

## Women's Sexual and Reproductive Health Programs in Belgium - Progress Made and Lessons Learnt

**Santosh Kumar Mishra\***

*Independent Researcher (Scholar), Retired from Population Education Resource Centre, Department of Life Long Learning and Extension, S. N. D. T. Women's University, Mumbai, Maharashtra, India*

**\*Corresponding Author:** Santosh Kumar Mishra, Independent Researcher (Scholar), Retired from Population Education Resource Centre, Department of Life Long Learning and Extension, S. N. D. T. Women's University, Mumbai, Maharashtra, India.  
Email ID: drskmishrain@yahoo.com.

**Received:** December 28, 2025; **Published:** March 09, 2026

### Abstract

The author of this research is of the considered research view that women's sexual and reproductive health (SRH) is crucial for overall well-being. It (a) empowers individuals to make informed life choices; (b) enables achieve gender equality, and improve family health; and (c) paves the way for sustainable development in the health-sector. Safeguarding SRH rights results in (a) safe pregnancies, (b) preventing sexually transmitted infections (STIs), (c) offering family planning, (d) addressing reproductive cancers, and (e) societal progress. There are two broader impacts of SRH initiatives (programs): (a) healthy families: better RH outcomes leads to healthier children, and stronger families; and (b) societal stability: proper RH services reduce instability, and promote community well-being.

The bottom line is that investing in women's SRH is not just about reproduction. Rather, it is fundamental to individual dignity, social equity, and global prosperity. It is in view of these considerations that Belgium prioritizes comprehensive SRH rights through national and international programs. Such programs emphasize universal access to SRH services, contraceptive reimbursement for those under 25 years of age, free emergency contraception, and combating gender-based violence. Key initiatives under SRH focus on family planning, adolescent health, and global gender equality. The prime objective of this research is to present description on progress made in the area of SRH programs in Belgium. Lessons learnt have also been looked into. The author has used secondary data (largely qualitative in nature) and method of data analysis is descriptive. The paper briefly concludes that Belgium puts universal access to sexual and reproductive health and rights at the core of its development cooperation actions, be it governmental or non-governmental.

**Keywords:** *Sexual Reproductive Health; Women; Belgium; Healthy Families; Societal Stability; Strategies; Progress Made; Lessons Learnt*

### Introduction

It is advocated that SRH is a state of complete physical, mental, and social well-being in all matters relating to one's reproductive system. This conceptual framework of SRH implies that people can (1) have safe and satisfying sex, (2) choose to reproduce, and (3) decide if, when, and how often to have children. Achieving this objective requires access to (required) information, contraception, STI prevention, maternal care, and freedom from violence and coercion. All these aspects (which are recognized as a part of fundamental human rights)

cover contraception, fertility, maternal health, STI prevention, and education, empowering individuals to make informed choices. According to mutually accepted international agreements, every individual, irrespective of his/her socio-economic and demographic profile, has the right to make own choices about matters pertaining to SRH [1].

In view of the description presented above, it is obvious that SRH refers to a broad range of services. Such services envisage four considerations, namely, (a) access to contraception, fertility and infertility care, maternal and perinatal health; (b) prevention and treatment of sexually transmitted infections (STIs), (c) protection from sexual and gender-based violence, and (4) education on safe and healthy relationships. It is pertinent to note that experiencing sexual and reproductive health means that a person has complete physical, mental and social well-being in all matters relating to their reproductive system and its functions. In the context of everyday life, this implies that people are able to have satisfying and safe sex lives, to have healthy pregnancies and births, and decide if, when and how often to have children. It is advocated that access to SRH services is a human right. As such, such services should be made available to all people throughout their lives (as part of ensuring universal health coverage) [2]. This not only contributes to improved health outcomes among men and women, but also to gender equality and overall sustainable development in all sectors.

