

CALL FOR ACTION TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL INTO THE EDUCATION AND HEALTH SECTOR POLICIES OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

NATIONAL ADVOCACY BRIEF





SUSTAINABLE DEVELOPMENT GOALS



Introduction

Based on its performance of the past 25 years, Mongolia is ranked at 90 by its human development index (HDI reached 0.727 from 0.579) and at 63 by gender inequality index (GII=0.325), out of 188 countries of the world. Gender inequality is strongly evidenced by specific factors, such as the life expectancy rate (female – 75 and male – 65 years), work force participation (female – 56.6% and male – 69.3%) and representation in politics and decision-making (female seats in the Parliament comprise 14.9%)ⁱ.

In terms of the Millennium Development Goals (MDGs), Mongolia (“Goal 4: Reduce Child Mortality”, “Goal 5: Improve maternal health” and “Goal 6: Combat STIs/HIV/AIDS and TB, reverse other diseases”) has made progress and became one of the nine countries that achieved the MDGs by reducing the maternal mortality ratio by 75 percent in 1990-2015ⁱⁱ. Furthermore, according to the World Bank classification, in 2014ⁱⁱⁱ, Mongolia has shifted into the Middle Income country and its GDP per capita reached USD 4,129 in 2015^{iv}.

In 2001, the Government of Mongolia (GoM) adopted and started implementing the MDGs-based Comprehensive National Development Policy which adequately reflected the health-related MDGs.^v The health indicators of Mongolia have significantly improved in the past 20 years. The average life expectancy has increased from 62.9 in 2000 to 67.5 in 2013^{vi}. In 2000-2015, the maternal mortality ratio per 100,000 live births drastically reduced from 199 to 25.9 and in the same period of time the infant mortality indicator per 1,000 live births decreased from 31.2 to 15.3^{vii}.

Even though maternal and infant health has improved as mentioned, many other sexual and reproductive health and rights indicators did not show adequate progress. For instance, the MDGs-based Comprehensive National Development Policy does not address the Target 5B of the MDGs, which is about reducing unmet need for family planning and adolescent birth rate. In addition, the use of contraceptives decreased from 58.4% to 48.2% in 2003-2013^{viii}, where use of contraceptives by urban population was relatively lower or 43.9%, compared to the rural population, which was 55.3%.

In particular, the use of contraceptives among women of reproductive age (15-49) has been decreasing. In terms of overall use of contraceptive methods (both conventional and modern), the percentage of married women (aged 15-49) who used at least one of the birth control methods at the time of study was 69.0% in 2003, whereas it went down to 54.6% in 2013^{ix}.

ⁱUNDP, 2015. Human Development Report 2015, Work for Human Development, United Nations Development Programme, One United Nations Plaza, New York, NY 10017, www.undp.org.

ⁱⁱGovernment of Mongolia, 2013. Achieving the Millennium Development Goals.Fifth National Progress Report 2013. Summary http://www.mn.undp.org/content/dam/mongolia/Publications/MDGreports/MDG5_ReportSummary_Eng.pdf

ⁱⁱⁱWorld Bank Information Database <http://databank.worldbank.org/data/home.aspx>.

^{iv}World Bank Information Database <http://databank.worldbank.org/data/home.aspx>.

^vMoH& UNFPA, 2016.Situational Analysis on Family Planning Services in Mongolia 2016.

^{vi}Mongolian Statistical Information Service, 2016. Population of Mongolia by age group and sex: <http://www.1212.mn/statHtml/statHtml.do#>.

^{vii}MoH& UNFPA, 2016.Situational Analysis on Family Planning Services in Mongolia 2016.

^{viii}MoH& UNFPA, 2016.Situational Analysis on Family Planning Services in Mongolia 2016.

^{ix}MoH& UNFPA, 2016.Situational Analysis on Family Planning Services in Mongolia 2016.

