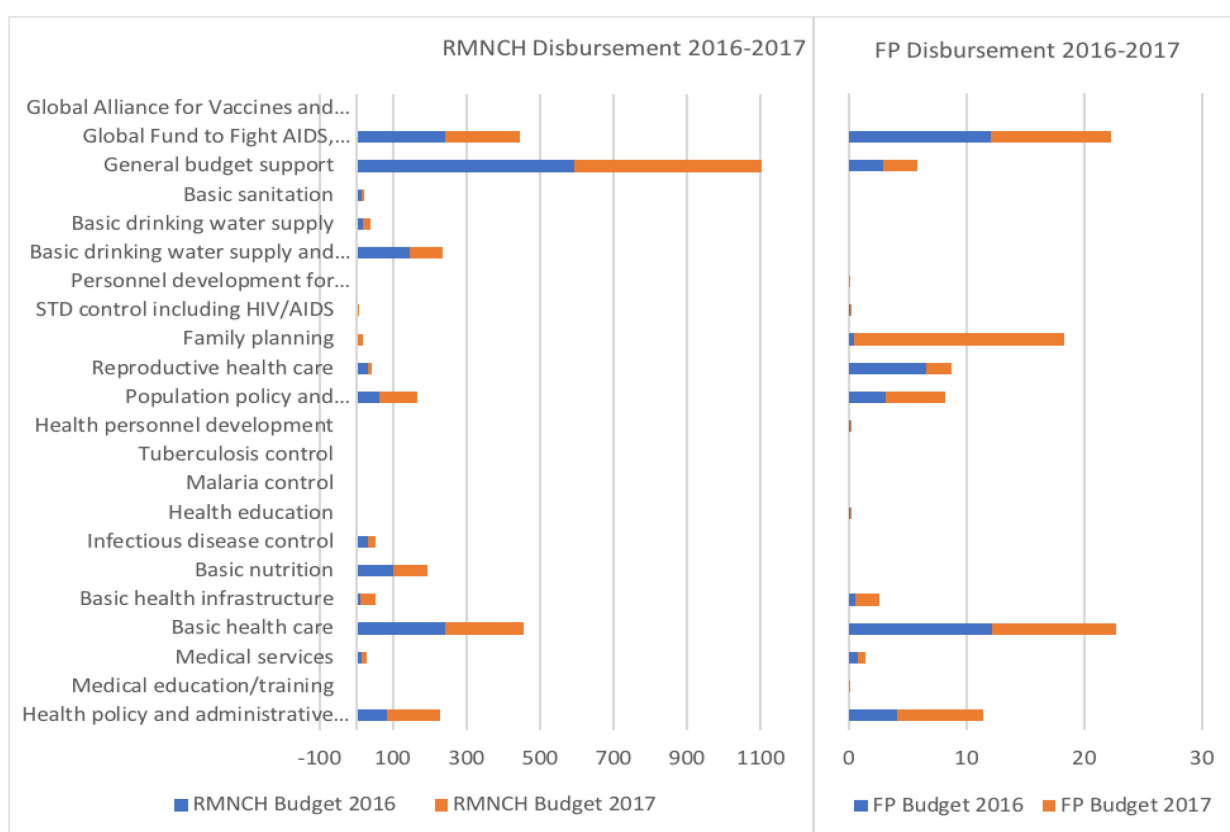
With respect to the GEM, 66 % of programme decisions had marked GEM 1 or 2. Compared to 2016, there was a 32 % increase in number of new programme decisions with GEM 1 or GEM2, while the increase in the total number of decisions was 13 %.

11 % of programme decisions made in 2017 had ticked the RMNCH 1 or 2 marker. The increase of new programme decisions marking RMNCH 1 or 2 was 48 % compared to previous year of which the majority were marked RMNCH 1 (n=34) which includes a large variety of programmes that each contribute between 15 % to 85 % of the allocated budget to RMNCH related issues.