Belgium's SRH programs provide comprehensive, subsidized care. Services provided include (a) contraception, (b) abortion, and (c) STI testing. Such services are embedded within its public health system. Key initiatives focus on youth, gender equality, and international advocacy, with major contributions to the United Nations Population Fund (UNFPA) and collaborating partners like International Centre for Reproductive Health (ICRH). One of the focal points of the joint programs is research in the area of SRH education and rights [3]. There are four core components of SRH services in Belgium. Brief description of these core components is presented below:

- a) **Accessibility:** Services are integrated into the public healthcare system. The residents must register with Belgian social security and a health insurance fund.
- b) **Subsidized care:** The system covers abortion, contraception, maternity care, cancer screenings, and STI/STD (sexually transmitted disease) testing.
- c) **Primary care involvement:** General practitioners (GPs) or specialists provide referrals, though patients can directly access clinics.
- d) **Pharmacy services:** Under this initiative, local pharmacies offer emergency contraception, pregnancy tests, and advice on minor issues like yeast infections.

### Objectives and Methodology

With regards to general objectives, this work aims to present evidence-based description on progress made in the area of SRH programs in Belgium. Relevant management aspects of SRH programs (like commitment objectives, collaboration, and funding) have been touched upon. In terms of specific objectives, key lessons learnt have also been looked into. The author has also attempted to present description on SRH rights and involved challenges. Appropriate examples have been quoted in support of research statements made in this research work. In terms of methodology employed in this research paper, secondary data has been used (sources are quoted in the reference section). With respect to data source, required data were collected from research reports published by reliable and credible agencies, such as the International Centre for Reproductive Health Belgium (ICRH Belgium); the World Health Organization (WHO); Belgian Agency for International Cooperation; Regional Information Centre for Western Europe, United Nations (UN); and the United Nations Population Fund (UNFPA). This strategy of data collection was adopted by the author to ensure that this work meets standard (international) research requirements.

With regards to search strategy, the author collected the required data by searching the publications available on Google. Scoping review of relevant literature was undertaken by the author for the purpose of collection of data (in view of objectives of this research

work). In terms of explanation for inclusion criteria, the author looked into only those publications (available on Google websites) that have been brought out by reliable and internationally recognized sources (like the WHO and the UNFPA) in order to strengthen the quality of this work (from academic and research point of view). Secondary data used are 'qualitative' in nature. Scoping review of literature was undertaken by the author in order to collect the required data. Method of data analysis is descriptive, involving "desk-based research". The author analysed the data in a descriptive manner (without application or use of sophisticated statistical or mathematical techniques) that ensures that this work aligns with the objectives (as cited above). In terms of scope, the author has presented scientific facts on SRH programs undertaken in Belgium that have been published by online mode. Within this scope, the author has attempted to investigate into progress made in the area of SRH programs in Belgium. With regards to limitations, the author has not been able to present description on review of literature in the absence of published research work on similar topics (and objectives). In addition to the analysis of data, this work has also benefitted from the inputs acquired by the author during (in-person) interaction with demographers, researchers, and other experts during previous international conferences (held in Tanzania, Sweden, Philippines, Ireland, Vietnam, USA, Tajikistan, Turkey, etc.).

In terms of the review approach, the author has not included description of review of literature. This happened due to the fact that the author did not find published research work on similar subject/topic (women's sexual and reproductive health programs in Belgium - progress made and lessons learnt).

### Discussion

#### Key initiatives

There is need to improve SRH for women in the world by combining (1) scientific research, (2) advanced education, (3) policy support, and (4) capacity-strengthening initiatives. It is because of this reason that the Government of Belgium has collaborated with World Health Organization (WHO) in strengthening efforts aimed at SRH programs at various levels. The International Centre for Reproductive Health Belgium (ICRH Belgium) has taken key role in this direction. The ICRH Belgium is a multidisciplinary centre. It operates within the Faculty of Medicine and Health Sciences at Ghent University. In addition to research activities, the ICRH Belgium designs and implements projects in other regions of the globe (including Europe, Latin America, Africa and Asia). The focus is on developing training programs. Also, the ICRH Belgium takes actions for the purpose of defending SRH rights. It is a WHO collaborating centre for research on sexual and reproductive health. It has expertise and experience in attracting donor funds from a wide range of agencies [4].

