



# SEXUALITY HIV & AIDS IN AFRICA

4<sup>TH</sup> AFRICA CONFERENCE ON SEXUAL HEALTH & RIGHTS

FEB 9 - 12, 2010 Addis Ababa, Ethiopia

## CALL TO ACTION

Over 700 representatives of governments including members of parliament, Civil Society Organisations, development partners including UN Agencies, bilateral and multilateral donors attended the 4<sup>th</sup> Africa Conference on Sexual Health and Rights in Addis Ababa, Ethiopia where the interrelationship between sexuality, sexual and reproductive health and rights and HIV/ AIDS were examined. This “Call to Action” is grounded on key observations, research evidence and demonstrated good practices presented at the Conference based on the work of sexual and reproductive health practitioners, advocates and service providers from across Africa and the world working within the human rights framework and ethical principles of choice, privacy, respect, responsibility, equality and non discrimination.

Participants shared knowledge and understanding as they seek to continue the momentum towards nondiscriminatory policy and program approaches to sexuality, gender equality and HIV/AIDS programming were highlighted.

Special attention was given to sexuality and gender relations as core dimensions of being human, and to their vital importance in human development, especially during adolescence and young adulthood.

It was observed that there was the need to commit to broader and more meaningful participation of young people, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex people (LGBTQI), People Living with HIV and AIDS (PLWHA), sex workers, people with disabilities and others in future conferences.

It was also observed that there has been a positive shift in thinking around sexual and reproductive health and rights in the recent years with increased focus on sexuality particularly of key vulnerable groups in Africa.

It was further observed that there is an increasingly open and evidence-informed dialogue on sexuality, sexual health, equality between women and men and sexual rights in Africa over the last several years, and agree to foster continued conversation based on insights from all concerned communities, programmatic experience and research.

It is recognized that, it is imperative to discuss sexuality and gender to protect the human rights as well as to ensure sexual and reproductive health of all.

It was noted that various Governments, African Union, Civil Society Organisations, development partners, including the UN, bilateral and multilateral donors have made significant contributions towards addressing issues of sexuality, sexual and reproductive health and rights, and HIV/AIDS in Africa, including the ICPD, Maputo Plan of Action, the Abuja Declaration, the Paris Declaration and MDGs. Of particular commendation is the African Union for the recent launch of the Campaign Against Reduction of Maternal Mortality in Africa (CARMMA).

Despite all the gains made so far, there are still concerns that the poor status of sexual and reproductive health in Africa as characterised by the high unmet need for contraceptives and emergency obstetric care, high maternal mortality rates, unsafe abortions, high fertility rates and increasing new HIV infections especially among vulnerable and marginalised groups, including LGBTQI, people living with disabilities, young people, in particular, women and girls.

Of further concern is lack of consensus in Africa about how to approach integration of rights based sexuality programming within existing sexual and reproductive health and rights programmes including HIV/AIDS.

In order to enhance commitment to issues of sexuality, sexual and reproductive health and rights including HIV/AIDS urge

### **Governments and Parliamentarians**

1. Accelerate implementation of the ICPD, the Maputo Plan of Action and renewed commitment by African governments to the CARMMA.
2. Allocate 15% of country GDP to the health sector, and prioritize integrated sexual and reproductive health services for all—including adolescents and young people, sexual minorities, sex workers, People with disabilities and PLWHA—that are nonjudgmental, respectful, and tailored to the specific needs of individuals.
3. Increase resources for SRHR and HIV/AIDS programmes to expand facilities, ensure SRHR commodity security, provide appropriate and rights based training and skills for health professionals.
4. Expand provision of information and education on sexuality, reproduction and HIV/AIDS that is gender-specific and accessible: in schools, for women, men, young people and other vulnerable populations – sexual minorities, people with disabilities, sex workers, PLWHAS, in slums and rural populations who are often underserved.
5. Expand access to sexual and reproductive health information and services for the most vulnerable persons including those in conflict areas, the poorest and young people through tailored interventions, training for service providers and embracing human rights based approach.
6. Rescind laws, policies and practices that criminalize same sex activities, sex work, abortion, and HIV transmission as these laws undermine other fundamental human rights of all persons, and continue to fuel the HIV/AIDS epidemic.

### **Civil Society Organisations**

7. Commit to promoting transformative programming that engages men in the promotion of sexual and reproductive health and rights and challenging the current construction of masculinity that puts men and women at risk of HIV/AIDS.
8. Initiate programs, public campaigns, and other initiatives that engage men in working for the empowerment of women, gender equality, and to end violence against women.
9. Initiate programs, public campaigns, and other initiatives that engage men in working for the empowerment of women, gender equality, and to end violence against women.
10. Continue multifaceted efforts to mobilize alliances with and among key communities for both strong policies and programs; increase knowledge and understanding among the public and the media of sexuality, sexual diversities, harmful traditional practices, inequalities between women and men, as well as attention to the positive dimensions of sexuality and sex.
11. Create and promote, in partnership with young people, programs that provide leadership opportunities; comprehensive and accurate information in multiple and accessible formats (print, electronic, Braille, closed captioned, sign language) on sexuality, gender and human rights; and develop their decision-making capacity and agency.
12. Support continuing the discourse through experience sharing and capacity building on sexuality, sexual and reproductive health/rights and HIV/AIDS.

### **Development Partners**

13. Harmonize, align and coordinate resources behind robust national health plans for a more effective use of domestic and external resources, maximizing management for results and mutual accountability.
14. Increase resources to African NGOs to build their capacity to respond to the need to integrate sexuality into sexual and reproductive health and rights programmes as well as services, using the Paris Declaration Model.

AFSHR urges everyone to monitor and report on the implementation of this 'Call to Action' as we lead up to the 5<sup>th</sup> Africa Conference on Sexual Health and Rights in Cairo, Egypt in 2012.