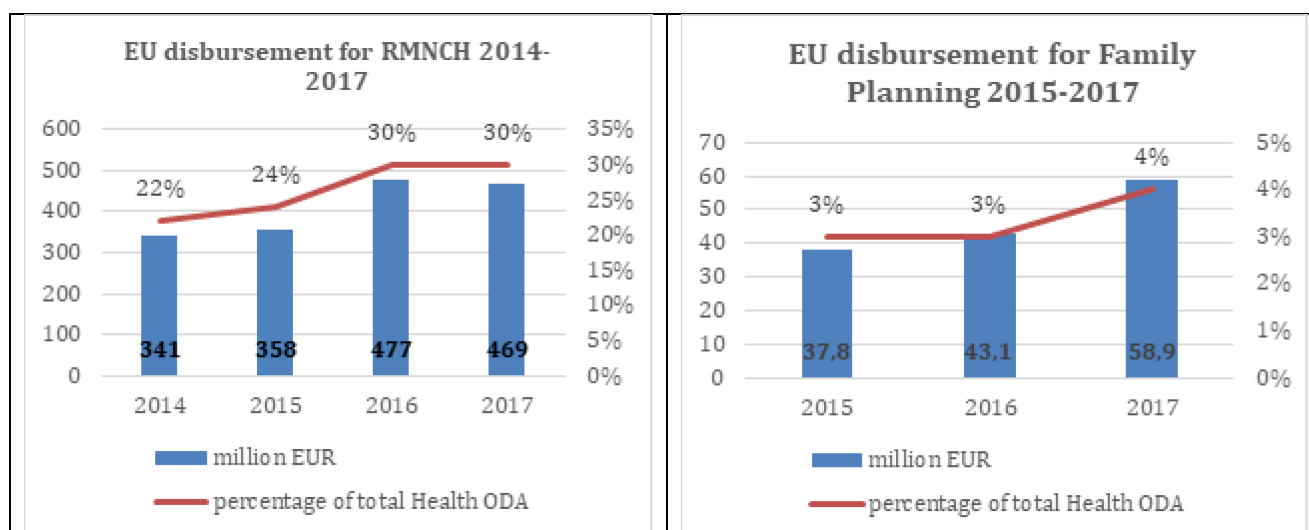
³¹ Programmes are classified RMNCH Marker 0 if they allocate less than 15 % of programme funds to the improvement of reproductive, maternal, newborn and child health, RMNCH Marker 1 if they allocate between 15 % and 85 % of programme funds, and RMNCH Marker 2 if they allocate more than 85 % of programme funds.

The figure below shows the disbursement of the budget according to the Muskoka methodology and the FP tracking methodology in the period 2016-2017. The two methodologies should not be seen as complementary; the FP disbursement is a subset of the overall RMNCH expenditure.

Overall, the EU financial disbursement for RMNCH in 2017 as per Muskoka methodology was €469.4 million, compared to €477 million in 2016. Disbursement in line with the Muskoka FP subset methodology was €58.9 million, compared to €43.1 million in 2016. The following graphs show the trend of disbursement for RMNCH targeted programmes in the period 2014-2017 and for programmes focusing on family planning in the period 2015-2017 (period of availability of the Muskoka FP subset data).

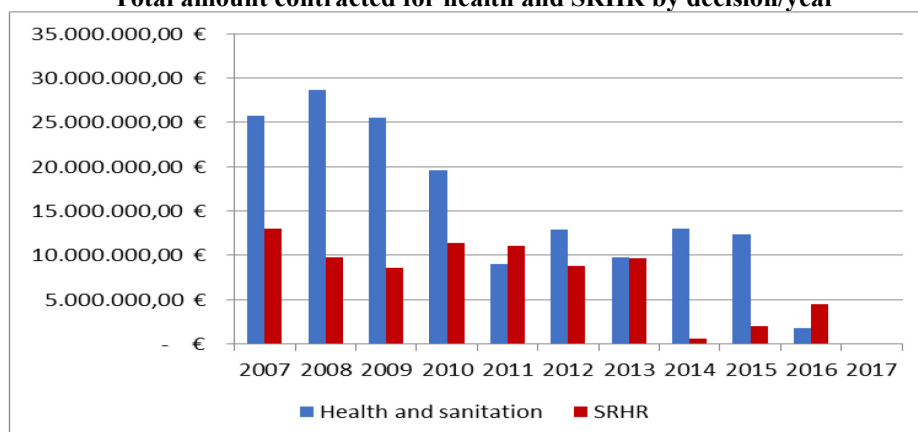


Through the European Instrument for Democracy and Human Rights (EIDHR) 2014-2017, seven programmes contributed to SRHR with a total budget of €2 million (equal to 0.5 % of EIDHR total budget), of which one was active in 2017. Interestingly, four of these programmes address sexuality education and information for young people and adolescent girls.



