

Generation Equality Accountability Report 2024

**Action Coalition on
Bodily Autonomy
and Sexual and
Reproductive
Health and Rights**

GENERATION EQUALITY

Generation Equality is a multi-stakeholder initiative convened by UN Women in partnership with civil society, youth, governments, the private sector and philanthropists to catalyze partners, increase investments, drive results and accelerate the full and effective implementation of the Beijing Platform for Action and the Sustainable Development Goals. Generation Equality is anchored in the UN Decade of Action. It emphasizes the achievement of Sustainable Development Goal 5 on gender equality and the delivery of the 2030 Agenda for Sustainable Development to benefit women and girls in all their diversity.

View the report at: <https://commitments.generationequality.org/>

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Chief, Research and Data: Papa Seck

Chief a.i., Governance and Participation: Nazneen Damji

Report Co-leads: Maureen Gitonga and Shakira Choonara

Report Authors: Maureen Gitonga, Shakira Choonara, Raymond Jacky Shama, Asha Meagher, Varsha Appaji, and Laura Gagliardone

Production, Communication and Outreach: Laura Gagliardone and Balnur Yerezhap

Reviewers: Ziad Sheikh, Harriette Williams Bright, Roya Murphy and Svenja Siemonsen

Additional acknowledgements: Fadekemi Akinfaderin, Mabel Bianco, Marguerite Bannwarth, Sidsel Bleken, Euphrasie Adjami Barry, Violeta Canaves, Helene Christensen, Cibele Cesca, Alissa Marie Collins, Diana Copeland, Carla Arita Carozzo, Svetlana Cvetkovska, Véronique Dussaussois, Emilie Filmer-Wilson, Eunice García, Leila Hanafi, Lena Hothés, Abbi Knell, Mengjia Liang, Yasmine Janah, Sonia Ch. López, Ruth Mbone, Dawn Minott, Zoneziwoh Mbondgulo-Wondieh, Joweri Namulondo, Karin Maria Mattsson, Jose Niza, Marija Paunova Krstevska, Javier Piriz, Tarcila Rivera Zea, Anne-Sophie Stockmarr, Marie Soulie, Jeevika Shiv, Hedda Himle Skandsen, Trine Angeline Sig, Kaya Sy, Sivananthi Thanenthiran, Andrea Vega Troncoso, Linda Weisert

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Design: Botha Swarts

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ACRONYMS

AGYW	Adolescents Girls and Young Women
BPfA	Beijing Platform for Action
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHIRAPAQ	Center for Indigenous Cultures of Peru
CSE	Comprehensive sexuality education
CSOs	Civil society organizations
CRC	Convention on the Rights of the Child
CRSV	Conflict-related sexual violence
CYP	Couple-Years of Protection
DAC	Development Assistance Committee
ECMIA	Continental Network of Indigenous Women of the Americas
ENAPEA	Mexico’s National Strategy for the Prevention of Pregnancy in Adolescents
EU	European Union
FGM	Female genital mutilation
GBV	Gender-based violence
GFF	Global Financing Facility
ICPD	International Conference on Population and Development
ICPD-PoA	International Conference on Population and Development’s Programme of Action
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and queer people
ODA	Official development assistance
ODAS	Organisation pour le Dialogue pour l’Avortement Sécurisé
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
SOJFEP	Solidarité des Jeunes Filles pour l’Education et l’Intégration Socioprofessionnelle
SRHR	Sexual and reproductive health and rights
TANGO	Association of Non-Governmental Organizations in The Gambia
TFC	The Global Finance Facility’s Trust Fund Committee
UHC	Universal health coverage
UNFPA	United Nations Population Fund
WHO	World Health Organization

KEY FINDINGS

1

There is an increase in engagement and accountability. Reporting rates for the 2024 Generation Equality Accountability Survey for the Action Coalition on Bodily Autonomy and sexual and reproductive health and rights (SRHR) have improved significantly, with 109 organizations reporting on 181 SRHR commitments—an increase of 30 commitments being reported from 2023. The reporting rate at the commitment level is 71%, compared to 58% in 2023. Of these commitments, 13% have achieved their objectives, 82% are in progress and 94% of in-progress commitments are reported to be on track.



2

Financial commitments pledged, secured and spent increased in 2024, totaling USD \$6.7 billion, compared to USD \$6.1 billion in 2023, of which USD \$3.3 billion has been secured, and nearly 70% of those funds have already been spent. This represents a significant improvement compared to 2023, where only 39% of secured funds were spent. Action Coalition Leaders, for example, France and Denmark are driving significant investments towards SRHR. France reaffirmed its commitment made in 2021 by dedicating EUR €400 million to SRHR over the next five years. The government of Denmark reported directing USD \$159,000,000 towards SRHR large-scale programmes led by the International Planned Parenthood Federation (IPPF) and supporting the UNFPA Supplies Partnership.



3

Policy, programmatic and advocacy efforts have been scaled up. SRHR initiatives have grown significantly, with 172 new or revised policies, 769 new programmes and 483 new advocacy initiatives reported in 2024. These initiatives include notable policy changes, such as new bi-laws on menstrual health in Malawi and Ghana. Commitment Makers, such as Reproductive Health Network Kenya, reached over 1 million people through online SRHR campaigns, trained 17,521 young people in comprehensive sexuality education (CSE) and engaged healthcare providers in SRHR service provision and advocacy.



4

Generation Equality is recognized as instrumental in advancing Sustainable Development Goal (SDG) 5 on gender equality and the objectives of the 2030 Agenda. In 2024, 94% Commitment Makers in the Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights (SRHR) expressed support scaling up Generation Equality beyond 2026 to accelerate the 2030 Agenda. Moreover, nearly 80% of Commitment Makers in the Action Coalition identified benefits from being part of Generation Equality, with 62% valuing sustainable partnerships as crucial for achieving gender equality. However, only 22% of respondents felt the initiative successfully mobilized new financial resources.



5

Stakeholders are implementing diverse priorities across action areas. Philanthropies led in expanding CSE by 100%, while governments focused on increasing SRHR decision-making and bodily autonomy by 79%. Youth-led groups prioritize abortion and contraception access (62%), and civil society organizations (CSOs) prioritize CSE and increasing SRHR decision-making and bodily autonomy (69%). Private sector engagement remains limited, with only a few commitments towards the action area on increasing SRHR decision-making. Across the board, 76% of SRHR commitments reportedly support marginalized groups and communities.



6

Commitment Makers are applying an intersectional approach to their efforts. Out of the 181 SRHR commitments, 64 of them (35%) are reported as being part of a collective commitment. Nearly 80% of these collective commitments involve an advocacy component, highlighting collective efforts to raise awareness and drive change, especially in the SRHR and gender-based violence (GBV) Action Coalitions.



7

Commitment Makers are expanding universal access to SRHR, ensuring no one is left behind. About 75% of commitments (138 out of 181) support marginalized groups. Of these, 91% focus on people in poverty or vulnerable situations; 70% support people with disabilities; 53% target ethnic, religious, or racial minorities; and 49% aim to assist LGBTQI+ communities. Additionally, 44% prioritize migrants and displaced populations, 37% focus on indigenous women and communities and 39% support people living with human immunodeficiency virus (HIV).



8

Lessons learned and promising practices on increasing bodily autonomy and SRHR are being scaled up. For instance, the Government of Mexico is implementing the National Strategy for the Prevention of Pregnancy in Adolescents (ENAPEA), allocating **405.6 million pesos** (2019-2023) to reduce adolescent pregnancies by 50 per cent in two states - Yucatán and Jalisco. Real Relief, a Denmark-based company, is addressing period poverty through sustainable products and local production facilities empowering women. The Global Financing Facility (GFF) is increasing SRHR investment, expanding access to family planning services worldwide.



9

Catalytic partnerships are increasing. Over 500 partnerships were reported in 2024, with 83% of commitments engaging in new or expanded partnerships, primarily involving CSOs, governments and media. Partnerships are national or sub-national (39%) but also span global and regional levels. Notable examples include the Fòs Feminista Alliance, which worked with more than 230 partners and allies, such as local healthcare providers, rights-based educators, youth leaders and many more, to provide over USD \$18 million in financial support to partners.



10

Commitment Makers are playing a critical role in engaging men and boys to challenge patriarchal gender norms. Initiatives include philanthropic organization Dasra's digital "Switch The Soch" campaign, which engages young men in conversations around equitable partnerships, reaching more than 5 million people in India. The European Commission is another Commitment Maker leading various initiatives such as social media campaigns to challenge gender stereotypes and a network to curb gender-based violence (GBV) with a strong emphasis on engaging men and boys as agents of change. These campaigns have reached millions globally, with efforts to educate men and boys on promoting positive masculinity, non-violent conflict resolution and respectful relationships.



11

While some progress has been made towards the blueprint targets and indicators, none of the seven SRHR targets have been met or are close to being met⁴. One of nine SRHR indicators, which measures the number of children covered by education policies that guide the delivery of life skills-based HIV and sexuality education,⁴ is moderately distant from its target 50 million children. Three indicators are far or very far from their targets.



INTRODUCTION

Launched in 2021 in Mexico City and Paris, Generation Equality signifies a powerful commitment to hastening progress towards achieving gender equality and empowering women and girls. It does so through tangible and measurable actions, directly contributing to the 2030 Agenda. Generation Equality's six thematic Action Coalitions and the Women, Peace and Security and Humanitarian Action Compact (WPS-HA) are dynamic, multi-stakeholder alliances driving strong advocacy towards gender equality. **Generation Equality drives greater gender-responsive investments and delivers concrete and transformative results for women and girls.**

The [2024 Accountability Report](#) confirms and consolidates the solid progress reported at the Generation Equality midpoint in 2023 and presents examples of how commitments are benefitting millions of women and girls. Based on 1,308 reported commitments, 16 per cent of them are now completed and 75 per cent are in progress, 3 per cent are at the planning stage and only 2 per cent have yet to kick off. Financial commitments, which constitute the backbone of Generation Equality, have increased from USD \$40 billion in 2021 to USD \$50.3 billion, exceeding the amount announced in Paris in 2021 by more than 25 per cent*. Generation Equality is also driving significant impact through 1,926 new or scaled-up policies, 4,448 programmes and 5,739 advocacy initiatives. Signatories of the WPS-HA Compact reported spending at least USD \$1.5 billion and reached at least 24.8 million women and girls in 2023. Looking ahead, **94 per cent of Commitment Makers reported that Generation Equality's actions should be scaled up beyond 2026** to serve as an accelerator for the 2030 Agenda.

Among the six Action Coalitions, the Bodily Autonomy and SRHR Action Coalition is dedicated to meeting the needs of girls, adolescents, women, transgender and gender non-binary people in all their diversity. In an era of growing pushback against SRHR, the Action Coalition is centered on advancing the ambitious action areas and targets set out in the [Global Acceleration Plan](#): expanding CSE; increasing access to contraception and abortion services; increasing SRHR decision-making and bodily autonomy; and strengthening girls, women and feminist organizations and networks to promote access to SRHR. Ending harmful practices such as the elimination of child marriages and female genital mutilation (FGM) is a collective commitment that also spans the Action Coalition on GBV.

The Action Coalition is actively working towards scaling up universal access to SRHR globally and to ensure no one is left behind. Its multi-stakeholder efforts are focused on eliminating legal and policy barriers, investing in education, increasing financing and, importantly, addressing harmful social norms that prevent women and girls from making informed decisions about their bodies.