It is pertinent to note that the country (Belgium) has taken a leading role in SRH right programs for women and girls. Collaboration mechanism working with WHO has been established. Purpose of this joint effort is to achieve equitable access to reproductive health care for everyone (those who are eligible) in Belgium, now and at all times. In addition, analysis of data in this work indicates that emphasis of SRH programs is on those who are most vulnerable (for instance, children, pregnant women, and older adults/senior citizens). In order to meet this priority goal, the Federal government of Belgium has designed specific strategies. These strategies are demonstrated in the form of long-term commitment to support four SRH priorities. Brief description of these priority areas is presented below:

- a) Reinforcing SRH systems and universal health coverage;
- b) Ensuring equitable access to quality SRH products, including vaccine equity;
- c) Further strengthening research work on communicable diseases, with focus on tropical diseases; and
- d) Furthering actions for fostering SRH and rights.

In addition to the four priority intervention areas, as outlined above, Belgium has collaborated with WHO in other intervention areas. The country (Belgium), for instance, is supporter of two other initiatives named as "WHO Health Technology Access Programme" (HTAP),

and “COVID-19 Technology Access Pool” (CTAP). The prime objective of this joint venture is to set up and support infrastructure for the purpose of facilitating access of wider range of SRH products (in timely, equitable and affordable manners). It is envisaged to take measures for boosting the supply of SRH products through “geo-diversified production”. It has been found that in addition to its support to technical programs, Belgium has collaborated with WHO for the purpose of achieving the ambitious Fourteenth WHO General Programme of Work. This particular initiative aims to undertake programs for the purpose of promoting practices for healthy lives and well-being of people for all ages [5].

### **Flexible funding: Innovations made**

Vision goal of the SRH programs for women in Belgium is to come out with a situation wherein (1) every pregnancy is wanted, (2) every child birth is safe, and (3) women's SRH potential rights are fulfilled. Since inception of SRH programs, the country has been at the forefront of (a) advocating for SRH and rights; (b) promoting gender equality; and (c) supporting policies and programs for maternal health care, family planning resources and services related to SRH. The Government of Belgium, in collaboration with the United Nations Population Fund (UNFPA), has made provision for flexible funding. The UNFPA is a specialized agency of the United Nations (UN) which has been established to address the issues pertaining to population and sustainable development. In response to the dynamic interaction between demography and development, the UNFPA has supported the SRH projects undertaken in Belgium over the years. It is pertinent to note that the Representation Office in Brussels, Belgium is entrusted with the responsibility of political and programmatic engagement and advocacy with the European Union (EU) institutions. In flexible funding initiatives, the UNFPA has also partnered with the developmental agencies like Organization of African, Caribbean and Pacific States (OACPS) and civil society. The UNFPA's Representation Office in Brussels is also responsible for the partnership with the Netherlands and Belgium [7].

The author of this paper argues that the Belgium Government established institutional mechanism for the purpose of providing core voluntary funds for designing and implementing SRH programs for women at all levels. This commitment is significant in view of the fact that program implantation is often confronted with financial constraints. Core voluntary funds are the form of flexible funding. This institutional arrangement enables the WHO (a developmental partner in SRH programs for women in Belgium) to be more agile and respond rapidly to the ever-changing public health landscape. It has been found that the WHO, through flexible funding arrangement, has been able to adapt and respond to changing circumstances in actual program implementation. The conceptual framework of flexible funding has ensured that Belgium can sustain progress towards achieving the desired results of the budget in matters pertaining to designing and implementation (including monitoring and evaluation) of SRH projects over the years. This financial aspect of adaptability of flexible funding in program management has been found to be instrumental: in terms of (a) better outcomes resulting from SRH programs, and (b) driving public health improvements.