According to the database and budget analysis for the Civil Society Organisations / Local Authorities (CSO/LA) Programme 2007 – 2017 (Annual Action Programmes 2007-2013 and Multiannual Action Programmes (MAP) 2014-2017) a total of 279 contracts related to health and sanitation (7.2% of total) and 119 related to SRHR (3.6% of total) were signed with a total budget of €158 and €79 million respectively. The analysis was carried out on a database containing details of 4.834 contracts for the period 2007 to 2017 (€2.2 billion). Funding allocated to health and sanitation contracts over the 2014-2017 period (46 contracts) was €27 million (or 4% of the total allocations under the CSO/LA Programme MAP), while for SRHR the total funding allocated was €7 million (9 contracts) during this period (or 1% of MAP). Therefore, under the 2014 – 2017 MAP, we observe a decrease in the number of health and SRHR related contracts signed in the framework of the CSO-LA Programme: no health or SRHR related contracts were signed in 2017.

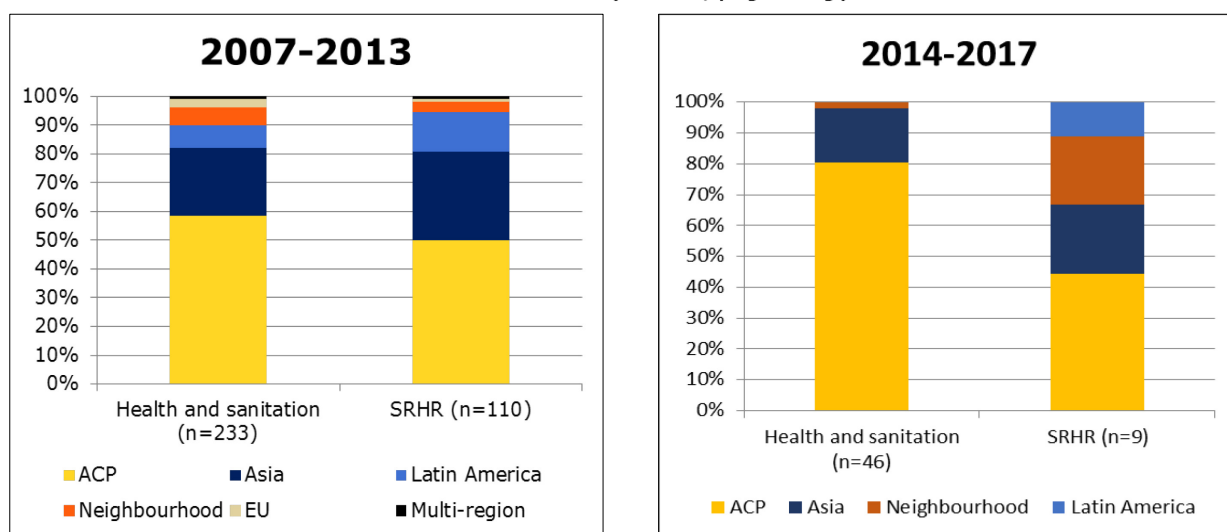
EU CSO/LA Programme (2007 – 2017)
Total amount contracted for health and SRHR by decision/year



The regional distribution of the projects and funding for the period 2007-2017 shows that most contracts related to Health and SRHR were implemented in the Africa Caribbean and Pacific regions, followed by Asia, Latin America, the EU Neighbourhood Policy and Enlargement Negotiations region, and Europe. Eight SRHR contracts were multi-region contracts. Not considering countries covered by multi-country contracts but only contracts to individual countries in the analysis, 50% of SRHR contracts awarded under the CSO/LA Programme between 2007 and 2017 would be concentrated in seven countries: Kenya, Sierra Leone, Zimbabwe, El Salvador, Ghana, Philippines and India. Between 2014 and 2017, three out of the nine SRHR related contracts are implemented in Kenya and one each in Mexico, Vietnam, South Sudan, Jordan, Cambodia and Algeria.