Drawing on the [Accountability Framework survey](#) conducted in 2024, this in-depth Accountability Report for the Action Coalition on Bodily Autonomy and SRHR provides a detailed snapshot of implementation and progress reported by 109 Commitment Makers, including governments, CSOs, philanthropic organizations, the private sector and youth who are driving advocacy towards the realization of SRHR globally. This in-depth report provides insights into best practices and maps out actions being led by Commitment Makers and partners. It highlights the populations reached, giving insight into the strong impact, outcomes and results achieved.

The Action Coalition on Bodily Autonomy and SRHR's vision for success

All people, particularly girls, adolescents, women, transgender and gender non-binary people in all their diversity **are empowered to exercise their SRHR and make autonomous decisions about their bodies** free from coercion, violence and discrimination. SRHR information, education and services are freely available, accessible, acceptable and high quality. Girls', women's and feminist organizations and funds and their allies are strengthened to advance SRHR. More governments promote, protect and invest in SRHR, including as part of universal health coverage (UHC). Working across Action Coalitions, with multiple stakeholders and at all levels, we transform gender and social norms and promote gender equality, applying an intersectional, human rights-based approach.

Why does bodily autonomy and SRHR matter?

Achieving good health, well-being and gender equality are central to meeting the SDGs, specifically SDGs 3 and 5. Since progressive global declarations were adopted 30 years ago through the International Conference on Population and Development (ICPD) and the Beijing

Platform for Action (BPfA), SRHR progress has been mixed. Only 76 per cent of laws and regulations required to guarantee full and equal access to SRHR are in place globally.⁵ Marginalized groups, including adolescent girls, LGBTIQ+ individuals and those in poverty, face greater barriers to accessing SRHR services.⁶ The number of women using modern contraceptive methods has doubled. The global maternal mortality ratio dropped by 34 per cent from 2000 to 2020, yet almost 800 women still die every day from preventable pregnancy and childbirth-related causes⁷.

Current data shows that globally, one in five women aged 20-24 was married before age 18 and that child marriages are 14.4 per cent higher in conflict versus non-conflict zones⁸.

Increasing access to SRHR is instrumental to achieving the right to health and gender equality. The ability of women, girls and diverse populations to control what happens to their own bodies has broader, more severe impacts on gender equality and economic empowerment. It affects their access to education, employment, political participation and the ability to participate fully in society.

Without SRHR, they are at increased risk of experiencing unintended pregnancies, maternal mortality, GBV and HIV. Addressing SRHR gaps is vital to achieving gender equality and realizing rights as well as improving health outcomes for women and girls globally. Investing in SRHR leads to positive outcomes across health, education and

economic sectors, making it a critical pillar for sustainable development and gender equality efforts.⁹

What needs to change?

To create lasting change, **we must prioritize addressing systemic inequalities and drivers** such as poverty, age, race, disability status, residence or location and harmful social and cultural norms that continue to hinder access to healthcare services and SRHR. At current rates, it will take an additional 137 years to end extreme poverty among women. Under a worst-case climate change scenario, up to 158 million more women and girls could be pushed into extreme poverty by 2050, with nearly half of them in sub-Saharan Africa¹⁰.

Other actions include increasing political will to strongly advocate and uphold SRHR through investments and enabling policies and legislation. In a global context marked by an increasing number of conflicts and wars, it is essential to ensure the provision of SRHR services - 60 per cent of maternal deaths occur in conflict settings, where the maternal mortality ratio is nearly double the global average, at 417 deaths per 100,000 live births.¹¹ In **Gaza**, out of 155,000 pregnant women and new mothers, 15,000 are facing famine¹². In **Sudan**, 1.2 million women who are pregnant or breastfeeding are at risk of severe health complications and were expected to suffer from malnutrition this year¹³. These realities highlight the **urgent need for targeted health interventions and resources to support maternal health.**¹⁴



Action Coalition Leaders and Commitment Makers hold a convening "Accountability Moment for SRHR" at Women Deliver 2023, in Kigali, Rwanda

* Financial resources reflect self-reporting by commitment makers, no funding is centrally managed by UN Women or any partner

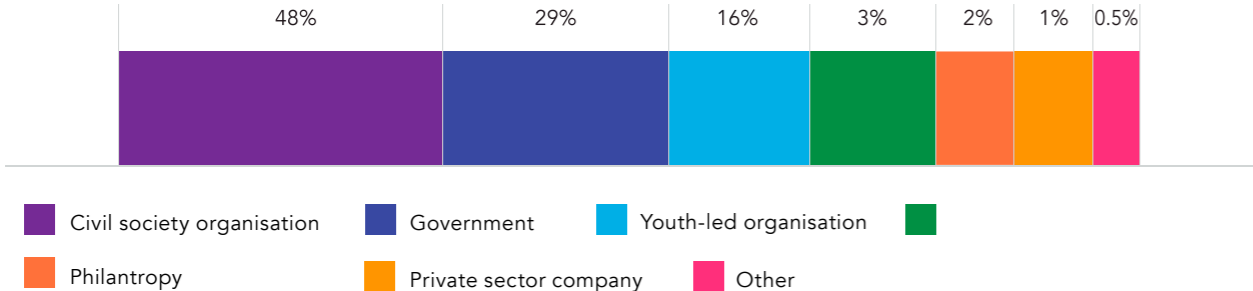
TAKING STOCK OF PROGRESS

Increased reporting drives accountability and results

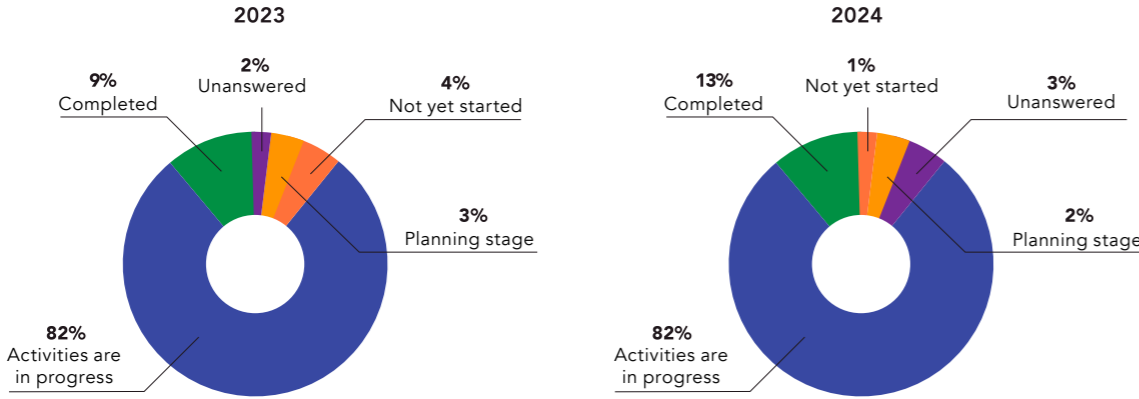
The 2024 Commitments Reporting Survey shows sustained progress in implementing SRHR commitments. This year, **109 organizations reported on 181 commitments**—30 more than in the 2023 Commitment Reporting Survey. The reporting rate was 71 per cent at the commitment level, compared to 58 per cent in 2023. Out of the total committed, 13 per cent have already achieved their objectives (up 4 percentage points compared to 2023), 82 per cent are in progress, 2 per cent are at the planning stage and only 1 per cent have yet to commence.¹⁵

Of the commitments yet to be completed, 94 per cent are reported to be on track, up 5 percentage points compared to 2023. However, under 5 per cent remain off track¹⁶. Governments report the highest percentage of completed commitments (23 per cent), and all other government commitments are reported to be on track (100 per cent). Factors contributing to commitments being off track include budget and resource constraints and challenging political environments such as conflict and fragility.

NUMBER OF COMMITMENT MAKERS, BY ORGANIZATION TYPE

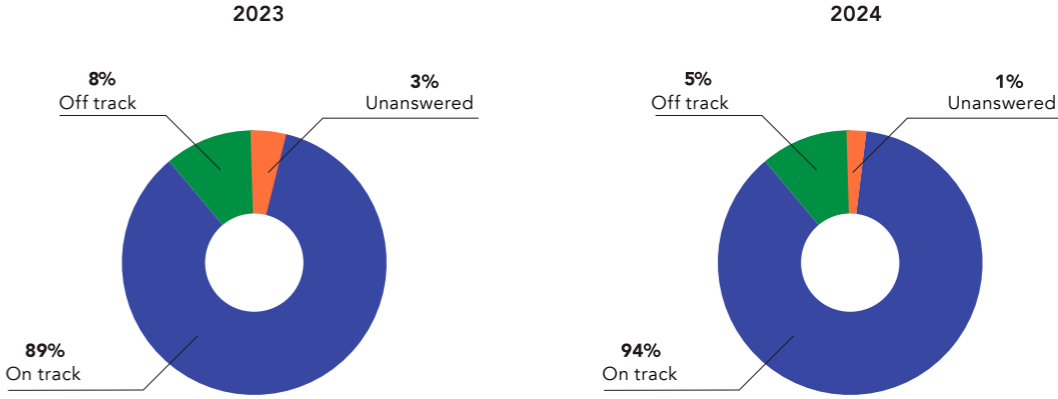


STAGE OF IMPLEMENTATION OF ECONOMIC JUSTICE AND RIGHTS COMMITMENTS



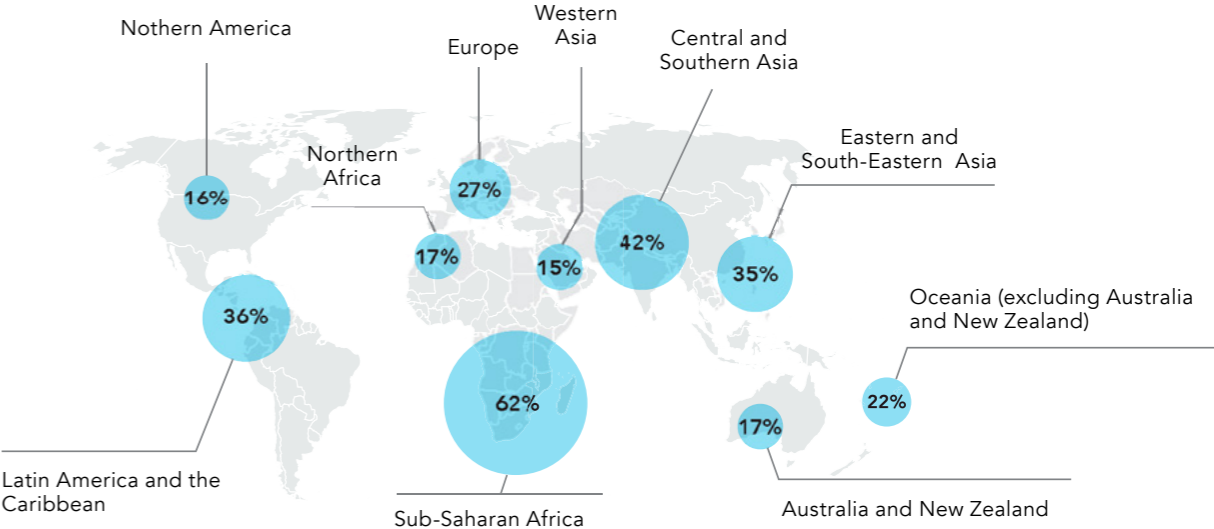
Note: The pace of implementation is calculated based on the number of commitments for which their stage of implementation is not marked as "completed."

STAGE AND PACE OF IMPLEMENTATION OF ECONOMIC JUSTICE AND RIGHTS COMMITMENTS



Note: The pace of implementation is calculated based on the number of commitments for which their stage of implementation is not marked as "completed."