In this context, the author makes a specific point that Belgium Government has been able to consolidate its position as the eighth largest contributor of flexible funding in the 2022-2023 biennium. This aspect becomes more significant in view of the fact that Belgium ranks as thirteenth largest donor to thematic funding to the WHO in the same period (2022-2023). The country has also supported a first increase of WHO assessed contribution. Belgium has endorsed sustainable financing approach of the WHO. This commitment has potential to ensure that predictable financing (a) enable minimize the dependence on a narrow donor base, and (b) allow resource allocation that are aligned to the program budget [5].

In terms of sources of funding, Belgium's contributions towards flexible funding come from multiple sources. The funding agencies are (1) the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD), and (2) the Federal Service of Public Health. In this context, it is important to note that the Federal Service of Public Health offers financial resources to fund programs of the WHO in the European Region. Financial support from the DGD are allocated towards strengthening maternal and child health programs in Belgium. The Ministry of Development Cooperation (MDC) also contributes towards funding for SRH programs for women and girls.

Importantly, the MDC has increased Belgium's voluntary contribution to the WHO. This has been done with the twin objectives of (a) reinforcing health systems, and (b) strengthening research on elimination of tropical diseases [5].

In the context of financial management, the Belgium Government has realised the importance of ensuring that development aid fuels equity and reduces the gap between rich and poor. With this vision, the country (Belgium) has committed to a voluntary multiannual contribution of €600 000 per year for a total of €2.4 million for tropical disease research (TDR). This budgetary allocation was made for the period 2021-2024. In addition to financial resource allocation for TDR, the Government of Belgium and the WHO, in December 2021, signed a new €8 million multi-year contribution agreement for the period 2021-2025. This joint effort is aimed at supporting equitable access to health products and health technologies globally. It is pertinent to note that in addition to the SHR programs, the Government of Belgium has been working in close partnership with the WHO during the COVID-19 pandemic years on health aspects of global concern [5].

At this juncture, the author of this research work argues that better structural integration is needed to link funding mechanisms and international collaborations to direct SRH outcomes for women in Belgium. This realization has come in view of the fact that sexual and reproductive health and rights (SRHR) are universally recognized as fundamental to human dignity and sustainable development (SD, a conceptual framework that indicates "socio-economic development that takes place without depletion of natural resources"). It has been found that in situations wherein individuals make informed choices about their bodies, health and futures, the resulting benefits extend far beyond personal well-being. It is in view of this realizations that programs and actions aimed at enhancing access to comprehensive SRHR services [for instance, maternal health care, family planning, protection from sexual and gender-based violence (SGBV), and adolescent SRH] have potential to create multiplier effects. Such benefits (outcomes) ripple through society: reflected in (a) improved health outcomes, (b) accelerated economic growth, and (c) reduced inequality. Such benefits gain increased significance for Belgium as today's world demographic situation presents unprecedented challenges. Climate change, for instance, disrupts health outcomes. Cross-cutting approaches to flexible funding, thus, amplify impact across all initiatives in Belgium: (a) "evidence-based policy engagement", and (b) "multi-sectoral programming". From this perspective, investments in SRHR are proactive and prevention-focused, thereby building more resilient societies in Belgium [9].

### Access to medicines

Access to medicine is another important dimension of SRH programs for women and girls in Belgium. This aspect has been addressed in partnership with the WHO. In this context, it is important to note that the Government of Belgium and WHO signed, in December 2021, a €8 million multi-year contribution agreement for the period 2021-2025. The prime objective of this financial commitment is to support equitable access to (a) health products, and (b) health technologies. Analysis of data indicate that this financial support has enabled stakeholders in SRH programs achieve significant progress over the past three years. In addition, this initiative has facilitated technology transfer across various developmental sectors. Focus has been on three aspects, namely, (1) sustainable local production through the mRNA Technology Transfer Programme (mRNA TT), (2) the Health Technology Access Programme (HTAP), and (3) the COVID-19 Technology Access Pool (C-TAP) [5].