Regional distribution of health and SRHR contracts EU CSO/LA Programme (2007 – 2017)

Number of contracts by decision / programming period



Progress on the advancement of SRHR through GAP II

In the frame of the new Consensus on Development, the European Union addresses different aspects of SRHR throughout its logical framework beyond the strictly health-related issues, such as prevention and protection from VAWG, trafficking, and access to WASH services, and through policymaking on and advocacy for gender equality and human rights.

The GAP II progress report is based on the projects and programmes that the EU actors (European Commission services and European External Action Service and EU Member States (EU MS) at headquarters and country level) reported as contributing to GAP priorities and objectives. Therefore, the analysis of the advancement of SRHR through the GAP II report does not give a complete overview of the EU and EU MS support to SRHR. However, two specific GAP thematic objectives are considered for the scope of this SRHR annex: objective 10, equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women, and objective 11, promoted, protected and fulfilled right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence.

The following tables provide a summary of GAP II's objectives 10 and 11 selected in programmes and projects implemented by the reporting EU actors at headquarters and country levels. It is important to note that in 2017 many more actions were reported as contributing to GAP II implementation across all regions and an increase in the number of times that objectives 10 and 11 were selected in the different actions was observed compared to the previous reporting year.

Overall, Commission services reported 212 actions as contributing to GAP II in 2017.

Objective 10 was included in three programmes implemented in Africa Central & Western, Americas, Asia & Pacific respectively, and in one global programme.

Only indicator 10.3, equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women, was selected for one action, the multi-country programme EUROsociAL + (2016-2021) in the Americas which aims to promoting long-term strategic planning and definition of public policies, specifically those directly linked to the promotion of social equality.

Objective 11 was selected in one multi-country programme in Latin America, and in two global programmes – a regional action in Lebanon, Iraq and Jordan and the UNFPA Supplies programme³². Two indicators for objective 11 were included in reported actions: indicator 11.4, met demand for family planning (SDG 5.44), for the UNFPA supply global programme and indicator 11.5, “% of young people receiving comprehensive sexuality education (SDG 5.5), for the multi-country programme EUROsociAL + in the Americas. Notably, these are two of the most meaningful indicators to appreciate the orientation of these programmes to targeting core issues of SRHR, such as the right to decide on parenthood and the need to allow the young generations to make informed choices around their sexuality. At the same time, it is necessary to remark as a missed opportunity the possibility to choose other indicators that better reflect women's rights to decide on maternity, such as indicator 11.7, n# of women using any method of contraception with EU support (EURF), which also contributes to the result framework.

The **EU Member States** reported a total number of 250 programmes contributing to GAP II. Objective 10 was included in 37 programmes around the world and objective 11 in nine programmes implemented in Africa Central & Western and the EU Neighbourhood Policy and Enlargement Negotiations region and in four global actions.

The EU Member States selected Objectives 10 indicators for 25 programmes. Indicator 10.3, % of beneficiaries using hospitals, health centres, and clinics providing basic drinking water, adequate sanitation and adequate hygiene (SDG 6.5), was the most selected, in 20 programmes all over the world. Particularly, the indicator was integrated in programmes targeting physical and mental health of Syrian women, including refugees in Lebanon and Jordan, as well as women refugees in Iraq and South Sudan. Indicator 10.2, proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate –severe depression) who are using services (SDG 3.28), was used for a global UNFPA programme to combat VAWG with emphasis on disability and for two programmes benefiting Bosnian and Syrian women, respectively. Among objective 11 indicators, the EU Member

³² Focus countries: **West and Central Africa:** Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo Republic, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo; **East and Southern Africa:** Burundi, Democratic Republic of Congo, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Sudan, Uganda, Tanzania, Zimbabwe; **Asia and the Pacific:** Lao People's Democratic Republic, Myanmar, Nepal, Papua New Guinea, Timor-Leste; Arab States; Yemen; and **Latin America and the Caribbean:** Bolivia, Haiti, Honduras.

States chose only indicator 11.4, met demand for family planning (SDG 5.44), for two programmes, the UNFPA supply programme and an intervention in support of women and children in Rwanda.

The **EU Delegations and EU Member States in country** reported 2.746 actions globally as contributing to GAP II in 2017. Objective 10 was selected 110 times in 88 programmes and objective 11 was selected 154 times in 138 programmes, which represents an increase of 100 % and 120 % respectively compared to 2016.

