



# SRHR INTEGRATION IN 2030 AGENDA

## AN AFRICAN CIVIL SOCIETY GUIDE

2015



*Holding Leaders Accountable*



[WWW.AIDSACCOUNTABILITY.ORG](http://WWW.AIDSACCOUNTABILITY.ORG)

# CONTENTS

Why must SRHR be integrated into Post 2015 Development Agenda?	4
Goals, targets and indicators	6
Goals	6
Targets and Indicators	7
Means of Implementation	10
Financing for Development	11
Accountability	12
<i>Transparency</i>	13
<i>Dialogue</i>	13
<i>Action</i>	13
Works Cited	14

# ACKNOWLEDGMENTS

Funding for this brief is provided by:



# WHY MUST SRHR BE INTEGRATED INTO POST 2015 DEVELOPMENT AGENDA?

Today, adolescents (10-19) and youth (15-24) make up 1.8 billion of the entire global population (UNICEF, 2012). African youth in the age group of 15 – 24 account for 19 percent to that of the rest of world within the same age group (United Nations Department of Economic and Social Affairs, Population Division, 2015). During the transition from childhood to adulthood, young people enter their reproductive year thus requiring access to sexual and reproductive health information and services.

This information and services ensures adolescents and youth's access to 'use contraception, prevent unintended pregnancy and decide if and when to have children' (United Nations Population Fund , 2012). It is argued that these investments in young people's health especially girls ensures their greater access to education and employment opportunities (Ibid, 2012).

## THE STATE OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN AFRICA



### Maternal Mortality (MMR\*):

In 2013, the sub-Saharan Africa region alone accounted for 62% (179 000) of global deaths and continues to have the highest regional MMR (510).



**HIV:** In 2014, there were 25.8 million [24.0 million–28.7 million] people living with HIV in sub-Saharan Africa. - Women account for more than half the total number of people living with HIV in Sub-Saharan Africa.



### Early and Forced Child Marriage:

In sub-Saharan Africa, 40% of women are married before the age of 18 years. Approximated 14 million girls are married off as child every year.



**Contraceptive Use:** In 2012, among women of reproductive age (15–49) in Sub-Saharan Africa, 42% want to avoid pregnancy, but only 17% are using a modern contraceptive method—roughly the same proportion as in 2008.



**Sexual Rights:** Key populations across Africa face legal and policy barriers to accessing sexual and reproductive health services. These populations include young people, sex workers, drugs users, prisoners and LGBT persons.



**Unsafe Abortion:** In 2008, 6.4 million abortions carried out in Africa, of which only 3% were performed under safe conditions.

# THE STATE OF SRHR IN AFRICA

## COMPARISON AMONG AFRICAN COUNTRIES ON SRHR INDICATORS

	Maternal Mortality Rate (per 100 000)	AAI Scorecard Grade	HIV Prevalence Rate (Adults aged 15-49)	AAI Scorecard Grade	Child marriage % girls married before 18	AAI Scorecard Grade
Burundi	740	D	1.1	A	20	B
Chad	980	E	2.5	A	68	E
Central African Republic	880	D	4.3	B	68	E
Democratic Republic of Congo	730	D	1	A	39	C
Malawi	510	C	10	C	50	D
Sierra Leone	1100	E	1.4	A	44	D
Somalia	850	D	0.5	A	45	D
South Africa	140	A	18.9	E	6	A
Zimbabwe	280	B	12.4	D	42	D

Grades have been based on a method of comparing these countries to each other by creating applicable quintiles for each data point.

Despite this well-known fact, African young people remain the most vulnerable in accessing universal access to health care and coverage which includes sexual and reproductive health services (United Nations Economic Commission for Africa, 2011). It is therefore imperative that African countries at national and regional level integrate SRHR within the post-2015 SDG framework owing to its implications for socio-economic development. Historically, the non-integration of SRHR may have resulted in limited progress in meeting some Millennium Development Goals (MDGs). Particularly, these SRHR related MDGs refer to Goal 5 (Improve maternal health) and Goal 6 (Combat HIV/AIDS, malaria and other diseases) (United Nations Economic Commission and Social Affairs, 2014).