In the context of access to medicine, it has been found that pre-clinical studies have validated the immunogenicity, efficacy and safety of the Afrigen technology platform. This development is indicative of the fact that the mRNA platform is effective. A key milestone in the project was the successful transfer of this technology from Afrigen to Biovac at the beginning of 2024. This was an, important step towards enabling and empowering low-and middle-income countries (LMICs) to independently produce vaccines to meet health requirements of people. It is expected that transfer of the technology will extend to the 14 program partners (with completion expected by the end of 2025). In addition to the technology transfer, with completing the operating model of the mRNA TT Program, HTAP has secured a

license. This licence is expected to benefit sublicensed manufacturers by expanding market opportunities and enabling the manufacture of diagnostics not only for COVID-19, but also for other diseases (including HIV, malaria, syphilis, and hepatitis C [5].

At this juncture, it is pertinent to note that both programs have evolved post-pandemic. They, now, operate as complementary models under mission, work plan and program management framework of unified HTAP. In addition to this development, the implementation of the mRNA TT Program is reinforced by the efforts on regulatory systems. This mechanism has resulted in (a) strengthening local production, and (b) assistance in the access to the 'ecosystem'. The ecosystem is reflected in indicators such as (1) fair pricing, (2) list of essential medicines, (3) essential diagnostics list, (4) list of priority medical devices, and (5) controlled medicines. This initiative is funded by the Belgium-supported grant [5].

### SRH rights and involved challenges

Analysis of data in this paper indicates that access to SRH services in Belgium is a human right. Involved stakeholders advocate that such services should be available to all people throughout their lives. This should be part of initiatives aimed at ensuring universal health coverage for all, now and at all times. This arrangement contributes to improved health outcomes of SRH programs for women. Also, it results in (a) gender equality, and (b) overall development. Description presented above pertains to flexible funding and access to medicines. The author outlines challenges confronted by the stakeholders in implementing SRH programs for women in Belgium (undertaken in collaboration with WHO, UNFPA and other developmental agencies) in the following section of this research work [5].

It is pertinent to note that the challenges in implementing SRH services remain daunting. It has been found that ill-health resulting from causes related to sexuality and reproduction remains a major cause of preventable death, disability and suffering. According to estimates published by in the year 2025, nearly 164 million women of reproductive age (15-49 years) worldwide have an unmet need for modern contraception. On the other hand, 45% of all abortions globally remain unsafe. With support from Belgium, the WHO has made significant contribution in providing SRH services to women and girls [5].

It has been found that research by the Special Programme in Human Reproduction (HRP), housed by the WHO, leads global research on SRH right. This initiative, in turn, generates evidence for the purpose of (a) strengthening policies, and (b) improving reproductive health outcomes. It is pertinent to note that the International Centre for Reproductive Health (ICRH) at Ghent University is recognized as WHO collaborating centre. Further, the ICRH supports mission of the WHO through research, training, and advocacy on key SRH right issues. Other area of health concern covered by the ICRH are (1) sexual violence, (2) maternal and new-born health, and (3) family planning. Furthermore, the ICRH also coordinates the academic network for SRH right Policy and the inter-university Master in Global Health. Large-scale trials with institutions, for instance, in India, Kenya, Malawi, Nigeria, and Uganda to simplify pre-eclampsia treatment and improve maternal health have been undertaken. In addition, in order to address the challenges in implementation of SRH programs for women and girls, an inter-disciplinary research initiative support better understanding of the impact of misinformation in digital spaces. Also, collaboration has enabled the Belgium Government to incorporate guidelines of the WHO on person-centred communications for the purpose of preventing female genital mutilation (FGM) into the training curricula for healthcare providers [5].