At a regional level, these numbers need to be linked with the total number of reported actions which is obviously higher for regions with a higher number of countries and of contributing EU Member States. However, some trends can be observed when combining the value of the occurrences with the number of programmes per region. For example, objective 10 scored highest in Central Asia with 11 % of occurrences, followed by eastern & southern Africa and Asia & Pacific (6 % each), Americas (4 %), and EU Neighbourhood Policy and Enlargement Negotiations and Africa central & western and Central (3 % each).

The selection of GAP objectives related indicators helps to appreciate the type of support that the EU Delegations and EU Member States in the region have reported as contributing to SRHR in the regions.

For example, only EU Delegation to Niger – a country heavily struck by malnutrition, especially among children and pregnant women who are highly exposed to the risk of contracting malaria - selected indicator 10.1, % people in malaria-endemic areas sleeping under insecticide-treated bed nets (SDG 3.11), for a multilateral initiative managed by the WHO and in a bilateral initiative to support the national statistic system.

13 EU Delegations across the regions selected indicator 10.2, proportion of persons with a severe mental disorder who are using services (SDG 3.28), for programmes to fight domestic violence (Burundi), support the capacity building of the mental health and psychosocial support system (Sudan), and of families and CSOs working with people with disabilities (China & Mongolia, Eritrea and Laos), promote durable peace (Myanmar), improve the nutrition sector (Bangladesh and Afghanistan), prevent and combat forced marriages under the Khmer Rouge (Cambodia), and improve the health care and education access for the population victim of the conflict (Palestine and Syria).

31 EU Delegations across all regions selected indicator 10.3, % of beneficiaries using hospitals, health centres, and clinics providing basic drinking water, adequate sanitation and hygiene, for 57 different programmes. Programmes range from comprehensive support to the national health care systems (Kosovo, Nicaragua and Palestine), to promoting human rights (El Salvador and Zambia) and conflict management (Nigeria), combating HIV/AIDS (Swaziland), strengthening the national reproductive health care system (Malawi), supporting CSO working on SRHR (Guinea Bissau, Madagascar and Kenya), paediatric emergency responses (Eritrea), assistance to VAWG survivors (DRC, Myanmar, Afghanistan and Georgia), dedicated programmes to improve SRHR (Afghanistan) and FP (Cambodia), and improving energy provision for the health centres (Albania).

Indicator 10.4, n# of people with advanced HIV infection receiving antiretroviral drugs with EU support (EURF), was selected for ad hoc programmes only by EU Delegations to Cambodia and to Kyrgyzstan. Indicator 10.5, equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women, was selected by six for eight programmes to

support RMNCH (Zambia), improve the health systems (Cambodia, DRC, Bangladesh and Peru), including in conflict areas (Syria).

GAP objective 11, specifically focuses on a rights-based approach to SRH, both in terms of access to services and choice. All related indicators were selected across all the regions. Indicator 11.1, maternal mortality ratio, was chosen by 20 EU Delegations in programmes supporting UNFPA (Afghanistan, Somalia and South Sudan) the national health system at different levels (Burundi, Cambodia, DRC, Ethiopia, Guinea, Morocco and Senegal), prevention and protection from obstetrical violence (Mexico), support to nomadic population (Niger), support to population under humanitarian crisis (South Sudan and Syria), and a specific programme aiming to improve the monitoring of MNCH according to the Muskoka methodology. Indicator 11.2, antenatal care services coverage (at least one visit and at least four visits) (SDG3.2), was used in programmes aimed to improve the reproductive care system (Cambodia, DRC, Egypt, Ethiopia, Guinea, Mongolia, Mozambique, Peru and Senegal), as well as in programmes to prevent VAWG (Myanmar) and for the assistance of vulnerable women (Lebanon), including in conflict situations (Syria).

