Team Europe Initiative on sexual and reproductive health and rights (SRHR) An opportunity to advance SRHR for all in Sub-Saharan Africa

he Countdown 2030 Europe consortium has been following with great interest, and welcomes the development of a specific Team Europe Initiative (TEI) on Sexual Health and Reproductive Rights (SRHR) in Sub-Saharan Africa, co-led by the European Commission and six EU member states (Belgium, Finland, France, Germany, the Netherlands and Sweden).

Investing in SRHR is fundamental for the achievement of the Sustainable Development Goals and for the realisation of Universal Health Coverage (UHC).

STILL, IN SUB-SAHARAN AFRICA MAJOR CHALLENGES PERSIST FOR THE REALISATION OF SRHR FOR ALL



IN THE REGION, MORE THAN 1 IN 4 GIRLS ARE PREGNANT BEFORE the age of 18¹, and 34% OF WOMEN AGED 20-24 WERE MARRIED before the age of 18²



Sub-Saharan Africa is also THE REGION WITH THE LOWEST LEVEL OF CONTRACEPTIVE USE, currently at 27.8%³



Across the African continent, 55% OF ADOLESCENT WOMEN AGED 15–19 who want to avoid pregnancy have an UNMET NEED FOR MODERN CONTRACEPTION⁴



Sub-Saharan Africa is also home to 53% OF THE WORLD'S PEOPLE LIVING WITH HIV, and YOUNG GIRLS REPRESENT THE MAJORITY OF HIV INFECTED PEOPLE in the region, with YOUNG WOMEN AGED 15-24, BEING 2.5 TIMES MORE LIKELY TO BE INFECTED than men⁵

COVID-19 IMPACT ON WOMEN AND GIRLS' ACCESS TO CARE AND TREATMENT

The COVID-19 pandemic has even exacerbated the barriers to access health services, and in particular sexual and reproductive health services. A modelling study has shown that the pandemic could result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year⁶.

EUROPEAN LEADERSHIP ON SRHR

Long before COVID-19 struck, progressive governments in Europe were at the forefront of global action to support SRHR, and have restated their commitment to funding SRHR to fight the dire consequences of the pandemic⁷. The European Union has been championing SRHR, and has included its commitment to protect SRHR in a number of its recent development policies and partnerships, including the <u>Gender Action Plan III</u>, its communication and Council Conclusions on a comprehensive strategy with Africa and the post-Cotonou Partnership agreement.

These commitments must continue and be translated into actions in the framework of the TEI on SRHR. The **EU's ability to pool resources with member states** as part of the Team Europe approach is a strong asset and will help scale up the support for transformative impact, and allow the EU to build on member states' respective expertise on the topic⁸.



Urielle, 23, studying to become a customs officer, arrives at the Mimboman clinic. Cameroon is a country with very high levels of maternal death and child mortality and an HIV prevalence rate of over 10%. Credit: IPPF/Xaume Olleros/Cameroon

OUR RECOMMENDATIONS ON HOW THE TEI CAN SUPPORT SEXUAL AND REPRODUCTIVE CARE FOR ALL

Countdown 2030 Europe would like to propose its expertise and help contribute to the development of the TEI on SRHR, by providing recommendations on the following key areas:

01. The crucial role of civil society

Civil Society Organisations (CSOs) play a crucial part in addressing SRHR challenges, notably grassroot organisations, youth and women-led organisations. Being close to and rooted in local communities, they have a unique understanding of the SRHR needs and challenges of marginalised and vulnerable communities, playing also an important role in SRHR service delivery. Civil society is also a key stakeholder in advocating for the advancement of SRHR both at national and at regional level, calling for effective and progressive policies to be adopted and implemented, while at the same time playing an important watchdog role, holding governments accountable for their commitments. While SRHR remains a sensitive topic in many countries, including in Sub-Saharan Africa, local and grassroot organisations have valuable expertise on how to address these challenges, making links between policies and service delivery. Therefore, civil society, including grassroots and women's rights organisations, as well as youth organisations, should be fully involved in the shaping of the TEI through the organisation of timely, open, and meaningful consultations. In addition, CSOs should be regarded as key partners for the implementation of the TEI, also in support of the political dialogue on SRHR at regional level.