### Commitment objectives

Belgium's commitment objectives in matters pertaining to SRH are [6]:

- a) Ensuring that individuals have affordable and readily available access to a range of modern contraceptive methods.
- b) Promoting and further strengthening comprehensive and age-appropriate education on sexual and reproductive health (including information about contraception, safe sex practices, and healthy relationships).
- c) Enhancing the skills and knowledge of healthcare providers to provide quality family planning services, including counselling, contraceptive methods, and reproductive health care.

- d) Supporting and advocating for the inclusion of reproductive health services (including family planning) in humanitarian responses in order to ensure the well-being of affected populations, particularly women and girls.
- e) Encouraging the collection and analysis of data related to SRH, including contraceptive use, unmet needs for family planning, and maternal health outcomes.
- f) Collaborating with private sector organizations, non-governmental organizations (NGOs), and other stakeholders for the purpose of mobilizing resources and expertise in advancing reproductive health goals (such as expanding access to contraceptives and improving service delivery).
- g) Allocating sufficient financial resources to support reproductive health programs and services, including family planning initiatives, infrastructure development, training, and research, to ensure sustainable and effective implementation.

### Lessons learnt

Key lessons learned from reproductive health programs and research in Belgium emphasize the critical role of integrating research with policy-making, engaging diverse stakeholders including parents and community leaders, and addressing services within the broader context of gender equality and social norms [5]. Brief description on key lessons learnt is presented below:

1. **Bridging the research-policy gap:** A primary lesson is the necessity of strong, sustained engagement between researchers and policymakers to translate sexual and reproductive health (SRH) research into actionable policy and practice. Informal meetings and clear communication pathways are essential for building the trust needed for policy uptake.
2. **Addressing social norms and gender equality:** Effective programs must employ a gender-transformative approach that actively questions and redefines rigid gender norms and power imbalances. Poor SRHR is both a cause and consequence of gender inequality, and addressing underlying issues like gender-based violence and discriminatory practices is crucial for success.
3. **Stakeholder engagement and bottom-up approaches:** Involving a wide range of stakeholders, from school directors and healthcare providers to parents and community leaders, helps gain insights and support for initiatives. Bottom-up approaches and effective collaboration can help mitigate unforeseen external barriers and expedite project implementation.
4. **Utilizing technology and integrated services:** The use of digital tools, such as mobile applications for lifestyle programs or text message platforms for SRH content, can effectively reach specific target groups like youth. Additionally, integrating SRHR services with other health areas (e.g., HIV/PMTCT programs) enhances comprehensive care and overall program effectiveness.
5. **Adapting to context and unexpected challenges:** Programs in Belgium, like the abortion services during the COVID-19 pandemic, demonstrated the need for flexibility and adaptation of service procedures in response to unexpected crises. Staff experiences highlighted the importance of resilient service models and the need to plan for disruptions.
6. **Data and evidence-based advocacy:** Generating, disseminating, and using SRHR data and evidence are increasingly important for effective advocacy and accountability. Local data can often be more valued by policymakers than international studies, emphasizing the need for locally sourced evidence to inform decisions.

The lessons learnt, as outlined above, inform both domestic programs within Belgium and its significant role in international development cooperation, where Belgian stakeholders promote these integrated, rights-based approaches globally through organizations like the International Centre for Reproductive Health (ICRH) at Ghent University and [5].

### Concluding Comments

In view of the increasing importance of preserving reproductive health of women and girls, Belgium has undertaken several intervention measures. The country actively promotes SRH and rights [including access to family planning (FP)]. Belgium's commitment to addressing

SRH of women is reflected in (a) the country's Federal Law on Development Cooperation (2013), and (b) several operational federal policy documents on health, gender and other allied developmental aspects. The author of this work concludes that developmental work in the field of SRH and rights in Belgium is guided by three cooperation principles, namely, (1) a human-rights based approach, (2) a global and positive approach to sexuality and reproduction, and (3) health care for all approach. Within this framework, Belgium has emphasized to prioritize these key areas of intervention:

- a) Integration of SRH care into general health care and universal health coverage;
- b) Combating sexual and gender-based violence, sexual exploitation, and harmful practices such as female genital mutilation and child, early and forced marriage;
- c) Focusing on the needs and the meaningful participation of young people and adolescents; and
- d) Addressing sexual and reproductive health and rights in emergencies, conflict situations and peace-building processes [8].