Indicator 11.3, % of women with cervical cancer screening (SDG 3.17), was selected for awareness raising programmes (Cuba and Jordan) and for programmes aiming to improve the health and access to health for refugees (Sudan). Indicator 11.4, met demand for family planning (SDG 5.44), was chosen for programmes supporting the ‘SheDecides’ campaign (Burkina Faso), access to RMNCH services for women (China and Egypt), and to support UNFPA programmes (Myanmar, Palestine and South Africa). Notably, indicator 11.5, % of young people receiving comprehensive sexuality education (SDG 5.5), was the most chosen indicator across all the regions, which clearly shows the engagement of the EU delegations and Member States in countries to improve RMNCH through allowing informed choices, especially by young people. This is undoubtedly one of the indicators for actions that are likely to be transformative because it points at structural societal changes by making new generations aware and knowledgeable about SRHR. The initiatives mainly consist in awareness raising campaigns (Bangladesh and Botswana), including for people affected by HIV/AIDS (Cambodia and Egypt) or for the rights of transgender people (China), support to the health and the education sectors at different levels (Benin, Cuba, DRC and Zambia), prevention of early pregnancies (El Salvador and Madagascar), comprehensive sexuality education (South Africa, Togo and Uganda). Finally, indicator 11.7, n# of births attended by skilled personnel with EU support (EURF), was included in the framework of programmes supporting the work of CSOs (Bangladesh), the work of the Red Cross (Cameroon), preventing morbidity-mortality linked to unwanted pregnancies (DRC), in the framework of a rural roads rehabilitation programme (Myanmar), and within actions to support the national health care system (DRC, Zambia and Morocco).

Some results and good practices on SRHR

The EU result framework provides aggregated results of EU-funded programmes over selected indicators in 100 partner countries across the world on an annual basis. The EURF is being reviewed following the new priorities of the New Consensus on Development. For the scope of this report, results relevant to some of the SRHR areas are mentioned for July 2015-June 2016 and July 2016-June 2017 reporting years. The GAVI initiative (€200 million for 2016-2020) and the UNFPA supplies programme (€20 million for 2016-2017) are not reflected in the 2016-2017 data as only results from programmes which ended in the reporting period could be included in the figures. Hence, it is difficult to draw firm conclusions from the data presented as investments and results through ongoing programmes are not included in the data presented. The table below summarises the EU RF most relevant results for SRHR for the reporting periods 2015-2016 and 2016-2017.

EU Results Framework indicator	Results 2015-16	Results 2016-17
FOOD SECURITY AND NUTRITION		
Number of women of reproductive age and children under five benefiting from nutrition-related programmes	916 000	1 492 000
HEALTH		
Number of births attended by skilled health personnel	6 852 000	3 096 000
Number of one-year-olds immunised ³³	5 373 000	1 399 000
Number of women using any method of contraception	70 000	1 949 000
Number of people with HIV infection receiving anti-retroviral therapy ³⁴	10 000 000	11 000 000
Number of insecticide-treated bed nets distributed ³⁵	111 000 000	136 000 000

As an illustration of the on-going contribution to the SRHR around the world, follow examples of programmes supported by the EU.

The UNFPA supplies programmes: improving access to essential reproductive health commodities and SRHR

The UNFPA supplies programme is a multi-donor trust fund managed by UNFPA since 2007 with the overall objective to increasing availability and utilisation of RH commodities in support of reproductive and sexual health services including FP, especially for poor and marginalised women and girls in 46 low and low-middle income countries.

The EU has prioritised in its GPGC MIP 2014-2020 improving access to essential health commodities and sexual and reproductive health services. During 2016-2017 the UNFPA supplies programme received €20 million EU support aimed at contributing to universal access to reproductive health.

Stressing the importance of SRHR, **the European Parliament has increased the budgetary allocations to GPGC for 2018 by €12.5 million specifically earmarked for SRHR and human development.** A proposal for ongoing support to the UNFPA Supplies programme for the 2018-2020 period, including the additional €12.5 million allocated by EP for 2018, is currently going through its internal approval process.

The European Commission is an active member of the UNFPA supplies programme's steering committee and the recently established donor accountability council providing ample opportunity to take an active role in strategic decision making and shaping the approach for ensuring global commodity security also beyond the current programme.

³³ The EU support to GAVI, the Vaccine Alliance for which contracts ended in 2015/16 contributed to the results presented

³⁴ The EU support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) contributed to the results presented. No EU contract with GFATM ended in the 2015/2016 and 2016/2017 and EU ongoing support to GFATM contributed to the results reported for these years.

³⁵ The EU support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) contributed to the results presented. No EU contract with GFATM ended in the 2015/2016 and 2016/2017 and EU ongoing support to GFATM contributed to the results reported for these years.

