



Starting with a Vision: Redefining SRHR INGO Roles

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Between May and November 2023, leaders of 13 international NGOs (INGOs) that focus on sexual and reproductive health and rights (SRHR) met 9 times to discuss the future: the future of SRHR, the future of global health, the future of INGOs. We shared our perspectives on the external factors that are driving change in our sector, and we shared our hopes for and our concerns about how SRHR INGOs can best meet the moment and contribute to a healthier and more equitable world. Specifically, we envisioned the future together – a future where there is universal healthcare for all and where SRHR is achieved through local, community-driven solutions. We sought alignment about the roles that SRHR INGOs should play in a reimagined global health sector that is more equitable, resilient, and accountable. We discussed common principles and approaches that would support system-wide change, while recognizing that we are only one set of actors in a complicated and dynamic space. And we explored what these themes mean for our organizations, individually and collectively.

Two of us have paused to reflect together and to contribute to our [working out loud](#) series. While we don't speak for our full group, we do attempt to represent the range of views shared during our conversations, along a few key themes: our unity of vision, our recognition of the complexity of our times, our openness to change, and why we talked among ourselves.

Unity of vision

The organizations represented in our “Vision” working group are quite varied in our structures and approaches, even though we all work on global SRHR. Some of our organizations are small, with no international offices or staff; others are quite large, with staff in many countries. Some of us focus on research, others are clinical service providers, others do advocacy. Some have SRHR as an exclusive focus, others have a much broader remit and mission. What we shared, though, was more important than our differences: a commitment to question the status quo and to contribute to the design of the future of our sector, and an appreciation that our future won't be developed in a vacuum outside the influences of other actors in the sector. We believe this group of INGO leaders shares a relatively unified, collective vision for the sector and the work – and that by thinking together, we can engage with other key actors in our space as we co-design the future.

Recognition of the complexity of our times

The need to evolve the way that the global health sector operates comes at a time when we are also leading and managing through other major shifts in our environment. The COVID-19 pandemic; the dramatic shifts in national politics; the multiple weather disasters and wars creating enormous humanitarian crises; the imperative to evolve organizations and societies to be antiracist and more diverse, equitable, and inclusive – all of these shifts continue, and in fact accelerate, and we must be constantly improving and adapting. In our conversations, we acknowledged that we need to design our roles for a future that will continue to change at what feels like an unprecedented pace.

Openness to change

As we have shared information on this initiative with people, one theme we have heard is that this must be a hard process for us because INGOs have the most to lose. This is premised on the assumption that the way to make global health more equitable is for power and resources and control to move from INGOs to other actors, such as local organizations, and that as we shift power, we “lose.” We agree that power needs to shift, that resources need to be distributed differently, and that the role of INGOs will change. In fact, there may be fewer INGOs in the future, through attrition or consolidation. However, all of us represent organizations that have clear missions and visions, and none of those mission statements includes lasting for all eternity exactly the way we are today! The leaders in our conversations are clear about the value that their organizations bring to the sector and believe that INGOs will continue to be invited to serve as connectors across geography, as resource mobilizers for the sector, as generators and sharers of data and cross-thematic/cross-geography lessons, as co-implementers and learners, and in roles of capacity strengthening and sharing and providers of services and products where we can best serve the sector.

The elephant in the room: why did INGOs talk among ourselves?

Throughout the process of establishing and launching the TIME initiative, we have maintained that no one actor in the multi-party ecosystem of global health can or should decide the future of the sector for everyone. The consultative process in phase one of TIME reinforced our view that there is a role for INGOs in global health, and underscored our opinion that the role needs to evolve to be more equitable and effective in today’s world. During phase two, we used input from our colleagues and counterparts at national and local NGOs and networks to inform our conversations and our goal for some alignment among our group. We recognized at every stage that ultimately what we do and how we do it is not only up to us – our counterparts and donors also must have a say and, in fact, we are in service to them.

And yet, as similarly structured organizations asking tough questions about the history in which our organizations were established, the way we are structured and managed, and the impact we have on the sector, we thought it was a necessary first step to do that early reflection together first, so that we can have an idea of where we want to go together, rather than alone.

INGOs can be a barrier to change, or they can be a catalyst and ally for transformation. The former path will be based on fear and has the potential to weaken the sector while the latter will be leaning into trust and has the potential to make us stronger.

We have found that, as a sector, collectively sharing our experiences, trials, triumphs, and challenges opens us to possibilities to move the needle in more sustained and significant manners. It’s critical now that we share our thinking, invite challenges, answer questions, and continue to learn with local organizations and with donors and with other stakeholders, such as national ministries of health and other key partners. We believe that we will be better partners in those conversations now.

For generations INGOs have provided technical assistance and service delivery in SRHR around the world. Over the past decades, these organizations and our missions, approaches, structures, and staffs have changed dramatically. We know and appreciate that there is more change ahead. We believe there is room to change the system from within to be more just and equitable, while rebuilding the system itself. We are committed to thinking, learning, consulting, and behaving in ways that are principled, and in deep coordination with our colleagues at local and national organizations, government agencies, donor agencies. Together we can update a collective vision for the respective (and respectful) roles of all actors in SRHR, and achieve our common goals of health, rights, and equality for all.

This blog is part of the TIME Working out Loud Learning Collection. More stories and publications can be found [here](#).

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