# GOALS, TARGETS AND INDICATORS

## GOALS

In full recognition and endorsement of the global Sustainable Development Goals (SDGs), African civil society call for the full integration of all the 17 proposed sustainable development goals into the national and regional development plans of all African countries post September 2015. Particularly for the integration of SRHR in the Post 2015 development agenda, countries must focus on: **Goal 3** on ensuring healthy lives and promote well-being for all at all ages; **Goal 4** on ensuring inclusive and equitable quality education and promoting lifelong education for all; **Goal 5** on achieving gender equality and empowering all women and girls; **Goal 10** on reducing inequalities with and among countries; **Goal 16** on promotion of peaceful and inclusive societies for sustainable development, providing access to justice for all and build effective, accountable and inclusive institution at all levels, and **Goal 17** on strengthening the means of implementation and revitalization of the global partnership for sustainable development (United Nations , 2015).

These proposed goals are of critical importance to ensuring healthy lives for all especially adolescents and young people and for the empowerment of women and girls and their wellbeing including sexual and reproductive health and rights.

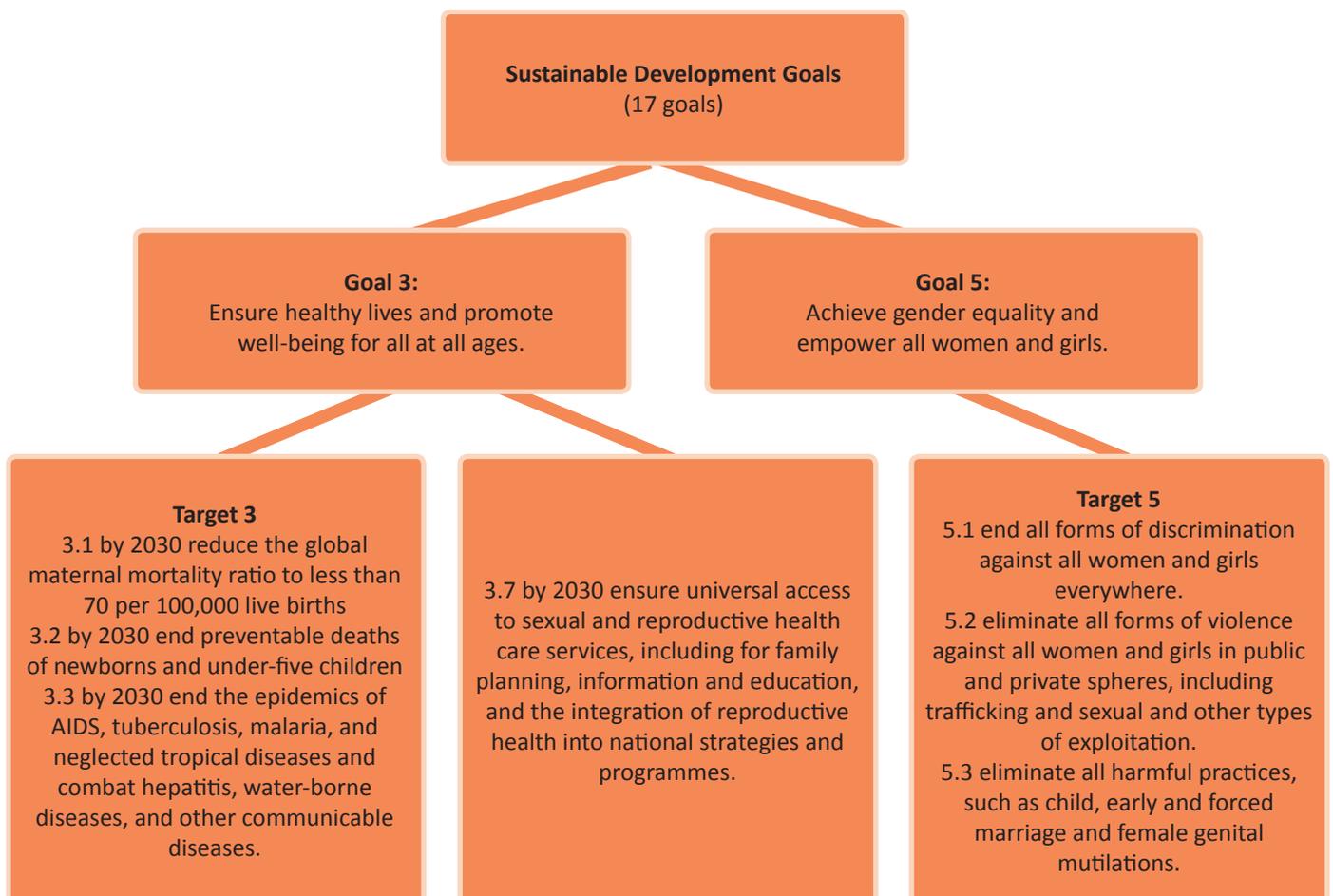


Figure 1: SRHR Related Sustainable Development Goals and Targets

# GOALS, TARGETS AND INDICATORS

## TARGETS AND INDICATORS

African civil society further call for the full integration of all proposed targets as shown below with related indicators:

Goal 3: On ensuring healthy lives and promote well-being for all at all ages;	
<p><b>Target 3.1</b> To reduce the maternal mortality ratio to less than 70/100,000 live births;</p>	<p><b>Indicator 3.1.1</b> Maternal deaths per 100,000 live births</p>
<p><b>Target 3.3</b> To end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;</p>	<p><b>Indicator 3.3.1</b> HIV incidence per 100 susceptible person years<sup>1</sup> (adults, key populations, children, adolescents)</p> <p><b>Indicator 3.3.2</b> HIV/AIDS deaths per 100,000 population</p> <p><b>Indicator 3.3.3</b> TB incidence per 1,000 person years</p> <p><b>Indicator 3.3.4</b> Number of TB deaths</p>