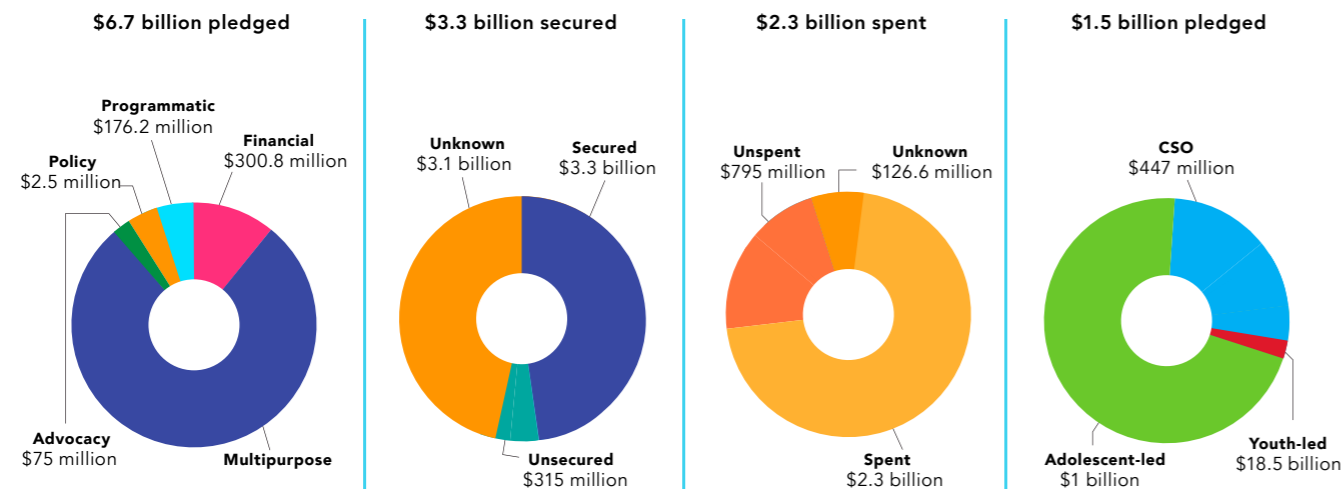
PERCENTAGE OF COMMITMENTS, BY IMPLEMENTATION REGION



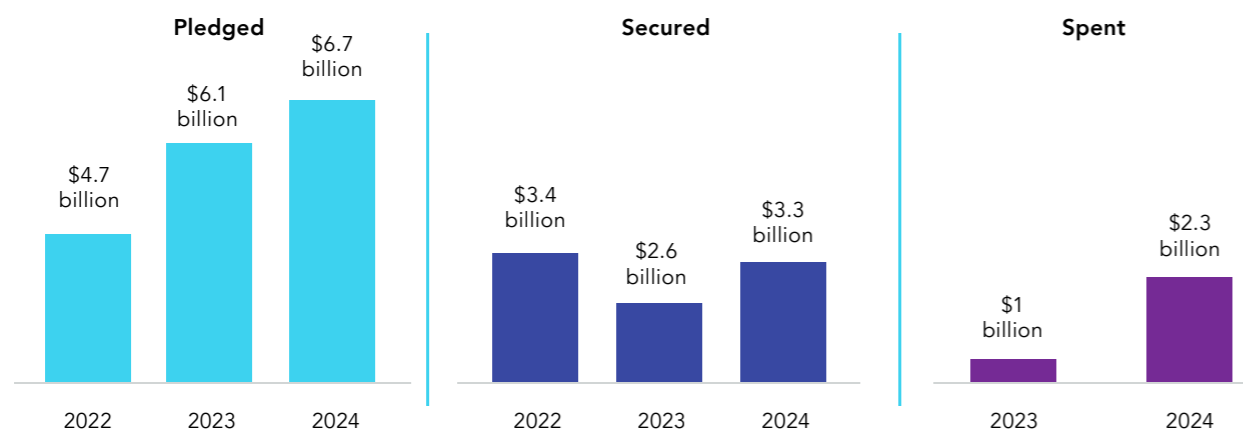
Note: The figure was derived from a multiple-choice question in which respondents could select more than one implementation region. Country groupings above are based on geographic regions defined by the United Nations Statistics Division.¹⁴

BREAKING DOWN THE PLEDGE: SOURCES AND CONTRIBUTIONS TOWARDS SRHR COMMITMENTS

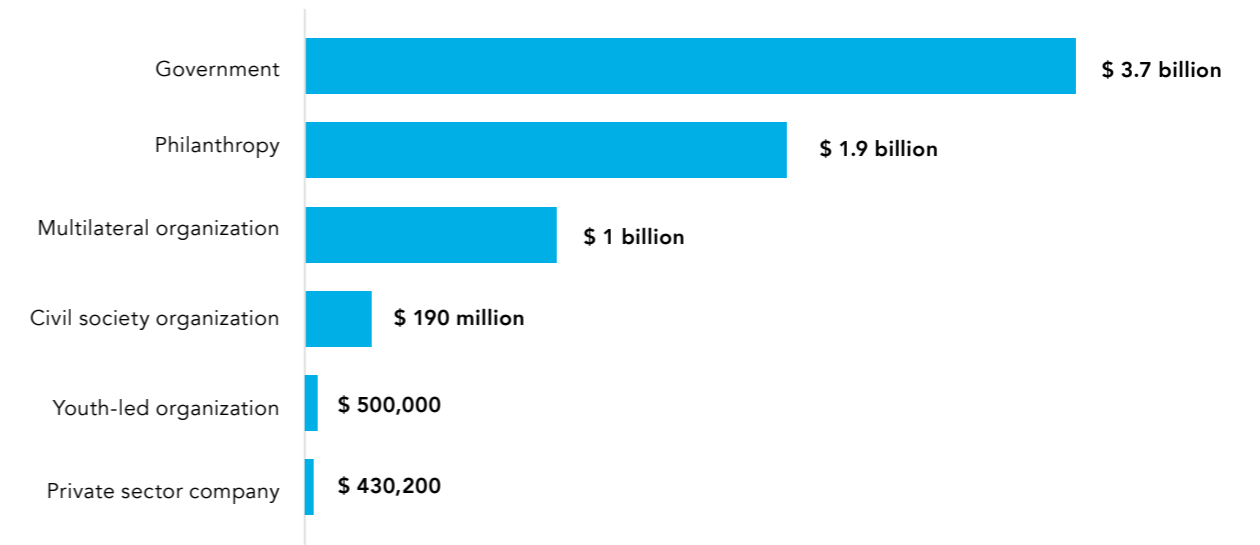
BREAKDOWN OF FINANCIAL DATA REPORTED



INVESTMENTS OVER TIME – PLEDGED, SECURED, SPENT



FINANCIAL PLEDGE BY ORGANISATION TYPE



Grand Total \$ 6.7 billion

As in 2023, this year has seen an **increase in financial pledges reported by commitment makers, reaching USD \$6.7 billion, based on 44 reported financial commitments** being implemented*. Of this amount, USD \$3.3 billion has been secured, and nearly 70 per cent of the secured funds have already been spent. This is a significant improvement compared to the 39 per cent of secured funds spent in 2023. Specifically, 50 per cent of the total funding pledged in 2024 and 2023, comes from just three commitments (out of the 44 financial commitments made), totaling \$3.4 billion.²⁰ As a leader of the Action Coalition on Bodily Autonomy and SRHR, **France reaffirmed its commitment made in 2021 by dedicating EUR €400 million to SRHR over the next five years.** This funding will be directed through various

programmes, including UNFPA's Supplies Partnership, which delivers a choice of modern contraceptives and life-saving maternal health medicines to adolescents and women in need, and the Organisation pour le Dialogue pour l'Avortement Sécurisé (ODAS), the Center for Safe Abortion in West Africa. These efforts underscore France's continued leadership and substantial investments in promoting SRHR globally. The government of Denmark is another SRHR Leader and champion providing significant financial investments, with USD \$159 million directed towards large-scale programmes led by the International Planned Parenthood Federation (IPPF) and supporting the UNFPA Supplies Partnership.



* Financial resources reflect self-reporting by commitment makers, no funding is centrally managed by UN Women or any partner

SRHR COMMITMENT INITIATIVES SPUR SIGNIFICANT PROGRESS

“Being a leader of the Action Coalition on SRHR is a unique experience for The Continental Network of Indigenous Women of the Americas (ECMIA) and the Center for Indigenous Cultures of Peru (CHIRAPAQ), because it allows us to make visible the inequalities that we, indigenous women, youth and girls, have been facing in terms of SRHR, from an intercultural and intergenerational perspective. Through the Coalition, we are able to contribute from our different realities and contexts. The Action Coalition allows us to promote processes of influence, of articulation, of agendas, and of generating precedents that contribute to social and political change to construct a more just and equitable society.”

—Sonia Ch. López
CHIRAPAQ and ECMIA

Commitment Makers have reported significant progress in 2024, with 128 advocacy, 119 programmes, 85 policies, resulting in 483 new advocacy initiatives (263 more than 2023), 769 new programmes (469 more than 2023) and 172 new or revised policies (25 more than 2023). The **Government of France**, an Action Coalition Leader, enshrined the right to abortion in the constitution. In African countries, Commitment Makers are leading efforts to spur SRHR policy and legislative reforms. For example, **Days for Girls’** advocacy efforts led to new bi-laws in Malawi outlawing harmful practices related to menstrual health and contributed to removing the Value Added Tax (VAT) on menstrual hygiene products in Malawi and Ghana.

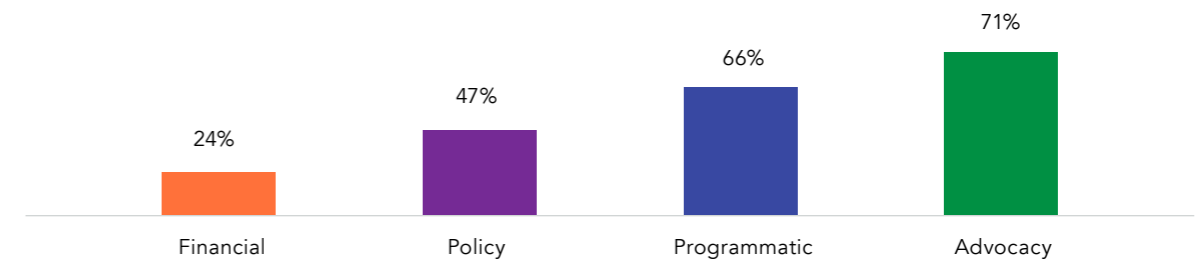
All SRHR programmatic initiatives involve a financial commitment, and many are geared towards improving family planning options (e.g., increasing access to modern contraceptives, safe abortions and CSE). Additionally, Commitment Makers are showing significant success in reach, engagement and collaboration to advance bodily autonomy and SRHR. For example, the **Government of Canada** secured funding for 21 projects, valued at CAD \$36.1 million, which addressed and focused on numerous areas, including LGBTIQ+ communities, indigenous populations, youth-specific issues and a focus on complex health conditions such as endometriosis. **MSI**

Reproductive Choices, an international non-governmental organization headquartered in the United Kingdom (UK), **has supported over 23 million women and girls with their reproductive health** across 36 countries and six continents through collaborative action. Additionally, MSI has partnered with 22 governments to train public sector workers, strengthening facilities, supply chains and national health systems.