Unmet need for family planning is defined by the percentage of sexually active women of reproductive age who want to stop or delay childbearing but are not using any method of contraception. This indicator fluctuated a lot in 2003-2013, but the overall result has increased from 4.6 to 16.0. The number of women aged 15-19, who participated in the study conducted in 2013, was relatively less, but their unmet need for family planning was high as 36.4%.

Unmet need for family planning varies among different age groups and it is especially high among urban populations compared to others. The indicators for unmet need among the adolescents aged 15-19 are high. Furthermore, the condom availability and its use play important role in reducing STIs prevalence. The need for condom use indirectly implies the STI prevalence among the target population. In 2014, more than 50% of STIs cases were registered among the youth aged 15-24^x. Young people with risky sexual behavior are prevalent and in 2010-2013 the condom use among the male youth with sex partners aged 15-24 decreased from 48.4% to 43.5%, whereas the condom use among women decreased from 43.3% to 30.3%^{xi}.

Another indicator that indirectly demonstrates the unmet need for family planning is abortion rate per 1,000 live births. In 2008-2013, this number has increased from 169 to 189 or by 21.3%.

Mongolia has a vast territory of 1.56 million kilometers. As of 2015, the population of Mongolia is estimated at 2.99 million and 57% of the population is in the reproductive age group. Over the years, the Government of Mongolia has developed a number of policies and strategies for maternal and infant health improvement based on the MDGs. Mongolia's legal framework and national development policy explicitly promote population growth, maternal and infant health and well-being. However, the 'Sustainable Development Concept of Mongolia - 2030', adopted on 5 February 2016 by the Parliament, has not specifically addressed the sexual and reproductive rights (SRR), whilst, the SRH issues were accurately incorporated into the 4th Program on Reproductive Health. The latter program is being evaluated at the moment. At the end of this year, the 5th Program on Reproductive Health is to be developed and there is crucial need to address family planning, support and services for adolescent girls and allocate sufficient budget. Thus, without accurate incorporation of these issues into the relevant policies and strategies, the SRR issues will be left behind the goals to be achieved by 2030. As a result of gaps in the implementations of laws and policies, low access to SRHR, for instance, lack of comprehensive reproductive counselling and services, increases the vulnerabilities of girls and women.

Subsequently, SRHR education is the key component of the primary health care. However, an achievement of incorporating sexual health issues into the sexuality education curriculum and teaching these subjects from 1998^{xii} have been reversed by the fact that the subjects were removed from the school compulsory program in 2014^{xiii}. A drastic increase in cases of domestic violence and child abuse has been a matter of public concern in recent years and about 90% of the victims were women.^{xiv}

A positive step has been taken by the Government of Mongolia, as the amendments to the Criminal Code of Mongolia were adopted by the Parliament in December 2015. These amendments have criminalized domestic violence and prohibited discrimination based on sexual orientation and gender identity and expression (SOGI) for the first time. The revised draft of the Law on Fighting against Domestic Violence has been developed. In 2014, the President of Mongolia submitted this draft to the Parliament, which was debated and adopted by the Parliament session on 14 April 2016.

Thus, from the above, Mongolia is expected to achieve 71% of the global Millennium Development Goals (MDG) targets.^{xv}

The Sustainable Development Agenda has been unanimously adopted by 193 United Nations Member States with 17 goals and 169 targets to be implemented in 2015-2030 based on the MDGs implementation assessment. We call upon the Government of Mongolia to set its Sustainable Development Goals (SDGs) in accordance with its national contexts, and integrate specific targets on access to and quality of SRHR and gender equality.

*MoH& UNFPA, 2016. Situational Analysis on Family Planning Services in Mongolia 2016.

*MoH& UNFPA, 2016. Situational Analysis on Family Planning Services in Mongolia 2016.