<p><b>Target 3.7</b> On 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;</p>	<p><b>Indicator 3.7.1</b> Adolescent birth rate (10-14, 15-19)</p> <p><b>Indicator 3.7.2</b> Demand satisfied with modern contraceptives</p>
Goal 4: On ensuring inclusive and equitable quality education and promoting lifelong education for all;	
<p><b>Target 4.1</b> On ensuring that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes;</p>	<p><b>Indicator 4.1.2</b> Completion rate (primary, lower secondary, upper secondary)</p>

<sup>1</sup>Person years: A measurement combining the number of persons and their time contribution in a period of observation or study. Person years as a measurement are often used as denominator in calculating incidence rates

<p><b>Target 4.5<sup>2</sup></b> On eliminating gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations;</p>	<p><b>Indicator 4.5.1</b> Parity indices (female/male<sup>3</sup>, urban/rural, bottom/top wealth quintile) for all indicators on this list that can be disaggregated</p>
<p><b>Goal 5: On Achieving gender equality and empower all women and girls.</b></p>	
<p><b>Target 5.1</b> To end all forms of discrimination against all women and girls everywhere;</p>	<p><b>Indicator 5.1.1</b> Whether or not legal frameworks discriminate against women and girls, as identified by the CEDAW committee</p> <p><b>Indicator 5.1.2</b> Whether or not inheritance rights discriminate against women and girls.</p>
<p><b>Target 5.2</b> To 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;</p>	<p><b>Indicator 5.2.1</b> Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months</p> <p><b>Indicator 5.2.2</b> Proportion of women and girls (aged 15-49) subjected to sexual violence<sup>4</sup> by persons other than an intimate partner, since age 15.</p>
<p><b>Target 5.3</b> To eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation;</p>	<p><b>Indicator 5.3.1</b> Percentage of women aged 20-24 who were married or in a union before age 18 (i.e. child marriage)</p> <p><b>Indicator 5.3.2</b> Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group (for relevant countries only)</p>

<sup>2</sup>Suggestion on inclusion of comprehensive sexually education (CSE) must be made here.

<sup>3</sup>Note that female/male is restrictive and could exclude people that are gender non-conforming.