The majority of SRHR reported commitments are from CSOs. For multilateral organizations, most SRHR commitments are programmatic, while for philanthropies they are financial in nature. Governments, on the other hand, have committed to policy reforms; however, they also account for \$3.7 billion of the total pledged. For private sector companies, youth-led organizations and CSOs, most commitments are targeted towards advocacy. Both CSOs and youth-led organizations have the lowest percentage of financial commitments. In the 2024 survey, this represents 15 and 3 per cent of their total SRHR commitments, respectively. Considering all SRHR financial commitments (including those not reported on in the survey), 31 per cent come from CSOs, while over 6 per cent come from youth-led organizations. Out of 11 programmatic commitments from the private sector pledge to Generation Equality since 2021, none were reported in the 2024 Survey Report.

In addition to ongoing activities, organizations have reported several new or scaled-up initiatives stemming from their existing SRHR commitments:

SHARE OF COMMITMENTS, BY COMMITMENT TYPE



SHARE OF COMMITMENT TYPES, BY ORGANIZATION



Note: Many commitments have more than one commitment type and are therefore counted multiple times (once in each relevant category). As a result, the breakdown of “commitment type” surpasses the total number of commitments reported.

CATALYTIC PARTNERSHIPS, STRONG MOVEMENTS AND COLLECTIVE ACTION ARE CRUCIAL

“The Action Coalition has been an important platform helping champion, choice and empowerment for women and girls in all their diversity, as well as facilitating collaboration with partners across the sexual reproductive health & rights ecosystem, which has enriched our grant-making. The coalition plays a valuable role in not only catalyzing concerted action and commitments but also in holding Generation Equality partners accountable for delivering on them and making the case for sustained financing for SRHR at a time of increasing backlash and deep funding gaps.”

—Linda Weisert
Global Director, Equity, Gender, & Youth, Children’s Investment Fund Foundation

Nearly 80 per cent of Commitment Makers reported significant advantages to being part of the Action Coalition on Bodily Autonomy and SRHR. Specifically, 62 per cent valued the beneficial and sustainable nature of partnerships established, close to half (47 per cent) of Commitment Makers acknowledged the importance of the improved enabling environment to advocate for SRHR through the Action Coalition and 34 per cent highlighted an enhancement in technical capacity because of participating in the Action Coalition.¹⁸ Only 22 per cent of Commitment Makers reported that they had successfully mobilized new financial resources by participating in the Action Coalition, and 6 per cent recognized an increase in unconditional or flexible funding.

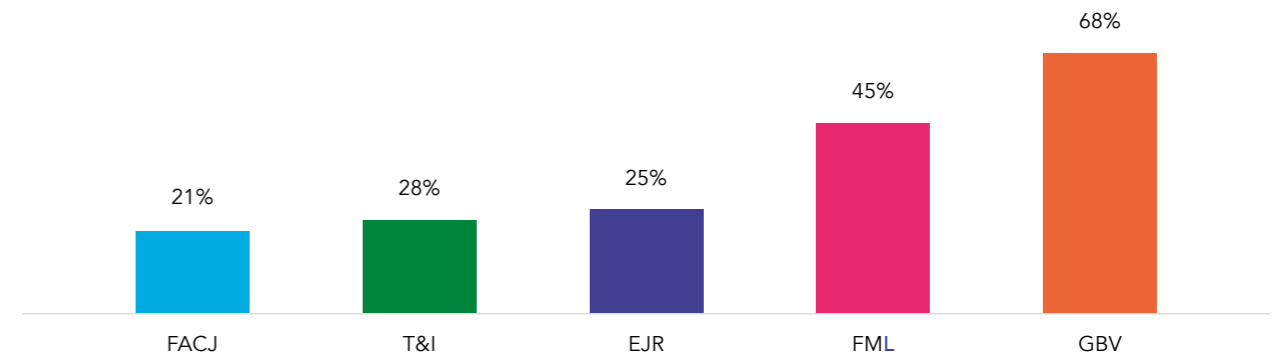
In 2024, Commitment Makers reported over 500 partnerships¹⁹, with 83 per cent reportedly engaging new partners or expanding their ongoing collaborations. Similarly, across both organization type and headquarters regions, partnerships predominantly involve engaging other CSOs (25 per cent), followed by governments (18 per cent) and multilateral organizations (12 per cent). Overall, 39 per cent of SRHR partnerships are national or sub-national, while 30 per cent are global and 27 per cent are regional.

SRHR commitments are highly cross-cutting and intersectional in nature, with several spanning multiple Action Coalitions and

the WPS-HA. For instance, 56 per cent of SRHR commitments have thematic linkages with other Action Coalitions, including 68 per cent that are also part of the GBV Action Coalition and 46 per cent that are also part of Feminist Movements and Leadership.²⁰ In Sub-Saharan Africa, Solidarité des Jeunes Filles pour l’Education et l’Intégration Socioprofessionnelle (SOJFEP), a youth-led organization, implements a commitment that spans both the Action Coalition on Bodily Autonomy and SRHR and the Action Coalition on GBV. SOJFEP raised awareness among 162 adolescent girls at risk of forced marriages/unions, supported 172 survivors of forced marriages/unions who experienced other forms of GBV and has provided nearly 500 women with access to safe abortions.

Looking ahead, 94 per cent of Commitment Makers in the Action Coalition on Bodily Autonomy and SRHR expressed that Generation Equality should be scaled up beyond 2026, viewing it as a critical accelerator for advancing the 2030 Agenda. In total, 69 per cent of Commitment Makers believe Generation Equality will continue to be instrumental in catalyzing collective action, 65 per cent hope it will continue to facilitate increased public and private investment and 60 per cent see it as a platform for igniting critical multi-stakeholder conversations. Additionally, almost half (47 per cent) emphasized the initiative’s potential to generate concrete and game-changing results.

SRHR COMMITMENTS WITH THEMATIC LINKAGES TO OTHER ACTION COALITIONS



Of the 181 SRHR commitments, 64 (35 per cent) are reported as being part of a collective commitment. Nearly 80 per cent of these collective commitments involve an advocacy component, highlighting collective efforts to raise awareness and drive change, especially on the fronts of SRHR and GBV. Only 22 per cent of collective commitments include a financial component, suggesting the need for stronger resource mobilization. The majority of SRHR collective commitments focus on capacity building, such as training young women, teachers and peer educators in SRHR education and advocacy.

Example 1: Advancing collective commitments, strengthening feminist movements and leadership to counter the backlash against Bodily Autonomy and SRHR

At the 57th Commission on Population and Development, in May 2024, the United Nations Population Fund (UNFPA) and a Leader within the Action Coalition on Bodily Autonomy and SRHR organized a roundtable centered on strengthening girls’, women’s and feminist organizations and networks to counter the growing pushback against bodily autonomy and SRHR. Close to 20 Commitment Makers and Leaders from the Action Coalition, including government representatives, UN agencies, funders, civil society and youth and feminist movement actors, participated in the discussion. The session facilitated the sharing of knowledge, lessons learnt and good practices among stakeholders on how to strengthen feminist mobilization to secure and protect progress through the following tracks: a) advocacy and alliance building, b) social accountability mechanisms, c) holistic programming for girls and women’s bodily autonomy and d) partnerships and financing.

Participants reached consensus on leveraging the following opportunities to counter growing threats to bodily autonomy and SRHR:

- Building stronger alliances, strengthening joint advocacy efforts and advancing the intergenerational feminist dialogue on bodily autonomy and SRHR at all levels.
- Protecting and advancing global frameworks on Bodily Autonomy and SRHR such as the International Conference on Population and Development, Programme of Action (ICPD PoA) and the Pact for the Future and including feminist representation in intergovernmental and policy spaces.
- Strengthening accountability mechanisms towards bodily autonomy and SRHR at all levels.
- Increasing financing and investing in young people, young feminists and feminist organizations towards the bodily autonomy and SRHR agenda on the road to 2030.
- Leveraging the pivotal role of women’s and feminist funds in empowering feminist movements worldwide through flexible multi-year funding modalities, thus enabling civil society to lead initiatives and shape outcomes in bodily autonomy and SRHR.

Example 2: Joint advocacy prevented policy regression at national level

A key result of joint advocacy across Action Coalitions at the national level is the prevention of the repeal of The Gambia's Female Genital Mutilation (FGM) law thanks to the collaborative efforts of the Bodily Autonomy and SRHR, FML and GBV Action Coalitions. Through a [joint advocacy statement](#), endorsed by 150 signatories including OHCHR, UNFPA, UN Women and WHO, the coalitions influenced key decision-makers, both locally and globally. The [Association of Non-Governmental Organizations in The Gambia \(TANGO\)](#) used the statement in negotiations with Members of Parliament and during side events in The Gambia's Parliament, as did Equality Now at the 56th UN Human Rights Council in Geneva (July 2024). This is a testament to the efforts of the three Action Coalition Leaders, Commitment Makers and other stakeholders, demonstrating the power of collective action in protecting women's rights and shaping future advocacy efforts beyond 2026.



Fos Feminista brought together Leaders and Commitment Makers to discuss, "Feminist Financing for SRHR and Gender Equality: Policies, Partnerships & Practices" during the sixty-eighth Commission Status of Women held at the United Nations Headquarters, in New York

Generation Equality cross-action coalition solidarity statement: Protect women and girls in their diversity, uphold the ban on female genital mutilation in The Gambia and beyond

03 July 2024

The Generation Equality Action Coalition Leaders, and Commitment Makers, a wide network of feminist organizations and human rights defenders, who are signatories to this statement, firmly oppose any legislative attempts, in any context, which set back women and girls' rights. **Accelerating action to end harmful practices, including Female Genital Mutilation (FGM)** is a collective commitment across the Generation Equality Action Coalition on Gender-Based Violence and the Action Coalition on Bodily Autonomy and Sexual and Reproductive Health and Rights, and cross-cutting the work and efforts of the Action Coalition on Feminist Movement and Leadership.

We are issuing this statement in response to the ongoing and alarming developments related to the possible repeal of sections of the Women's (Amendment) Act of 2015 aimed at reversing the ban on FGM in The Gambia. We strongly appeal to all members of the National Assembly and policymakers in The Gambia to vote against this bill and not support or move ahead with the repeal. We consider the potential repeal of this law to be a severe setback in terms of gains made on human rights, gender equality, the empowerment of women and girls and public health in the country, with severe gendered repercussions extending well beyond The Gambia.

In The Gambia itself, 73 per cent of women aged 15-49 have undergone FGM. In 2024, nearly 4.4 million girls, or more than 12,000 each day, are at risk of undergoing FGM around the world. In The Gambia, where such crises are recurring, repealing the existing FGM law would further exacerbate women and girls' vulnerability, jeopardizing their health and economic potential, thereby hindering national development. **Women and girls who undergo FGM are at a higher risk of experiencing significant health complications**, including chronic pain, infections, urinary and vaginal problems, menstrual issues, increased risk of childbirth complications, long-term gynecological problems such as fistula, psychological effects such as post-traumatic stress disorder, psychological trauma and are even at risk of death. FGM affects women and girls' right to dignity, as well as their rights to education, health, freedom from inhumane and degrading treatment, bodily autonomy and the right to life.

According to WHO's Cost Calculator, if FGM continues until the year 2047, it will affect 1.3 million Gambian girls and cost the country USD \$8.4 million annually. Completely eradicating the practice could save 870,000 girls and reduce costs by USD \$5.7 million per year in The Gambia, savings that could be allocated to other developmental needs of the country.

