

## **Reflections and Commitments of the Participants at the 5<sup>th</sup> Africa Conference on Sexual Health and Rights**

Windhoek, Namibia September 17-21, 2012

*Theme: Sexual Health and Rights in Africa: Where are we?*

### ***Preamble***

An estimated 500 participants from all over Africa representing civil society networks and organizations, public sector institutions, development agencies and stakeholders gathered to exchange and interact in Windhoek, Namibia for the 5<sup>th</sup> Africa Conference on Sexual Health and Rights held from 17<sup>th</sup> to 21<sup>st</sup> of September 2012. This conference laid the foundation for a new paradigm of stakeholder responsibility, consolidating the continent's response to sexual health and rights backed by high level political support and leadership. It has set a new hopeful horizon for SRHR on the continent.

The opening statement of the President of the Republic of Namibia set the tone beyond the conference for a higher political level of engagement, which emphasized the importance of young people's participation and highlighted the need for Africa to create and use evidence based research and analysis to inform policy decisions, and result in more grounded and effective strategies at all levels. Additional interventions from the First Ladies of Zambia and Namibia pushed participants to interrogate the question "why we are not where we should be."

The conference examined the current status of public policy, financing and programming, capacity and implementation and monitoring of the current status of SRHR in Africa within the framework of regional commitments, equity, integration, linkages and accountability.

During the course of this conference a wide variety of issues and themes were brought up and discussed, some in depth, others in brief. Issues not dealt with in enough detail include the reproductive health of people in rural and conflict areas, migrant populations, male circumcision, female genital operation, integration of reproductive health and HIV, among others. We also need to encourage the use of non-stigmatizing and non-discriminating language. These areas should be given priority in subsequent conferences.

Brief reflections on some of the key themes that emerged will be discussed:

### ***Comprehensive Sexuality Education and Youth Friendly Services***

Given that there is a strong movement advocating for evidence-based youth sexuality education and youth friendly services, and that the tools to fill these needs exist and are available, as well as increased political commitment to delivery:

- We need to create the space for all stakeholders to take part in this process and strengthen the partnerships particularly between health, education and youth sectors for a more coordinated response based on national and public health priorities.
- We need to address the lack of age-appropriate, comprehensive curricula and inadequate use of existing materials, the need to extend sexuality education to tertiary institutions, to improve

training for teachers and health care providers, allocate sufficient budget, as well acknowledge and celebrate the sexuality of young people.

- We need to de-emphasize the perceived barriers from religious, traditional and conservative groups that are thought to hinder the work, but instead use tested and approved methods of engaging with these groups and to bring them along.
- We need to re-orient existing health services and expand quality youth friendly services, especially for marginalized and underserved young people to address all of their HIV and sexual and reproductive health needs.

### ***Promoting and Protecting Sexual and Reproductive Health and Rights***

Given that there are a wide range of human rights violations occurring, such as forced sterilization of women living with HIV, limited access to quality services for sex workers and lesbian, gay, bisexual and transgender people, as well as adolescents; knowing that child marriage violates the rights of children and affects their wellbeing, and that sexual and gender violence and HIV affect young women and girls disproportionately:

- We need to pay particular attention to the need to decriminalize and de-stigmatize the act of consensual sex between adolescents, removing moralistic perspectives in order to ensure they are able to access information and services.
- We need to remove stringent and discriminatory practices occurring in public health facilities on the continent such as, detention of mothers for unpaid hospital bills and the requirement to donate blood as a pre-condition for maternal and ante-natal care, which are in violation of women's rights to access SRHR, particularly maternal health care.
- We need to work with the police and the health and justice systems to address the arrest and detention of sex workers and MSM because they are carrying condoms or loitering. These practices, among others, violate their right to access health care. We also need to ensure that sex workers and MSM who are disproportionately affected by HIV are empowered to protect themselves and play a role in reducing HIV transmission.

### ***Child Marriage***

Preventing child marriage is an emerging area of significance that clearly demonstrates links between child rights, HIV infection in young girls, education, maternal and child mortality which undermine the realization of key MDG indicators such as universal access to primary education, improvements in maternal and child mortality, and reducing HIV infection rates and poverty.

- We need to be clearer about our response to this issue and recognize the necessity to amplify the responses within the context of existing SRHR responses and draw on existing legislation on child protection.

- We need to understand and address the gaps between constitutional and customary law at country level and ensure that the rights of the child are put foremost by the enactment of laws criminalizing child marriage, as Swaziland has done this week.
- We need to work to ensure that police, justice and health systems are trained and able to deliver quality support services, both in prevention and care linked to SRHR of married adolescents, and in the prosecution of perpetrators in countries where this practice is outlawed.

### ***Accountability and Leadership***

Recognizing that accountability is a lens and a tool in the work that we do, and that transparency is vital, data can assist leaders in making evidence-based decisions and fulfilling continental, regional and national commitments. Acknowledging the importance of leadership as key to turning the tide on SRHR on the continent, and that great strides have been made in policy development, implementation is now critical especially with regards to unmet need for family planning, unsafe abortion, elimination of mother-to-child transmission, comprehensive sexuality education and emerging health issues such as the increasing rates of cervical cancer among young women living with HIV:

- We need to ensure that African Union member States honor the Abuja Declaration Commitments by allocating 15% of GDP to the health sector, a pre-requisite for Africa's achievement of the health MDGs.
- We need to better understand the commitments, monitor the performance using data, and advocate that governments deliver in providing SRHR resources, especially on commodities, addressing stock outs and addressing supply chain issues, based on proper budget allocation and expenditure.
- We need to effectively be part of responses, especially around MDGs and ICPD so that strong SRHR content and targets are developed in the years to come, which will provide the basis for strong civil society and government partnerships.
- We need to recognize the role of individual and collective leadership, and nurture and support new and existing leadership, as well as strengthen movements, including youth movements to provide the required foundation for a pro-active and dynamic African driven response.

### ***Conclusion***

Participants appreciate the space provided through this conference to engage on many SRHR issues and the role these play in strengthening our understanding and need for accountability. We renew our commitment to work together, partnering with people from different sectors. We will work to ensure that SRHR is better understood as a central and an integral part of development, including the HIV epidemic, poverty, human rights, education and justice and will ensure that future conferences will build on this foundation.