Thanks to this initiative, during 2016 and 2017 the needs of approximately **25 million women** were met by the contraceptives procured by UNFPA supplies programme - these were both existing and new users of contraceptives, including those who switched to a different method.

Taking into account only the commodities that UNFPA supplies procured since 2007 to 2017, the estimated impact of the programme has been significant: contraceptives provided had potential to avert an estimated 69 million unintended pregnancies; 1.2 million maternal and new-born deaths; and 21 million unsafe abortions. These contraceptives had potential to save families and countries US\$3.3 billion in direct health-care costs.

UNFPA Supplies programme appraisals reveal that the approach used worked best in countries with established policy and programming in RH, including maternal health. Strong government support and a functional health system at the community level facilitated improvements in RH commodity security.

Commission Services for European Humanitarian Aid and Civil Protection's Health Policy outlines that sexual and reproductive health (SRH) services should preferably be integrated into primary health care rather than being a standalone programme. SRH is almost always included as a part of the basic package of health services (BPHS), which is a package of interventions designed to meet the most important health needs of all segments of the population at community, primary health care facility and, at times, hospital level. **Commission services for European Humanitarian Aid and Civil Protection's health technical guidelines refers also to the minimum initial service package of reproductive health in crises (MISP)**. MISP is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis.

For instance, Commission services for European Humanitarian Aid and Civil Protection has supported UNFPA in the **Syria** crisis: 140 emergency reproductive health kits have been distributed to different health facilities throughout the country, providing not only RH services, but also protection for GBV cases, particularly women and girls.

In **Guinea Bissau** gender issues were given special attention as part of the maternal and child health improvement interventions. The patriarchal society represents a socio-cultural obstacle for women and girls' access to SRHR services. In the framework of the EIDHR 2016-2017 programme community health workers have been trained with the aim to promote access to reproductive health services through awareness raising sessions at family, traditional authorities and schools level. The programme includes discussion sessions with women's associations and women's community leaders to better understand the barriers to women's access to health services and develop solutions, e.g. the mothers' homes, and a targeted literacy programme as part of the programme, *Actions collectives et territoriales intégrées pour la valorisation de l'agriculture*" (ACTIVA)³⁶.

In **Belarus**, a project with UNFPA within the framework of the good governance project (AAP 2017) was reported as the Delegation's major achievement for gender equality in 2017. The programme aims at creating a conducive environment to ensure the effective cooperation of CSOs

³⁶ The programme EU-ACTIVA is an inclusive rural development programme aiming to boost agriculture in Guinea Bissau, a sector that employ more than 70% of the active national population https://ec.europa.eu/europeaid/mesure-speciale-en-faveur-de-laction-ue-activa-actions-collectives-et-territoriales-integrees-pour_fr

and state authorities in joint formulation and implementation of programmes and initiatives with a focus on men's and boys' engagement, striving to address patriarchal gender stereotypes and roles, combating gender-based violence/domestic violence (GBV/DV) and **promotion of SRHR for young people**, along with social innovations at the local, regional and national level.

In **El Salvador**, the programme 'Ciudad Mujer' provides women with specialised services and quality sexual and reproductive health care, comprehensive attention protocols were developed and are being used to support women facing gender-based violence (including legal counselling, the possibility of entering a complaint, and psychological care, etc.). Furthermore, the programme provides education on women's rights, and services to improve their conditions for employability/entrepreneurship, all in a single service point. Within the programme 'Comunidades solidarias' PACSES which works with the Presidency's Technical and Planning Secretariat, the Technical Assistance team supported the design of an inter-institutional initiative engaging all relevant Salvadorian public institutions (Ministries of Health and Education, Instituto de la Mujer, Instituto de la Juventud, the Presidency's Technical and Planning Secretariat, etc.) to **prevent teenage pregnancies**.

In addition, CSO projects are co-funded by the EU Delegation under its thematic budget lines and EIDHR programme to improve the understanding of sexual and reproductive health and right issues as fundamental rights. Some of the most important activities under execution are: support groups for women victims of sexual violence; awareness campaign on SRHR; inter-institutional coordination between municipalities (gender unit) and health centres; awareness assemblies for the improvement of knowledge of SRHR; strengthening of local organisations working on SRHR; trainings for young members of local networks; trainings for staff members of the Ministry of Health; preparation of spaces to attend to young lesbian, gay, bisexual, transsexual and intersex (LGBTI) persons in health centres.