As signatories of this statement, **we collectively recognize the passing of the Women's (Amendment) Act of 2015 in The Gambia, which criminalized FGM and imposed relevant penalties.** The law is foundational and enables the implementation of critical policies, strategies and interventions to eliminate FGM. This law reflects a commitment to protecting women and girls, protecting the right to health and advancing gender equality.

We, the signatories of this statement, openly call for The Gambia's reaffirmation towards its obligations to uphold global, regional, sub-regional and in-country commitments to protect and respect human rights. Reversing the ban on FGM sets back the collective global efforts to eliminate this harmful practice, which are enshrined in treaties ratified by The Gambia, including the Maputo Protocol, the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and continental initiatives such as the Saleema Initiative.

We stand firmly in solidarity with, applaud and support organizations championing women and girls' rights, including local organizations such as The Gambia Committee on Traditional Practices, TANGO, youth-led organizations and survivors themselves who are standing against the repeal.

As Generation Equality Action Coalition Leaders and Commitment Makers, a wide network of feminist organizations and human rights defenders, **we remain fully committed to supporting and ending FGM as a harmful practice globally.** We are calling all stakeholders to take a stand against the reversal of the ban on FGM in The Gambia and beyond. Protective legislation is crucial to gender equality and helps build a fair, just and equal society. We further call for the wide-scale implementation of the anti-FGM law in The Gambia, which must continue to be promoted among stakeholders including religious leaders, traditional leaders and communities to address harmful social and cultural norms. In line with the principles and ethos of Generation Equality, we call on all stakeholders to invest in and heed the calls of local CSOs, networks and champions that stand against FGM and for gender equality.

Stand up for gender equality and the right to health, stand up for women and girls in The Gambia and beyond, **take action** and end FGM.²¹



Example 3: Strengthened collaboration between Action Coalitions on Gender Equality, SRHR and the Climate Crisis

In 2024, efforts to foster collaboration and exchange between the **Action Coalition on Bodily Autonomy and SRHR** and the **Feminist Action for Climate Justice Action Coalition (FACJ)** remained strong. Commitment Makers have been working to establish more robust cross-thematic collaboration frameworks and initiatives that address the interconnected challenges of climate change, gender equality and SRHR.

In June 2024, a cross-coalition collaborative session brought together Action Coalition Leaders, Commitment Makers and strategic partners to discuss and share their initiatives aimed at prioritizing SRHR in the context of the climate crisis. During this session, participants outlined key activities and priorities for the way forward.

Several Commitment Makers are spearheading advocacy efforts. For example, **Women Deliver** co-convenes the SRHR and Climate Justice Coalition, which unites over 100 organizations to push for the integration of SRHR into climate policies. They also support youth organizations and activists and develop advocacy materials. **ARROW for Change** is actively engaged in policy advocacy at the intersection of SRHR and climate change while also supporting national partners in the Asia-Pacific region that address these critical issues.

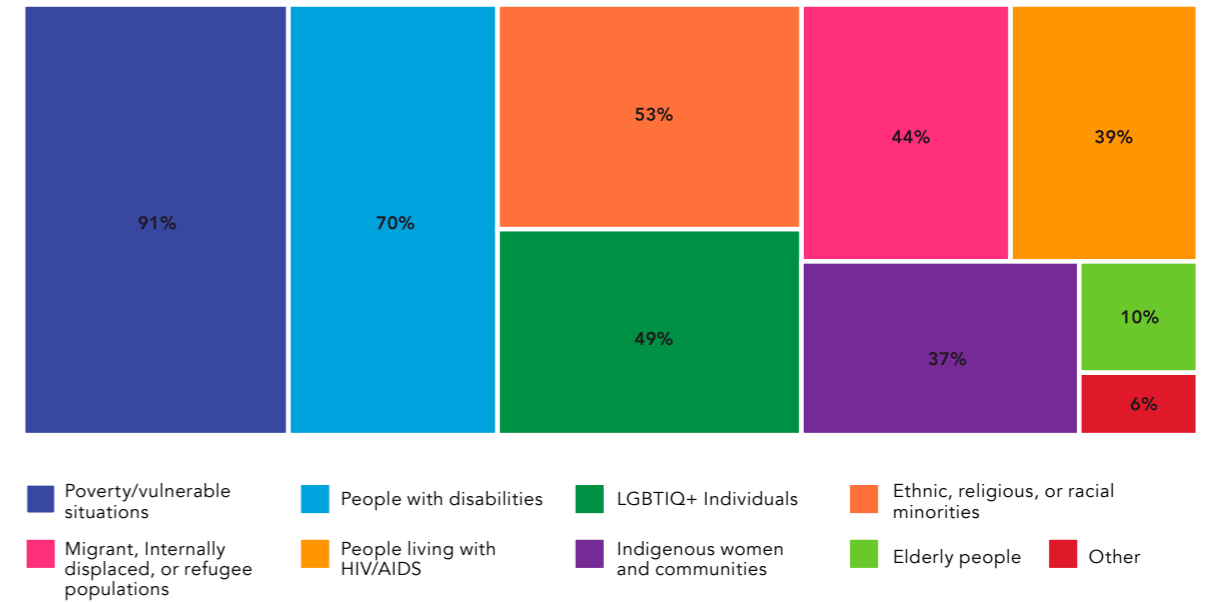
Youth organizations across the Action Coalitions are also reporting notable collaborative efforts. For instance, the **Youth Coalition and Fridays for Future** are working together to build collective advocacy strategies and drive accountability on SRHR, climate change and population dynamics. These initiatives include youth-led discussions on the connection between bodily autonomy and climate change. Additionally, organizations like **Menstrual Hygiene Friendly Spaces (MHFS) in India** are implementing environmentally sustainable menstrual health products, further bridging the gap between SRHR and climate action.

UNIVERSAL ACCESS TO SRHR ENSURES NO ONE IS LEFT BEHIND

Catalytic partnerships play a pivotal role in advancing universal access to SRHR by prioritizing marginalized groups and fostering inclusive implementation. These partnerships have enabled close to 75 per cent of commitments (138 out of 181 total) to focus on supporting communities in vulnerable situations, prioritizing the principle of no one is left behind. Of these commitments, the largest share of support (91 per cent) is for people in poverty or vulnerable situations. A total of 70 per

cent of commitments reportedly support people with disabilities; 53 per cent support ethnic, religious, or racial minorities; and 49 per cent aim to reach LGBTQI+ communities. Forty-four per cent of commitments prioritize migrants and internally displaced populations, 37 per cent include a focus on indigenous women and communities and 39 per cent focus on people living with HIV.²² The smallest share of support goes towards elderly populations.

SHARE OF SRHR COMMITMENTS SUPPORTING MARGINALIZED GROUPS



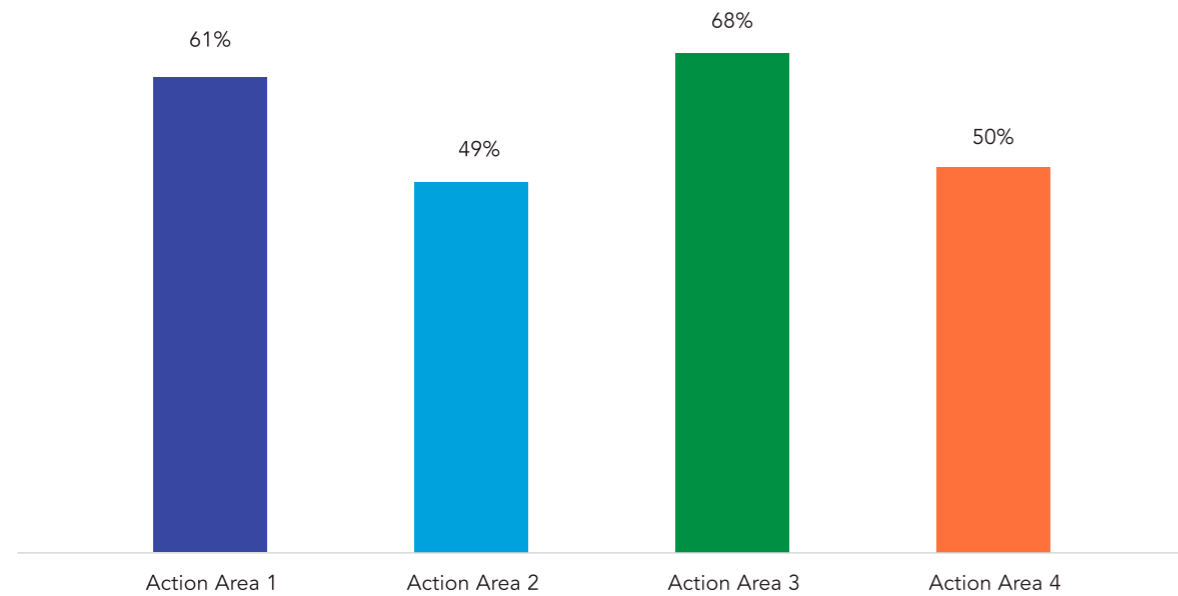
Commitments to advancing the four action areas of the blueprint are almost evenly distributed. Most commitments (68 per cent) focus on increasing SRHR decision-making and bodily autonomy, followed by 61 per cent of commitments aimed at expanding CSE. Close to 50 per cent of commitments center on increasing access to abortion and contraception and 50 per cent focus on strengthening girls', women's and feminist organizations and networks.

Philanthropic organizations show the highest level of interest in increasing access to contraception and abortion services (100 per cent). Similarly, 50 per cent of commitments by **multilateral organizations** aim to increase access to abortion and contraception. The highest percentage of commitments aimed at increasing SRHR decision-making and bodily autonomy are among governments (79 per cent) and **CSOs** (79 per cent). **Youth-led organizations** and the **private sector** focus on expanding access to CSE at 62 per cent and 50 per cent, respectively.

There are diverse priorities in terms of **organization type** and **advancing the four action areas of the blueprint**.