^{xii}Being LGBT in Asia: Mongolia Country Report, A Participatory Review and Analysis of the Legal and Social Environment for Lesbian Gay Bisexual and Transgender (LGBT) Persons and Civil Society, UNDP, USAID, 2014, p.9.http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-blia-mongolia-country-report.pdf

^{xiii}2014 Resolution No. 240 by the Mongolian Minister of Education Culture and Science on "Approval of National Curriculum, Core Programs and Team Components":<http://www.meds.gov.mn/director-content-489-318.mw>.

^{xiv}In the past 4 years, about 80 people died because of domestic violence and in 2015 alone the number was 24. 87% of those affected by domestic violence are women. From facts and figures of the information and technology center of the Mongolian National Police Authority.

^{xv}Achieving the MDGs, Fifth National Progress Report 2013, Summary, Government of Mongolia, p. 34. http://www.mn.undp.org/content/dam/mongolia/Publications/MDGreports/MDG5_ReportSummary_Eng.pdf

Goals, targets and Indicators

We, the SRHR groups, human rights activists and advocates in Mongolia, call for the full integration of all proposed SDGs into the Post-2015 National Development Agenda, in particular, the goals to ensure health, education and achieving gender equality, as well as the SRHR that had not been addressed yet.

We also propose the following indicators to be included under respective targets 3.1, 3.7, 3.8, 4.7, 5.2 and 5.6 that need special attention at the national level in accordance with the SDGs.

Table 1: Specific SDGs and Proposed Indicators

Targets and Indicators	PROPOSED INDICATORS FOR INCLUSION IN THE MONGOLIA POST 2015 DEVELOPMENT PLAN
Goal 3. Ensure healthy lives and promote well-being for all at all ages	
Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 25 per 100,000 live births.	Maternal deaths per 100,000 live births.
	Skilled birth attendance
	Coverage of Postpartum / Postnatal Care within 48 Hours /2 days of Delivery by a Skilled Health Provider (At least one visit)
	Abortion rate per 1,000 live births (identify the factors contributing to increase and/or decrease of abortion rate)
	The proportion of health facilities that provide care for complications related to unsafe abortion
Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Percentage of demand for family planning met with modern contraceptives for women of reproductive (15-49) ages (benchmark: 75%)
	Adolescent birth rate (birth rate per 1,000 women aged 10-14 and 15-19)
	HIV, STI prevalence among pregnant women
	HIV, STI prevalence among youth aged 15-34
	Proportion of women using contraception, who were informed about possible side effects of the methods they are using, and how to deal with them and whether or not they have been informed about other family planning methods
	Whether SRHR are integrated into the relevant laws and policies (i.e., access and quality to contraceptive services without spousal or parental/guardian authorization/notification and without age limitation)
	Availability of SRH services at different levels of care (including family planning, gynecological services, maternal and newborn care with referral to EmONC, STI and HIV diagnosis, screening for cervical and breast cancer and management, safe abortion when it is not against the law, and post-abortion care)
	Percentage of women of reproductive ages (15-49) completely recovered from STIs

Target 3. 8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicine and vaccines for all.	Coverage of tracking measures (for instance, on full immunization for children, anti-retroviral treatment (ART), TB treatment, treatment for increasing blood pressure, ensuring skilled birth attendants, etc.)
	Percentage of population protected from the excessive medical or treatment costs (to the extent of destruction of household economy)
	Coverage of subsidized medicines and vaccinations in the health insurance system (if yes, its percentage)
	Antenatal care coverage (At least four visits)
	Budgetary allocations for SRHR care and services
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	Number of schools in which comprehensive sexuality education / basic knowledge about sexual and reproductive health, gender and sustainable development is available, as a percentage of all schools (schools of all levels)
	Development of secondary school health service standards and service indicators (whether sanitation, access to safe drinking water and basic handwashing facilities are available as the indicators that ensure children's health)
Goal 5. Achieve gender equality and empower all women and girls	
Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Percentage of crimes related to violence, human trafficking and sexual exploitation among all crimes (if possible disaggregate by types of crime)
	Percentage of girls and women (aged 15-49) who experienced sexual violence by current or former partners in the past 12 months
	Number of complaints and number of grievance redress cases
Target 5.6: Ensure universal access to SRH and RR as agreed in accordance with the Programme of Action of the ICPD the Beijing Platform of Action and the outcome documents of their review conferences	Availability of grievance redress mechanisms for SRH services in the country (At the facility, provincial and national levels)
	Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights (if possible, by age, location, income, education, marriage, disability and health status)
	Number of laws and regulations that guarantee all women and adolescents' access to SRH information, education and services, regardless of their marital status
	Whether the law provides non-discrimination for SRH services on the basis of sexual orientation and gender identity