The country has made significant contribution in implementing SRH programs over the years. Promoting family planning and reproductive health have been the priority areas. In order to ensure that SRH rights of women are protected, the country has made commitments and contributions to address the SRH needs of women and girls. The focus also has been on addressing SRH needs of those who are in humanitarian settings. Belgium has joined hands with the UN and other developmental agencies in recognizing the significance of empowering women. The ultimate objective has been to enable women and girls make informed and responsible decisions about their reproductive lives. In addition, programs have been supporting initiatives to expand access to contraception and comprehensive sexuality education. The WHO and the UNFPA are two collaborating agencies in designing and implementing SRH programs in various parts of the country. It is pertinent to note that the Belgium Government made, in the year 2017, its first FP2020 commitment of over EUR55 million to support the work of UNFPA and the Central Emergency Response Fund (CERF). The country has also joined the call for the Global Roadmap for data, monitoring, and accountability for family planning and SRH in humanitarian crises [6]. To conclude, realising SRH rights is essential to achieving health equity and driving sustainable development in Belgium, now and at times.

### Acknowledgements and Declarations

Resource support, encouragement and guidance provided by Dr. Kaushal Kumar Jha [Prof. and Head, Department of Agricultural Extension, Nagaland University, School of Agricultural Sciences and Rural Development, (SASRD), Medziphema, Dist.: Dimapur, Nagaland, India] in authoring this work is appreciated. The author declares that (1) there is no conflict of interest, and (2) no funding was received. Data sources are quoted in the work and research ethics on originality have been adhered to. The author, further, declares that the present work is original submission (research article), based on analysis of data obtained from secondary sources. The scientific methods and results of the study are explicitly reported. Key findings have been summarized, as per standard research practices. Most importantly, views on SRH programs in Belgium, as outlined in the previous sections, are of the author and not of Population Education Resource Centre, Department of Life Long Learning and Extension, S. N. D. T. Women's University (located in Mumbai, Maharashtra, India) where the author was employed previously. Brief biography of the author can be accessed at: <https://www.ierek.com/storage/conferences/577/speakers/cvs/8G2m1gZ8PQg6lIXsY8EufzNxUrQ0fIohyNecSt0r.pdf>.

### Bibliography

1. United Nations Population Fund (UNFPA). "Sexual and reproductive health". New York, USA: UNFPA (2025).
2. World Health Organization (WHO). "Sexual and reproductive health and rights". Geneva, Switzerland: WHO (2025).
3. Institute of Tropical Medicine. "Sexual and Reproductive Health". Antwerp, Belgium: Institute of Tropical Medicine (2025).

4. International Centre for Reproductive Health Belgium (ICRH Belgium). "About ICRH Belgium". Ghent, Belgium: ICRH Belgium (2025).
5. World Health Organization (WHO). "Belgium - Partner in Global Health". Geneva, Switzerland: WHO (2025).
6. FP2030. "Donor Belgium". Washington, DC, USA: FP2030 (2025).
7. Regional Information Centre for Western Europe, United Nations (UN), and United Nations Population Fund (UNFPA). "Agency Overview". Brussels, Belgium: Regional Information Centre for Western Europe, UN, and UNFPA (2025).
8. United Nations Population Fund (UNFPA). "Belgium-Partner in Development". New York: UNFPA (2025).
9. Belgian Agency for International Cooperation. "Investing in sexual and reproductive health and rights for resilient societies (Position Paper)". Brussels, Belgium: Belgian Agency for International Cooperation (2025).

**Volume 15 Issue 3 March 2026**

**©All rights reserved by Santosh Kumar Mishra.**