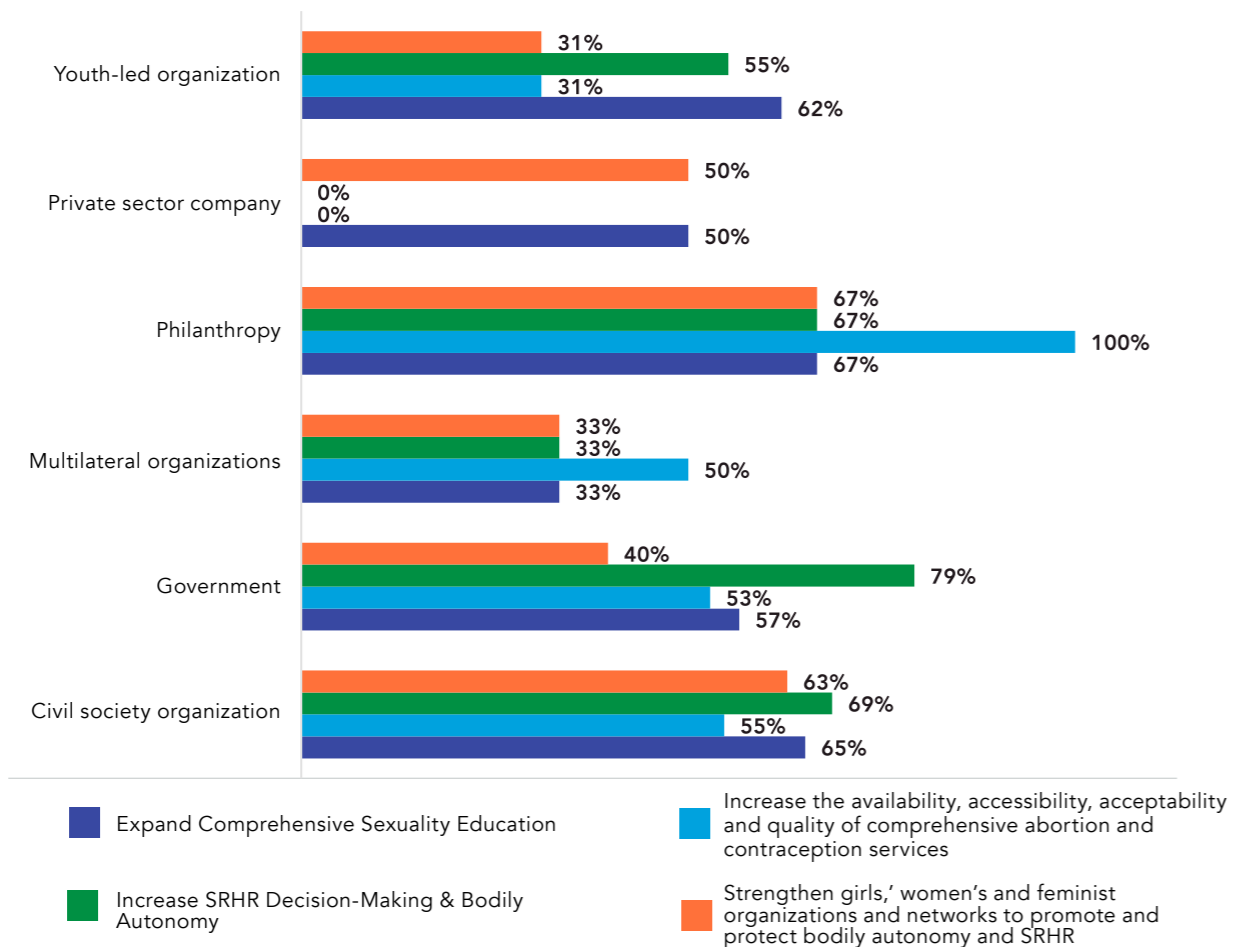


SRHR ACTION AREAS



Note: Action Area 1: Expand Comprehensive Sexuality Education; Action Area 2: Increase the availability, accessibility, acceptability and quality of comprehensive abortion and contraception services; Action Area 3: Increase SRHR Decision-Making & Bodily Autonomy; Action Area 4: Strengthen girls, women's and feminist organizations and networks to promote and protect bodily autonomy and SRHR.

ACTION AREAS, BY ORGANIZATION TYPE



KEY FINDINGS FROM THE WPS-HA COMPACT 2024 ACCOUNTABILITY REPORT: PROTECTING AND PROMOTING WOMEN'S HUMAN RIGHTS IN CRISIS AND CONFLICT

Protecting and promoting women's human rights, including SRHR, is one of five thematic pillars in the WPS-HA Compact Framework. This pillar seeks to achieve that women and girls in all their diversity in conflict and crisis-affected contexts experience significantly fewer violations of their human rights, and threats, attacks and reprisals against women and girls in these contexts are reduced and their consequences mitigated to the greatest possible extent²². More survivors of these violations, including but not limited to those who have experienced GBV, have access to the full range of gender-responsive and comprehensive survivor-centered services and care, including SRHR services and a holistic range of judicial redress. **Women and girls are increasingly at the center of the design, implementation and evaluation of prevention and response efforts.**



In 2023, WPS-HA Compact signatories spent approximately USD \$1.5 billion implementing Compact Actions, reaching almost 25 million women and girls in crisis and conflict situations. Specifically related to the thematic area of protecting and promoting women's human rights in conflict and crisis contexts, WPS-HA Compact signatories spent at least USD \$166 million. Although few signatories reported implementation that showed significant or exceeded progress compared to 2022 achievements, the overall progress was visible and steady. Signatories have continued to provide financial support to prevent and respond to SRHR needs.

In particular, there is **increased support for the inclusion of gender expertise in conflict-related sexual violence (CRSV) responses**. In 2023, WPS-HA Compact signatories consistently provided gender expertise to UN investigative bodies, UN missions in conflict countries and existing judicial structures in post-conflict countries to boost accountability for GBV and CRSV crimes. They also ensured comprehensive survivor-

centered responses to GBV and CRSV by enhancing the capacities of local structures, both governmental and non-governmental. WPS-HA Compact signatories have adopted new laws, policies and strategies to protect and promote women's human rights. These initiatives aim for a more holistic, comprehensive and survivor-centered approach to sexual and GBV (SGBV), particularly in conflict and crisis contexts. They also emphasize more robust engagement of men and boys against GBV, the promotion of positive masculinities and greater inclusion of women-led organizations and local community actors. For example, in 2023, **Austria** finalized its Strategy for Humanitarian Assistance, focusing on gender-specific needs and SRHR services. It disbursed EUR €12,379 million of its EUR €15,717 million commitments to GBV in humanitarian contexts.

The progress of Action Coalition commitments and the WPS-HA Compact actions was further assessed in the third edition of the Generation Equality Accountability Report.

ADVANCING SRHR BY ENGAGING MEN AND BOYS

One key strategy by Commitment Makers to achieve gender equality is engaging men and boys to transform patriarchal gender norms, especially in the face of systemic pushback and the rollback of women's rights. In 2024, Commitment Makers highlighted approaches to engaging men and boys in SRHR programming. The two examples below showcase how digital campaigns are engaging young men in conversations on equitable partnerships and gender stereotypes and inequalities.

1. Dasra's "Switch the Soch" Campaign

Dasra, an India-based philanthropic organization, implemented a digital campaign called "Switch the Soch" (Switch the Perception) to engage young men in conversations around equitable partnerships. Through active engagement channels and celebrity ambassadors, **the campaign has reached 5.4 million people and directly engaged 1.9 million young people through JOSH**, a video-sharing social media platform in India. A campaign snippet showcasing efforts to involve men and boys in SRHR discourse is freely available online [here](#). The initiative has since expanded across multiple platforms. This campaign was coordinated as part of a multi-partner initiative called Youth Ke Bol (Youth Speak).

2. The European Commission's Campaign Against Gender Stereotypes

In March 2023, the **European Commission launched a campaign among youth to challenge gender stereotypes**. This social media-driven campaign continued into early 2024 and featured a dedicated website with resources on combatting gender stereotypes and inequalities. Additionally, the European Union (EU) officially launched a network for preventing gender-based and domestic violence in November 2023. The network emphasizes violence prevention, particularly involving men and boys as agents of change and addressing the impacts of various masculinities. Projects under the EU's 'Citizens, Equality, Rights and Values' (CERV) programme also tackle the root causes of gender equality by engaging men and boys to promote positive masculinity, non-violent conflict resolution and respectful relationships. Outside the EU, **nearly 2 million men and boys have been educated on these principles**.



SHOWCASED PRACTICES: MEETING SRHR NEEDS THROUGH POLICY STRIDES, INCREASED INVESTMENT, POLICIES AND INNOVATIONS.

IMPACT STORY 1: Reducing Adolescent Pregnancy by nearly 50 per cent in two Mexican states (Yucatán and Jalisco)

In 2024, the government of Mexico reported significant strides in addressing adolescent pregnancy, a critical issue affecting the lives of AGYW. The government allocated **405.6 million pesos (approximately \$20 million)** from 2019 to 2023 towards the implementation of the National Strategy for the Prevention of Pregnancy in Adolescents (ENAPEA). The strategy focused on rolling-out targeted initiatives in two key states: Yucatán and Jalisco, where adolescent pregnancy rates were of particular concern. The impact of these interventions was evident in the reported reduction of more than 50 per cent in adolescent pregnancies in Yucatán and Jalisco.

IMPACT STORY 2: Real Relief provides innovative, environmentally sustainable menstrual health solutions

Period poverty encompasses the lack of access to affordable sanitary products, affecting millions of women and girls globally. In some countries, women and girls are forced to use unsafe and unhygienic alternatives to sanitary products, which can lead to infections, discomfort and missing school or work.

Real Relief, a private sector Commitment Maker, fights against period poverty through two groundbreaking sustainable products: [Gopad](#), **the world's first bio-transformative menstrual pad**, and **Safepad**, **a reusable and antimicrobial sanitary pad**. These innovations provide safe, sustainable and accessible solutions to menstrual health challenges.

Real Relief also **builds the capacity of communities to produce Safepads locally**. By transferring **knowledge and technology**, these efforts have empowered local women and created jobs. Production facilities have been **successfully implemented in eight countries**: Afghanistan, Zambia, South Africa, Uganda, Tanzania, Bangladesh, India and Nepal. Real Relief's work demonstrates that innovative products, technology transfer initiatives and educational programmes form a comprehensive approach to tackling period poverty globally.

IMPACT STORY 3: The Global Financing Facility (GFF) spurs prioritization and investment in SRHR through policy and legal reforms

The Global Financing Facility (GFF), a country-led partnership hosted through the World Bank, is committed to advancing SRHR through increased investments. SRHR is considered to be foundational for improving health outcomes, through supporting policy and legal reforms that remove barriers to access SRHR for women and adolescents. Since 2015, GFF **partner country investments reached 630 million women and adolescents with modern contraceptives, with more than 235 million unintended pregnancies averted**. National-level Investment Cases (ICs) have significantly prioritized SRHR, coupled with GFF grants, increasing investment from 80 per cent in 2021 to 97 per cent in 2022. The GFF Trust Fund Committee (TFC) approved and implemented a CSO host grant of USD \$5 million from 2022 to 2024. These host grants support CSOs to facilitate engagement and advocacy efforts to GFF programmes and initiatives, reaching over 51 organizations in 28 partner countries²⁸.

IMPACT STORY 4: Norway convenes stakeholders to implement the International Conference on Population and Development's Programme of Action (ICPD-PoA)

In April 2024, Norway hosted the Eighth International Parliamentarians' Conference on the **Implementation of the ICPD-PoA** in Oslo. The conference took place at a pivotal time for the international development community, as 2024 marks the 30th anniversary of the ICPD-PoA. A total of **172 parliamentarians and civil society leaders from over 110 countries** participated in the conference. Building on ICPD, Norway and its partners adopted the **Oslo Statement of Commitment**, which calls for urgent implementation and action on the ICPD-PoA reaffirming and renewing support for SRHR efforts globally.

IMPACT STORY 5: EngenderHealth contributes to significant gains in SRHR outcomes globally

The U.S.-based nonprofit, EngenderHealth, advances SRHR through programmes focused on **tangible global and local solutions to scale-up SRHR services**. At the **global level**, in 2023 and 2024, EngenderHealth supported the provision of contraception and abortion services by implementing 11 projects spanning 11 countries. These projects contributed to an estimated 4,002,300 Couple-Years of Protection (CYP); helped avert an estimated 2,006,200 unintended pregnancies, 31,600 child deaths, 2,100 maternal deaths and 676,800 unsafe abortions; and contributed to direct healthcare cost savings of approximately USD \$142 million.

IMPACT STORY 6: Women for A Change (Wfac) leads efforts to strengthen CSE in Cameroon

Women for A Change (Wfac), a nonprofit organization, supports CSE programming for in- and out-of-school youth in Cameroon. Close to **10,000 young people have been directly reached through in-person CSE out-of-school programmes**, and 2,000 people have been reached digitally through [online CSE portals](#). The initiative has also organized access to SRHR services, care and products for 7,000 adolescent girls across Cameroon's 10 regions.

Promising practices under the Bodily Autonomy and SRHR blueprint action areas

ACTION AREA 1: Expand comprehensive sexuality education

Reproductive Health Network Kenya reached over 1 million people through online SRHR campaigns, trained 17,521 young people in comprehensive sexuality education and engaged healthcare providers in SRHR service provision and advocacy.