Means of Implementation

The Group of 77 and China underscore the importance of building an equal and balanced global partnership for development, consistent with MDG No. 8 and in accordance with the principle of common but differentiated responsibilities in the post-2015 development agenda.^{xvi} The UN agencies have done a lot of work in identifying the challenges and the key areas that need investments in the form of resources and means of implementation. In this regard, we call on our development partners to not only deliver on their previous commitments but also ensure pledges for new and additional resources.

There is a need to provide access to scientific progress, technology, innovation, and knowledge transfer in the areas of health and well-being including SRHR for all, building on a rights based, gender sensitive and equitable framework. The Government of Mongolia needs to enable equitable universal access to health services, equipment, commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all its citizens.

Furthermore, it is important to ensure fair and transparent trade agreements in consultation with CSOs especially in bi-lateral, multi-lateral trade agreements concerning the health of people including SRH. Women and young people in marginalized settings have poor services and interventions that affect their SRH, including access to maternal health services, access to contraception and abortion, access to interventions to prevent and manage Gender based violence, access to youth-friendly services, and access to hygienic and healthy settings that impact their wellbeing. There is a need for capacity building of health workforce in the areas of health services and care, including SRH, capacity building for health professionals for technical issues, as well as rights based approach.

Systemic obstacles, such as restrictive intellectual property rights, corporate control and trade regimes, must be addressed by the government to ensure equitable access to health and SRH services for all. Role of CSOs is crucial in not just developing indicators against which to measure the successes and failures to the commitments made by member states to different international documents, but also to hold governments responsible for putting in place mechanisms for their accountability.

The GoM still needs international support for implementing effective and targeted capacity building to support its national plans, to implement all the SDGs and to make available the high-quality, timely and reliable data that are disaggregated by demographics and diverse groups of socio-economic backgrounds.

^{xvi}Statement on behalf of the Group of 77 and China by Thembela Ngculu (Mr), Counsellor for Sustainable Development, on the relationship between the FfD and Post-2015 processes (Global partnership and possible key deliverables) (New York, 23 April 2015)

Financing for Development

Without adequate allocation of public resources for health women, especially marginalized women and young people, will not be in a position to access health services, including SRH services. Therefore, we call upon our government to strengthen domestic resource mobilization and ensure that financial resources are specifically allocated for SRH related commodities, medicines and equipments. To this end, we reaffirm our commitment to eliminate gender-based discrimination in all its forms and commit to ensure that all men and women, in particular, the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance. We further encourage the private sector to contribute to advancing gender equality through ensuring women's full and decent employment, equal pay and equal opportunities^{xvii}.

Official Development Assistance (ODA) plays a defining role in financing for Mongolia. However, majority of the assistance is dedicated for economic development and mining sector. Unfortunately, the allocation of funding for health and rights of women and young people (including SRHR) is limited.

Tax revenue is crucial for Mongolian economy and it is estimated that about 80% of the unified state budget for 2016, equal to MNT 6.98 trillion, or USD 3.45 billion, will be made up by tax revenue.