<sup>4</sup>There should be the inclusion of all 'forms of violence' and not only limited to sexual.

<p><b>Target 5.6</b></p> <p>To ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences.</p>	<p><b>Indicator 5.6.1</b></p> <p>Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights by age, location, income, disability and other characteristics relevant to each country</p>
<p><b>Goal 10: Reduce inequality within and among countries</b></p>	
<p><b>Target 10.3</b></p> <p>Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard</p>	<p><b>Indicator 10.3.1</b></p> <p>Percentage of population reporting perceived existence of discrimination based on all grounds of discrimination prohibited by international human rights law</p> <p><b>Indicator 10.3.2</b></p> <p>Existence of an independent body responsible for promoting and protecting the right to non-discrimination</p>
<p><b>Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b></p>	
<p><b>Target 16.2</b></p> <p>End abuse, exploitations, trafficking and all forms of violence against and torture of children</p>	<p><b>Indicator 16.2.1</b></p> <p>Percentage of young adults aged 18-24 years who have experienced violence by age 18, by type (physical, psychological and/or sexual)</p>
<p><b>Target 16.6</b></p> <p>Develop effective, accountable and transparent institutions at all levels</p>	<p><b>Indicator 16.6.1</b></p> <p>Actual primary expenditures per sector and revenues as a percentage of the original approved budget of the government</p>
<p><b>Target 16.7</b></p> <p>Ensure responsive, inclusive, participatory and representative decision-making at all levels</p>	<p><b>Indicator 16.7.1</b></p> <p>Diversity in representation in key decision-making bodies (legislature, executive, and judiciary)</p>

Source: United Nations, 2015. United Nations Statistical Division , 2015.

# MEANS OF IMPLEMENTATION

As part of the new proposed sustainable development goals has been the discussion around the Means of Implementation (Mol) has been addressed by 24 targets from Goal 1-16 and 19 targets under Goal 17 (Strengthen the means of implementation and revitalize goal partnership for sustainable development).

These means of implementation can be classified into:

1. Financial and other (non-financial)
2. Jurisdiction or level of operation i.e. national, regional and global policies and institutions

Under financial there are three main approaches to means of implementation for the proposed SDGs:

1.) Ensure access to Official development assistance (ODA) and debt relief by developed countries through adherence to ODA commitments including 0.7% of GNI in ODA to developing countries of which 0.15 - 0.20 % are allocated to least developed countries;

2.) Governments require to mobilize additional resources through increasing taxation, cutting subsidies, and preventing illicit capital flows;

3.) Governments in their individual capacity or collectively need to tap into the new and innovative sources of finance which will enable access to health services, equipment, commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all (Debapriya & Mohammad, 2014 ). Furthermore, there is a need to ensure fair and transparent trade agreements in consultation with CSOs especially in bi-lateral, multi-lateral trade agreements concerning health of people including SRHR.

Related to the above, governments must remove all 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.

Secondly, means of implementation through jurisdiction and level of operation by governments must be ensured through monitoring and accountability to national, regional and global processes including the SDGs. This process must be accompanied by national, regional and global dialogue with CSOs, private sector & other stakeholders aimed at evaluating progress made and identification of actions to improve sexual and reproductive health services. These actions must include addressing the increased need for capacity building of health workforce.

Last but not least, the means of implementation need to provide access to benefits of scientific progress, technology, innovation, and knowledge transfer in the areas of health and well-being including sexual reproductive health services for all, based on a rights-based and gender sensitive approach.