ACTION AREA 2: Increase the availability, accessibility, acceptability and quality of contraception and comprehensive abortion services

In 2023, Fòs Feminista expanded access to contraception, providing 1,292,801 CYP to people in 25 countries in Latin America and the Caribbean (1,283,835) and Africa (8,966). Fos Feminista also increased access to abortion-related services for 735,715 people (100,591 in Africa, 17,700 in Europe and 617,424 in Latin America and the Caribbean), which included 39,333 self-managed abortions, 278,665 legal abortions and 9,656 post-abortion care procedures.

ACTION AREA 3: Increase SRHR decision-making and bodily autonomy

In 2023, the Youth Coalition for Sexual and Reproductive Rights published the toolkit “The ABC of Bodily Autonomy for Young Persons with Disabilities” to empower young people with disabilities. The toolkit equips them with knowledge about their rights, enabling them to make informed decisions concerning their own lives and bodies. The toolkit’s foundation is rooted in the My Body, My Voice Youth Consultation, a collaborative effort co-created and facilitated by youth with intersecting identities.

ACTION AREA 4: Strengthen girls’, women’s and feminist organizations and networks to promote and defend their right to bodily autonomy and SRHR

The Development Agenda for Girls and Women in Africa Network has implemented a project titled Adolescents Girls and Young Women (AGYW), which aims to engage adolescent girls and young women in decision-making processes to ensure that SRHR objectives are prioritized. In partnership with the Womandla Foundation, 60 AGYW were trained in budget advocacy and monitoring and co-created a position paper that provided the evidence needed for the National Budget Advocacy. The 60 trained AGYW engaged in community National Budget Consultations to advocate for recognizing the Abuja Declaration and allocating 15 per cent of their government’s national health budgets towards health. The project reached over 600 AGYW through messages and resulted in a high-level stakeholder meeting.

GLOBAL ACCELERATION PLAN TRACKER

Action Coalition Leaders set **blueprint targets and indicators** outlined in the [Global Acceleration Plan](#) to track and monitor the Action Coalition’s progress and accountability. This section presents the current state of global progress on bodily autonomy and SRHR, presenting the latest data on blueprint target indicators outlined in Annex 1.²⁴

There remains an urgent need for data that describe the sexual and reproductive health status of (and challenges faced by) women. Throughout 2024, data sourcing efforts for the SRHR blueprint target indicators have led to assessing one more indicator than was possible in 2023. However, one

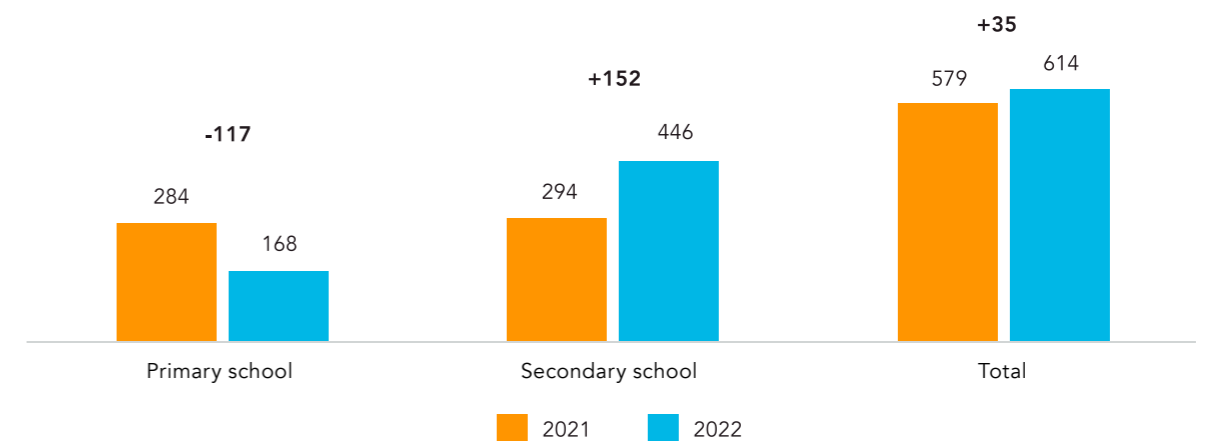
indicator still lacks sufficient data to be measured.²⁵ A baseline has been established for four indicators, and trend data are available for two. At this stage of the Generation Equality timeline, past the Midpoint, trend data are direly needed to contextualize the impact Commitment Makers are having worldwide.²⁶ Five of these indicators are aligned to SDG indicators.

In total, one indicator is a moderate distance from the target, three are far or very far from the target, three have a baseline established, and one lacks data.²⁷

Action Area 1: Expand comprehensive sexuality education

In 2021, 44 countries reported having education policies that guide the delivery of life skills-based HIV and sexuality education in primary schools in line with international standards.²⁸ In 2022, the number of countries increased from 44 to 46. Regarding secondary schools, 56 countries reported having such policies in 2021 and 61 in 2022. In total, almost 35 million more school-aged children were covered by education policies guiding the delivery of life skills-based HIV and sexuality education in 2022 compared to 2021, indicating a positive trend overall.²⁹

CHILDREN COVERED BY THE EDUCATION POLICIES THAT GUIDE THE DELIVERY OF LIFE SKILLS-BASED HIV AND SEXUAL EDUCATION, ACCORDING TO INTERNATIONAL STANDARDS (MILLIONS)

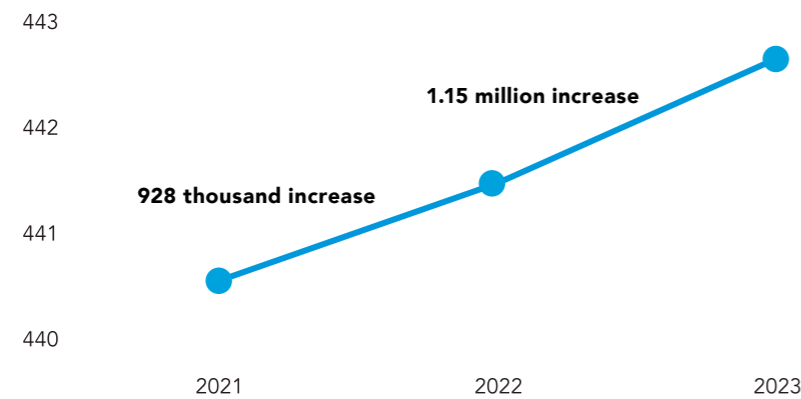


Action Area 2: Increase the availability, accessibility, acceptability and quality of contraception and comprehensive abortion services

Globally, between 2021 and 2023, the proportion of women of reproductive age (aged 15-49) who satisfied their need for family planning with modern methods increased from 77.4 per cent to 77.6 per cent.²⁹ However, family planning services have failed to keep up with the growing population of women of reproductive age. As of 2023, this leaves an estimated 443 million women worldwide with an unmet need for family planning—an increase of over 2 million more women than in 2021.³¹

According to the most recent data, only 12 countries have laws and regulations that guarantee full and equal access to abortion-related sexual and reproductive healthcare, information and education,³² covering only an estimated 64 million women out of the almost 2 billion women of reproductive age across the globe.³³ Post-abortion care and information are reportedly much more accessible, with 108 countries guaranteeing full access, covering an estimated 1.4 billion women of reproductive age.³⁴

NUMBER OF WOMEN WITH AN UNMET NEED FOR FAMILY PLANNING (MILLIONS)



Action Area 3: Increase SRHR decision-making and bodily autonomy

In 2023, 56 per cent of women aged 15-49 made their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare.³⁵ This means an estimated 130 million women did not have decision-making power or bodily autonomy regarding sexual relations, contraceptive use and reproductive healthcare in 2023.³⁶

Regarding broader access to sexual and reproductive healthcare, information and education (defined by the legal and regulatory environment across four parameters through the SDG framework: maternity care, contraception services, sexuality education, and HIV and HPV³⁷ the global average 'extent of access' stood at 76 per cent in 2022. In total, only 16 countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information and education.³⁸

56% OF WOMEN MAKE THEIR OWN INFORMED DECISIONS REGARDING SEXUAL RELATIONS, CONTRACEPTIVE USE AND REPRODUCTIVE HEALTHCARE



Action Area 4: Strengthen girls', women's and feminist organizations and networks to promote and defend their right to bodily autonomy and SRHR

Data on girls', women's and feminist organizations and movements to promote and protect bodily autonomy and SRHR remain sparse. However, some financial data is made available by the Organisation for Economic Co-operation and Development (OECD) to track official development assistance (ODA) dedicated to reproductive healthcare, family planning and sexually transmitted disease control, via the Population Policies and Programmes and Reproductive Health sector³⁹. In 2021-22, on average, only 44 per cent of the ODA committed to this sector included gender equality objectives (\$3.3 billion). This is down from the 2020-21 average of USD \$3.8 billion, representing 45 per cent of commitments to the total sector⁴⁰.



CONCLUSIONS AND RECOMMENDATIONS

Thirty years ago, the world committed to the ICPD-PoA and BPfA, with firm commitments towards universal access to SRHR for all populations, including women and girls. This report comes at a critical juncture as the opportunity to reaffirm and renew commitments towards SRHR presents itself through the 30th anniversary of the BPfA and our efforts to accelerate action towards Agenda 2030.

This report takes stock of progress, implementation and collective achievements that have been made. However, there is still much work ahead. The path toward full gender equality and universal SRHR is not being met, with rising pushback on these fundamental rights including women and girls decision-making and bodily autonomy and the roll-back on legislation as well as SRHR services. **The Action Coalition on Bodily Autonomy and SRHR stands out as a clear example of the high potential of multi-stakeholder partnerships to drive progress and impact.** Feminist and other social movements are not only pushing back but pushing ahead, through increased financial commitments, policy reforms and advocacy, Commitment Makers are demonstrating tangible results including the scale-up of SRHR services. This report shows the high level of implementation and significant impact, the data shows that in 2024 Commitment Makers are leading and implementing 128 advocacy initiatives, 119 programmes, 85 policies and 44 financial commitments, through these commitments, we are reaching 75 per cent of marginalized

populations, including those facing poverty, people with disabilities, LGBTQI+ individuals and ethnic and religious minorities.

The report highlights the power of collaboration, showcasing how partnerships across sectors and different Action Coalitions and the WPS-HA—ranging from national and sub-national to global levels—are driving change. The report finds that 500 partnerships have emerged, with nearly 83 per cent of SRHR Commitment Makers expanding their networks or engaging new partners. These partnerships are vital in tackling the complex challenges we face, from protecting bodily autonomy to eliminating GBV.

As we reflect on these successes, we must also confront the challenges that remain. Too many girls and women continue to face barriers to accessing essential healthcare services and education, compounded by poverty and increased vulnerability due to war, conflict and the climate crisis. Commitment Makers report that while they value being part of the Action Coalition, further efforts are needed to ensure localization. Despite the increased reporting of financial commitments, several Commitment Makers continue to draw attention to the fact that resources still fail to reach local feminist organizations and youth organizations. The findings suggest that concrete steps should be taken, including:

1 RECOMMENDATION

Position bodily autonomy and SRHR as a critical pillar for the 2030 Agenda for Sustainable Development and the Post 2030 Agenda

Investing in bodily autonomy and SRHR is not only essential for advancing gender equality but also foundational for achieving broader goals in health, education and economic development. Bodily autonomy and SRHR is a fundamental human right and a critical driver of sustainable development, with transformative potential across all sectors of society. Addressing existing gaps in SRHR through multi-stakeholder partnerships and mechanisms building on the successes of Generation Equality is key to empowering women and girls and ensuring that no one is left behind in the pursuit of the 2030 Agenda and beyond.