^{xvii}Addis Ababa Accord: <http://www.un.org/esa/ffd/wp-content/uploads/2015/03/1ds-zero-draft-outcome.pdf>

Tax collection is comprised of Value Added Tax (27%), Social Insurance Tax (17%) and Corporate Income Tax (13%), followed by Minerals Royalty Tax (12%), Excise Duties (10%), Personal Income Tax (8%), Customs Duties (7%) and others (6%).

Even though Mongolia has made efforts to develop its tax system with the purpose of creating an enabling system for business environment, since transitioning to the market economy, there have been evidences showing that multiple amendments to various tax laws were passed with specific provisions to protect the interests of certain business groups, instead of contributing to the economic growth. For instance, the Law on VAT alone was amended more or less 20 times in 2000-2015, but there is no information on whether these changes were effective or not.

On the other hand, it is necessary to address income taxes (CIT and PIT) from the perspectives of equal redistribution of income and wealth, so that it will create a middle class as a major contributing factor to the country's development, alleviate poverty and reduce inequality and disparities. For this to happen, the progressive tax system or the tax rate that increases as the taxable amount increases should be adopted. It is evident that the tax policy of Mongolia favors big businesses but does not have enough benefit to overall economy or to the society. Therefore, it is recommended to review CIT, PIT and VAT systems and modify the tax policy and to develop according to the development policies of the nation.

Mongolia, which has welcomed foreign investment to exploit its huge natural resources, including coal, has plans to raise a loan of \$1 billion over the next year. But with its currency, the tugrik, declining sharply, such a big loan will have significant negative impact on the economic development built in recent years. According to the latest study, with its significant net debt (more than 30 % of GDP), Mongolia was categorized as the country at high risk, and future government external debt payments (projected to exceed 15% of government revenue – or, where projections are not available, current government external debt already over 50% of GDP), and significant current account deficit (more than 5% of GDP). Therefore, we call upon the GoM to focus on debt management and call for strict regulatory frameworks in terms of other sources of financing.

^{xviii}“Beyond Greece, the world is filled with debt crises”: <http://www.theguardian.com/business/2015/jul/11/beyond-greece-world-filled-debt-crises>

^{xix}The New Debt Trap, Study by the Jubilee Debt Campaign, July 2015: http://jubileedebt.org.uk/wp-content/uploads/2015/07/The-new-debt-trap_07.15.pdf

The accountability framework for the 2030 Agenda for Sustainable Development should build on, strengthen and create synergies between existing international mechanisms. The parliamentarians, civil society, minorities and marginalized communities, the National Human Rights Commission of Mongolia (NHRCM) and other stakeholders have not participated in the national MDG reporting process, which has hampered the use of the report as an accountability mechanism, as they could have played a major role.

The accountability mechanisms have to be an open and transparent system, where all documentations, recommendations and materials related to the review of the progress should be made publicly available. Information-consultation-participation continuum (people's engagement in social accountability) shall be ensured, especially in the pressing issues such as, water shortage, mining, air pollution, treatment abroad among others. Accountability and redress mechanisms, formal follow-up and review mechanisms need to be in place, especially in the areas of universal access to SRHR, and gender equality. These shall include all stakeholders and shall be available at the sub-national, national, regional and global levels.

A common challenge of the social accountability mechanisms reviewed here is the capacity of people and the civil society organizations to demand answers from government institutions and enforce corrective measures. Therefore, capacity building of media and journalists shall be addressed too. In most cases, participatory mechanisms do not necessarily include disadvantaged or marginalized groups systematically. Such mechanisms shall ensure that all accountability mechanisms are built on rights-based, gender sensitive and equitable frameworks.

In addition, the establishment of mechanisms for the private sector to employ more employees, the support of sustainable production and investments in new technologies and innovative solutions for development are necessary attributes to support private businesses.