# FINANCING FOR DEVELOPMENT

**Financing adolescents' and young people's health remains fundamental to the attainment of the Sustainable Development Goals. Without adequate allocation of public resources for health for all especially marginalized girls, women and young people prevents their access to health services, including sexual and reproductive health services.**

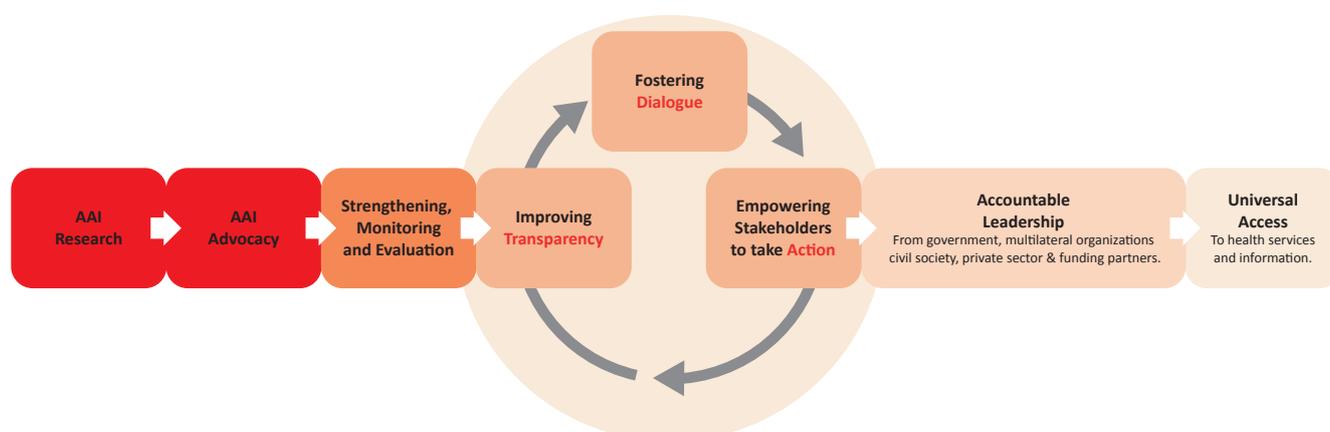
Therefore, African governments are called upon to go beyond funding initiatives that are predominately aimed at increasing infrastructure, eradication of poverty and hunger, and at placing an emphasis on promoting gender equality and improving health for all. This must be done through strengthened domestic resource mobilisation and allocation aimed at empowering women and young people in their pursuit to universal access to sexual and reproductive health services. Furthermore, African governments must ensure that financial resources are specifically allocated for sexual and reproductive health related commodities, medicines and equipment.

Financing for sexual and reproductive health services must ensure that adolescents, youth and women have access to the following services that cater for both preventative and curative measures: "(a) Antenatal, safe delivery and post-natal care; (b) Family planning, including prevention and appropriate treatment of infertility; (c) Prevention and management of the consequences of unsafe abortion and provision of safe abortion in circumstances which are not against the law; (d) Treatment of reproductive tract infections; (e) Prevention, care and treatment of STIs and HIV; (f) Information, education and counselling, as appropriate, on human sexuality and reproductive health; (g) Prevention and surveillance of violence, care for survivors of violence and other actions to eliminate traditional harmful practices, such as FGM; (h) Prevention, screening and treatment of breast and cervical cancer" (PMNCH, 2015).

In providing the above service, it is important to note that ODA plays a defining role in financing in African countries and the progress they make towards ensuring provision of sexual and reproductive health services. African civil society therefore call upon the developed countries to fully implement their ODA commitments including 0.7% of GNI in ODA to developing countries of which 0.15 - 0.20 % are allocated to least developed countries. Of this ODA, allocation should be made towards financing women's and young people health and rights including SRHR.

In addition, African civil society further call upon African governments to meet pledged targets of allocating and spending at least 15% of their annual budget to improve health. It is imperative that a considerable proportion of these budgets address key health SDGs (Goal 3, Goal 4, Goal 5 and Goal 10) in order to go beyond the progress that was made on the MDGs. African civil society further call upon African governments to effectively, efficiently mobilize resources for sexual reproductive health services that builds on the spirit of global partnership and solidarity in the most transparent and accountable manner.

# ACCOUNTABILITY



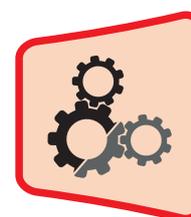
## 1. Transparency

Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.



## 2. Dialogue

Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments that they as governments and leaders have made.



## 3. Action

Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.