In **Nepal** girls' and women's physical and psychological integrity are targeted in the Partnership for enhanced nutrition project which contributes to the GAP objectives 10, equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women. The programme Water and agriculture based village enhancement (WAVE) specifically contributes to the achievements of GAP objective 11, promoted, protected and fulfilled right of every individual to have control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence, particularly addresses **discriminatory practices against menstruating women**.

In **Uganda**, SRHR is a cross-cutting issue for all development interventions. In the focal sector 1 – transport infrastructure, fighting violence against women and girls and empowering them to have control over their sexual and reproductive life is targeted in the project, Capacity improvement of the Kampala northern bypass, where dedicated activities related to social protection, including SRHR have been included to target project workers and local communities. In the focal sector 2 – food security and agriculture and in the focal sector 3 – fighting violence against women and girls and empowering them to have control over their sexual and reproductive life are objectives respectively of the Development initiative for Northern Uganda (DINU) programme and of the Democratic governance facility (DGF) programme.

In **Angola**, the EU Delegation led the coordination of donors and initiatives on maternal and child health including nutrition and supported the production and delivery of the MCH Handbook all over the country in partnership with the Ministry of Health, JICA and UNICEF. During policy dialogue the importance of strengthening nutrition governance in Angola was also raised and the EU Delegation encouraged the Government of Angola to join the scaling up nutrition (SUN) movement.

In **Guinea (Conakry)**, the second programme to strengthen the health sector adopted in 2017 for €23 million will aim to ensure better access to the health services for women and improving their control over own sexuality and reproductive health. The programme will also promote healthy nutrition and raise awareness about violence against women, including female genital mutilation. The promotion of this objective is also sought by the second budget support programme (PACE 2, with €60 million, adopted in 2017) through the selection of performance indicators related to the provision of quality maternal health services.

In North-East **Nigeria**, the programme **I-SING - Investing in the safety and integrity of Nigerian girls** aims to improve the protection, access to informal education and economic empowerment of 12 000 teenagers through a community approach, based on an existing network of community committees, women's groups and trainers in north-east Nigeria. In addition to young girls, the programme targets 5 000 teenage boys through activities to improve their means of subsistence while enhancing their awareness of the added value of gender equality and healthy masculinity. In 600 safe spaces girls and boys learn life skills and reproductive health through tailored curricula, participate in facilitated drama activities to express feelings and issues related to violence, and build friendships with other girls and learn from a mentor.

In **Malawi**, the programme Improving secondary education completion rates among girls and other vulnerable students³⁷ aims to contribute towards increased enrolment, retention and completion rates in secondary school particularly for female and other vulnerable students (OV). The programme is mobilising, establishing and training community structures to support girls' education, in particular those who dropped out of school. Among the structures that have been established there are mother groups and area and village development committees. It is estimated that the programme will lead to 90 % completion rates for targeted females/OVs and 90 % increase in awareness on gender-based violence.

In **Nepal**, the programme Elimination of the discrimination against women based on the traditional ritual practices, pursues the objective of eliminating traditional, deeply rooted Chaupadi practice from the remote villages of Karnali by targeting 2 625 women and adolescent girls, 1 550 people from various civil societies, male supporting groups, and traditional healers from the project area. School awareness raising programme have been started about the menstrual care, sexual and reproductive health rights. 210 adolescents' girls receive homemade sanitary pads and 24 secondary schools will be equipped with sex-disaggregated toilets.

³⁷ https://ec.europa.eu/europeaid/projects/improving-secondary-education-completion-rates-among-girls-and-other-vulnerable-students_en

In **Tanzania**, The Global partnership for education (GPE) programme focuses on improving literacy and numeracy for children of pre-primary and lower primary ages with special attention to marginalised children. The key intermediate results expected are: improved skills in learning and teaching reading, writing and arithmetic skills; improved education sector planning and management; and improved community engagement. The previous GPE grant in Zanzibar contributed to significant progress in the education sector and included equipping 40 schools with safe counselling spaces, 1 056 counsellors were trained on how to provide support to children on gender specific issues; school counsellors conducted awareness meetings with girls to discuss the issues of early marriage and pregnancy before completing basic education.