2 RECOMMENDATION

Adopt a systems approach to improve bodily autonomy, and universal access to comprehensive SRHR services

Target policy and legislative reforms and accelerate advocacy campaigns to drive progress on SRHR. To achieve universal access to SRHR, it is essential to integrate SRHR within UHC initiatives and strengthen healthcare systems, including prioritizing services for marginalized populations. Additionally, a systems approach should address reducing structural barriers to SRHR access, such as education, employment and socio-economic inequality, which disproportionately affect women and girls, particularly those in rural and conflict-affected settings.

3 RECOMMENDATION

Enhance partnerships, collaboration and collective action to counter the pushback on bodily autonomy and SRHR.

Build on the successes of cross-coalition efforts, specifically through collective commitments to apply an intersectional approach to upholding rights, which tackles systemic inequalities including multiple forms of discrimination that hinder access to healthcare services. This will help ensure the provision of SRHR during times of war, conflict and climate emergencies. In addition, in response to the growing global pushback on SRHR, it is urgent to invest in Action Area 4 of the Action Coalition blueprint—strengthening girls', women's and feminist organizations and networks at the forefront of promoting and defending women's right to bodily autonomy.

4 RECOMMENDATION

Scale up and invest in promising practices to achieve universal access to SRHR for all populations

Building on successful initiatives being implemented by Commitment Makers, continue to prioritize the inclusion of marginalized groups and engage men and boys in SRHR advocacy. Increased investment in large-scale, promising practices can help bridge gaps in service delivery, expand access to critical SRHR services and promote gender equality.

5 RECOMMENDATION

Strengthen data and accountability.

To measure progress and ensure the effectiveness of SRHR interventions, it is essential to strengthen data collection and increase accountability. This includes tracking progress against blueprint targets and indicators and ensuring that Commitment Makers report on their actions and outcomes consistently. Transparent, accessible data is key to driving continuous improvement, fostering collaboration and holding all stakeholders accountable to their commitments to advancing SRHR globally.

6 RECOMMENDATION

Invest in supporting localization and locally-led action.

Feminist organizations and youth-led groups are pivotal in driving SRHR work at the grassroots level. Invest in local feminist movements and enable these organizations to lead advocacy, service provision and mobilization efforts. Providing flexible, multi-year funding and institutional support to these movements and organizations will enhance their capacity to sustain long-term SRHR efforts, foster local ownership and ensure that the solutions developed are tailored to the specific needs of communities.

ANNEX 1

ANNEX 1

Sexual and Reproductive Health and Rights Action Coalition Blueprint Targets and Indicators Matrix

Target No.	Target	Indicator	Tier	SDG	2024 Assessment
Action Area 1: EXPAND COMPREHENSIVE SEXUALITY EDUCATION					
1	Increase delivery of comprehensive sexuality education in and out of school, reaching 50 million more children, adolescents and youth in all their diversity by 2026.	Estimated number of school-aged children covered by education policies that guide the delivery of life skills-based HIV and sexuality education according to international standards, disaggregated by age (5-8, 9-11, 12-15 and 16-19). TIER II	II		Moderate distance to target *trend available
Action Area 2: INCREASE THE AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY AND QUALITY OF CONTRACEPTION AND COMPREHENSIVE ABORTION SERVICES					
2	Within a comprehensive framework that includes SRHR services as an essential component of UHC for all people, increase the quality of and access to contraceptive services for 50 million more adolescent girls and women in all their diversity.	Unmet need for family planning: all modern methods (number and percentage).	I	3.7.1	Very far from target *trend available
3	Support removal of restrictive policies and legal barriers, ensuring 50 million more adolescent girls and women in all their diversity live in jurisdictions where they can access safe and legal abortion by 2026.	3a: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information and education ((a) Abortion). TIER I; SDG 5.6.2 (sub-component 3 and 4)	I	5.6.2	Baseline established
		3b: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information and education ((b) Post Abortion). TIER I; SDG 5.6.2 (sub-component 3 and 4)	I	5.6.2	Baseline established

Sexual and Reproductive Health and Rights Action Coalition Blueprint Targets and Indicators Matrix

Target No.	Target	Indicator	Tier	SDG	2024 Assessment
Action Area 3: INCREASE SRHR DECISION-MAKING AND BODILY AUTONOMY					
4	Through gender norms change and increasing knowledge of rights, empower all people including 260 million more girls, adolescents and women in all of their diversity to make autonomous decisions about their bodies, sexuality and reproduction by 2026.	Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare.	I	5.6.1	Baseline established
5	Enact legal and policy change to protect and promote bodily autonomy and SRHR in at least 20 countries by 2026.	Number of countries with laws and regulations that guarantee full and equal access to sexual and reproductive healthcare, information and education for women and men aged 15 years and older.	I	5.6.2	Far from target
Action Area 4: STRENGTHEN GIRLS', WOMEN'S AND FEMINIST ORGANIZATIONS AND NETWORKS					
6	Increase accountability to, participation of and support for autonomous feminist and women's organizations (including girl- and adolescent-led and indigenous organizations and collectives), women human rights defenders and peacebuilders.	Proportion of countries with strong and autonomous feminist movements.	III		No data
7	Strengthen organizations, networks and movements working to promote and protect bodily autonomy and SRHR.	Share and amount of bilateral ODA that integrates or is dedicated to gender equality in the Population Policies and Programmes and Reproductive Health sector.	II		Very far from target

i. For 6 per cent of commitments, this question was not answered.

Endnotes

- Action Coalition Bodily Autonomy and Sexual and Reproductive Health and Rights acronym is reflected as SRHR throughout the report.
- The United Nations defines marginalized groups as communities that experience discrimination and exclusion due to unequal power relationships. These groups can be at risk of discrimination based on many personal characteristics, including sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, education, or income.
- There are 61 total blueprint targets measured by 70 indicators and sub-indicators. Of these, seven targets are under the Action Coalition on Bodily Autonomy and SRHR, and they are measured by nine indicators.
- The full SRHR Indicator 1 is the "Estimated number of school-aged children covered by education policies that guide the delivery of life-skills based HIV and sexuality education according to international standards." This indicator measures progress against SRHR Target 1: "Increase delivery of comprehensive sexuality education in and out of school reaching 50 million more children, adolescents, and youth in all their diversity by 2026."
- UN Women. 2024. [Progress on the Sustainable Development Goals: The Gender Snapshot 2024](#).
- UNFPA. 2024. [Interwoven Lives, Threads of Hope: State of the World Population Report 2024](#).
- UNFPA. 2024. [Interwoven Lives, Threads of Hope: State of the World Population Report 2024](#).
- UNFPA. 2024. [Interwoven Lives, Threads of Hope: State of the World Population Report 2024](#).
- UNFPA. 2020. Ensure universal access to sexual and reproductive health and reproductive rights. Measuring SDG Target 5.6. <https://www.unfpa.org/sdg-5-6>
- UN Women. 2024. [Progress on the Sustainable Development Goals: The Gender Snapshot 2024](#).
- UNFPA. 2015. [Maternal mortality in humanitarian crises and in fragile settings](#).
- UN Women. 2024. [Progress on the Sustainable Development Goals: The Gender Snapshot 2024](#).
- UNFPA. 2024. [One Year of War in Sudan](#).
- UN Women. 2024. [Progress on the Sustainable Development Goals: The Gender Snapshot 2024](#)
- For 2 per cent of commitments, this question was not answered.
- For 3 per cent of commitments, this question was not answered.
- A complete list of countries included in each region, sub-region and country group is available at <https://unstats.un.org/sdgs/indicators/regional-groups>.
- The survey question corresponding to this information allowed for the selection of multiple responses. Therefore, percentages may total more than 100 per cent.
- This tally of partnerships is based on the number of commitments for which new partnerships were reported. The corresponding survey question allowed for the selection of multiple responses. Therefore, it may not be reflective of the net number of new partnerships forged across Generation Equality.
- The survey question corresponding to this information allowed for the selection of multiple responses. Therefore, percentages may total more than 100 per cent.
- UN Women. 2024. [Generation Equality cross-action coalition solidarity statement: Protect women and girls in their diversity, uphold the ban on female genital mutilation in The Gambia and beyond | Generation Equality Forum](#).
- The survey question corresponding to this information allowed for the selection of multiple responses. Therefore, percentages may total more than 100 per cent.
- UN Women. 2024. [WPS-HA Compact 2024 Accountability Report](#).
- Indicators with no notes in the SDG column draw on data sourced elsewhere, as they are not SDG indicators.
- SRHR Indicator 6, "Proportion of countries with strong and autonomous feminist movements," still lacks data to be measured. However, it is anticipated that a new dataset will be published in 2025 that can be used for this indicator.
- The blueprint targets and indicators are meant to be assessed during the timespan of Generation Equality (2021-2026) and at the global aggregate level. This exacerbates the lack of available data because even for indicators that are measured by international organizations (e.g., SDG indicators), there is a delay in aggregating and publishing these datasets, which contributes to the sparse availability of trend data within Generation Equality's timespan.
- The methodology follows that of the Gender Snapshot wherever possible, as elaborated in the [SDG 5 Technical Note](#).
- According to UNAIDS, life skills-based education is a methodology that, when adapted specifically to HIV education in schools, can teach students various problem-solving, communication and interpersonal relationship skills that can positively affect their behaviours, including delaying and reducing their number sexual partners. For more information, see [UNAIDS](#).
- UN Women's calculations are based on data from [UNAIDS Laws and Policies Analytics](#). The datasets used were "Education policies on life skills-based HIV and sexuality education" for primary and secondary schools, under the "Comprehensive Sexuality Education" topic.

30. According to [UNFPA](#), family planning is defined as “the information, means and methods that allow individuals to decide if and when to have children. This includes a wide range of contraceptives – including pills, implants, intrauterine devices, surgical procedures that limit fertility, and barrier methods such as condoms – as well as non-invasive methods such as the calendar method and abstinence. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility.”
31. UN Women’s calculations are based on SDG 3.7.1 data.
32. The abortion component of SDG 5.6.2 measures legal barriers and enablers to abortion access, specifically for cases in which abortion is used to save a woman’s life or preserve a woman’s health, or in cases of rape or fetal impairment.
33. SDG 5.6.2 combined data for 2019 and 2022. Data were combined rather than used to establish a trend due to the lack in overlap of countries reported between the two years. Furthermore, data beyond 2022 are not available.
34. According to [UNFPA](#), post-abortion care, measured through Component 4 of SDG 5.6.2, refers to “emergency treatment of abortion complications, counseling, referral to other reproductive health services and provision of family planning services.”
35. SDG Indicators Database: SDG 5.6.1
36. UN Women calculations based on SDG 5.6.1 data
37. [SDG 5.6.2 metadata](#)
38. Combined data from 2019 and 2022 for SDG 5.6.2.
39. “This sector is intended to capture programmes on population policy and administrative management, reproductive healthcare, family planning, and sexually transmitted diseases (STD) control including HIV/AIDS” ([OECD, 2024](#))
40. OECD DAC Creditor Reporting System: <https://stats.oecd.org/Index.aspx?ThemeTreeId=3>. While a decrease of USD \$500 million is not insignificant, bilateral allocable ODA data are reported in two-year averages due to the volatility of commitments which result in large fluctuations in year on year numbers.