**Increasing accountability remains paramount in the implementation of the sustainable development goals. For the purpose of this advocacy brief, accountability may be viewed as a means of “ensuring that officials in public, private and voluntary sector organisations are answerable for their actions and that there is redress when duties and commitments are not met”. African civil society further note that accountability mechanisms in the implementation of the health related goals must built on a rights-based, gender sensitive and equitable framework.**

Therefore, the effective implementation of Goal 16 will no doubt play a prominent role in the successful attainment of health goals including those related to provision of sexual reproductive health services for all.

# ACCOUNTABILITY

African civil society recommends that African governments through an AAI accountability framework to target implementation through following three steps:

## TRANSPARENCY

The dialogue on accountability cannot start unless all stakeholders have access to accurate, comprehensive, up-to-date and methodologically sound data on the status of health provision in their countries, as well as what policy, programming and implementation is being done. African civil society therefore call for African governments to regularly present progress reports on overall SDG health goals, targets and indicators. This data must be high-quality, timely and reliable disaggregated by gender, age, income, rural/urban/hard to reach places, race, migratory status etc (AIDS Accountability International, 2015).

Broadly, through social accountability, transparency for sexual and reproductive health and rights must further target the:

- Tracking donors and governments' financial commitments
- Tracking national-level program implementation
- Tracking service delivery outcomes

## DIALOGUE

The meaningful involvement of civil society and government, supported by regional and continental structures and funding partners, is vital in order to analyse the data and determine whether performance is on-track to achieve relevant health goals and targets. Therefore African civil society call African governments to put in place effective and transparent accountability mechanisms/grievance redress mechanisms that involve all stakeholders at all levels, including, primary, secondary and tertiary levels to ensure the realisation of SRHR for all.

## ACTION

The accountability process does not stop at transparency and dialogue but are steps which in turn need to inform decisions taken by leaders as to which actions need to be taken to improve the health response. These actions again need to be monitored and transparent bringing us full circle.

Action remains a vital in the successful implementation to the sustainable development goals through the realization of Goal 17.

# WORKS CITED

AIDS Accountability International, (2015 ). *The State of African Youth Report: Realising the Future We Want*. Cape Town.

Debapriya, B., & Mohammad, A. A. (2014 ). *The SDGs - What are the means of implementation?* New York : Future United Nations Development System.

Girls not Brides, (2015 ). *Child, early and forced marriage in post-2015*.

Guttmacher Institute, (2012). *Facts on Abortion in Africa*. Washington DC : Guttmacher Institute.

PMNCH, (2015). Retrieved September 2, 2015, from [http://www.who.int/pmnch/activities/advocacy/globalstrategy/g\\_south\\_africa\\_youth\\_position.pdf?ua=1](http://www.who.int/pmnch/activities/advocacy/globalstrategy/g_south_africa_youth_position.pdf?ua=1)

UNICEF, (2012). *Progress for Children, A report card on adolescent*. New York : United Nations publication.

United Nations, (2015). *General Assembly Post 2015 Outcome*. New York : United Nations.

United Nations Children's Fund, (2014). *The State of the World's Children 2015*. New York : United Nations

United Nations Department of Economic and Social Affairs, Population Division. (2015). *World Population Prospect: The 2015 Revisions key Findings and Advance Tables*. New York : United Nations.

United Nations Economic Commission and Social Affairs. (2014). *Millennium Development Goals: 2014 Progress Chart*. New York: United Nations.

United Nations Economic Commission for Africa, (2011). *Regional Review: Youth in Africa*. Retrieved September 01, 2015, from <http://social.un.org/youthyear/docs/Regional%20Overview%20Youth%20in%20Africa.pdf>

United Nations Population Fund, (2012). Status Report. *Adolescents and Young People in Sub-Saharan Africa*. Opportunities and Challenges. Johannesburg : United Nations Populations Fund.

United Nations Program on AIDS, (2014). *How AIDS Changed Every Thing*. Geneva : UNAIDS.

United Nations Youth, (2012). *Youth Comprehensive Sexuality Education*. New York .

World Health Organisation, (2014). *Trends in Maternal Mortality 1990 to 2013*. Geneva: World Health Organisation .