Accountability

Sustainable Development Goals and Targets:

- Set the sustainable development goals of Mongolia in accordance with its national contexts and needs, based on 17 goals of the Sustainable Development Agenda to be implemented in 2015-2030 at the global level;
- Fully integrate specific goals to guarantee public health and education, to achieve gender equality and to ensure the quality of and access to SRHR that were not been addressed in the past;

Means of Implementation:

- Mainstream Sustainable Development Goals and Targets in national development planning, monitoring and evaluation, as well as mid-term and outcome implementation reporting;
- Make available the high-quality, timely and reliable data collection system, disaggregated by demographics and diverse socio-economic groups, in order to implement the national plan to implement the SDGs;
- Enable equitable universal access to health services, equipments, commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all, building on a rights based gender sensitive, equitable framework;
- Ensure fair and transparent trade agreements in consultation with CSOs especially in bi-lateral, multi-lateral trade agreements concerning health, including SRH;
- Ensure mandatory presence of CSOs in the SDGs Implementation Committee;
- Assure that shadow reports written and submitted biannually;
- Establish the National Committee to monitor and evaluate the implementation of SDGs and create national database;
- Conduct evaluations of quality indicators along with the CSOs;
- Improve knowledge and participation of parents before their children are enrolled in pre-school and secondary education facilities;
- Increase private sector engagement and ensure funding SRHR services from health insurance;
- Reduce the individual's out-of-pocket payment for health expenses.

Financing for Development:

- Ensure and utilize the utmost potentials and possibilities of financing and resource mobilization in order to realize the SDG commitments;
- Incorporate participatory and gender responsive budgeting mechanisms at all levels of state budgets;
- Enhance and build capacity of all stakeholders to develop transparent and accountable budgets, transparent and accountable auditing mechanisms, national allocations for development and assessments on expenditures;
- Allocate budget specifically for the SRHR sector in the national budget, openly inform the amount in public and increase the allocation systematically;
- Call for international partner organizations to gradually reduce aid in order for the government to increase its engagement and accountability;
- Develop a law which regulates that CSOs are funded by the State and hold the government accountable according to the law.

Accountability:

- Put in place effective and transparent accountability mechanisms and grievance redress mechanisms involving all stakeholders at all levels, including primary, secondary and tertiary levels to ensure the realization of SRHR for all;
- Ensured that all accountability mechanisms are built on rights-based, gender sensitive and equitable frameworks, given the fact that in the most cases participatory mechanisms do not necessarily include disadvantaged or marginalized groups systematically;
- Establish mechanisms for the private sector to engage by generating employment, supporting sustainability and sustainable production and investing in new technologies and innovative solutions to development needs;
- Create and institutionalize a specific mechanism for citizens to report on the SDG implementation with active engagement of NGOs and CSOs;
- Ensure that SDG M&E are conducted not only for donors and international organizations' projects, but also for the implementations of government policies and programs;
- Ensure that M&Es are conducted focusing on the outcomes rather than inputs in order to increase the impact of SDGs, so that answers could be given to questions on how SDGs changed the lives of citizens in the long run and which population groups benefitted from or neglected by them. This process will allow civil society to push governmental organizations to focus on long-term policies and hold them accountable;
- Strengthen the capacity of CSOs to use the results of M&E and to ensure their participation, so that SDG implementation would be improved through various social responsibility mechanisms used by CSOs;
- Improve the cooperation and coordination between professional research institutions and CSOs to support civil society;
- Ensure stability of legal documents;
- Receive complaints online, resolve and inform them accordingly;
- Establish an academic institute on policy and inform the public of its work;
- Improve the legal environment to enhance the social responsibility of journalists and improve the independent reporting duties and editor's ethics.

About MONFEMNET National Network

MONFEMNET National Network (MONFEMNET) is a non-partisan, non-governmental organisation with a mission to serve as a strong driving force for the development of a national, broad-based, democratic, sustainable and transformative movement for women's human rights, gender equality, substantive democracy and social justice. We focus on policy advocacy and participatory, rights-based training aimed at building a grassroots movement and promoting institutional reform.

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Жендэрийн шударга ёсны төлөө! Towards Gender Justice!



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About the Advocacy Brief

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