02. Thematic focus of the initiative: addressing the main barriers to the realisation of SRHR, leaving no one behind

To advance the realisation of SRHR in Sub-Saharan Africa, action should be focused on those areas that represent the main barriers to progress. These are the areas where we believe investments could generate the greatest impact:

→ A FOCUS ON ADOLESCENTS' SRHR.

Young people form the big majority of the population in Sub-Saharan Africa. Still, adolescents and youth face additional challenges to accessing SRHR services. Too often these services are not appropriate and safe to access for adolescents, who risk being stigmatised and can face discrimination, for example when matters of SRHR cannot be addressed discretely. In addition, adolescents often cannot access SRHR services without parental consent and do not get adequate information about SRHR. This is why it is crucial to **promote universal access for adolescents to youth-friendly SRHR services** that are equitable, accessible, affordable, responding to the specific needs and challenges of young people.

→ COMPREHENSIVE SEXUALITY EDUCATION.

Young people in Sub-Saharan Africa often lack access to quality and adequate Comprehensive Sexuality Education (CSE): for example, 7 in 10 girls in the region do not have comprehensive



A student talks to her classmates about sexual behaviour at the CEG Tohoun school in Tohoun, Togo. Credit: IPPF/Xaume Olleros/Togo

knowledge about HIV9. Still, CSE has proven to be highly effective and transformational: when young people have access to CSE, they are provided with the knowledge and skills to make informed choices, exert control over their bodies and exercise their right to health, thus being actors of positive change. It is key to ensure all countries in Sub-Saharan Africa commit to the implementation of adequate CSE programmes, also leveraging the opportunities provided by digitalisation.

→ FIGHT HARMFUL SOCIAL NORMS AND IMPROVE THE LEGAL FRAMEWORK.

Across the Sub-Saharan African region, still too many legal barriers exist that prevent all individuals to fully enjoy and realise their SRHR, including laws that criminalise abortion or samesex relations. In addition, in many countries in the region harmful social and gender norms exist that hinder access to SRHR services, especially for women and girls. It is key to ensure that progressive legal frameworks on SRHR are adopted in the region, criminalising harmful practices and promoting reforms that advance SRHR. At the same time, campaigns to counter harmful social and gender norms should be rolled-out, also by involving boys and men as key actors in challenging traditional gender norms and in creating an enabling environment for SRHR.

→ ADDRESS THE UNMET NEED FOR SRH AND FAMILY PLANNING SERVICES.

By 2030, over 50% of the world's young women with unmet need for family planning will be in sub-Saharan Africa¹⁰. Fully meeting SRH needs, including importantly the provision of family planning services, is a prerequisite to ensure all individuals can freely take decisions about their sexual and reproductive life. It is key for countries in the region to strengthen their supply systems for the provision of SRH services and tools, ensuring an adequate budget is dedicated to the procurement. At the same time, it is fundamental for development partners to scale-up the support to global initiatives that work to address the unmet need of family planning, such as the UNFPA Supplies Partnership.

→ ENSURE SRHR IS FULLY INCORPORATED INTO UHC POLICIES AND FRAMEWORKS.

SRHR are a crucial component of the efforts to strengthen health systems and achieve Universal Health Coverage (UHC). Countries in Sub-Saharan Africa are working towards the development of frameworks to achieve Universal Health Coverage (UHC): it is therefore important to make sure SRHR are fully incorporated into these policies and frameworks, and that SRHR services are fully part of essential health packages funded through UHC schemes.

→ ADOPT A HUMAN RIGHTS-BASED APPROACH.

Realising SRHR is not only a precondition to achieving sustainable development and UHC. All individuals have a right to make decisions governing their bodies and to access services that support that right. SRHR are based on the human rights of all individuals to access adequate health services, to have their bodily autonomy respected and to be free from discrimination. All actions geared towards the advancement of SRHR and the provision of SRH services should be grounded in the respect of human rights, adopting a human-rights based approach.



29 year old Dancil is a single mother to three children; she lives in Ngozi. Dancil sells goods at the market and is also a peer educator. Credit: IPPF/Georgina Goodwin/Burundi

03. An ambitious Initiative backed by adequate funding

To deliver concrete results for the countries falling under its geographic scope, and to advance the realisation of SRHR in Sub-Saharan Africa, it is essential that sufficient funding is allocated to the initiative, backed by adequate means for its effective implementation. Fully realising SRHR for all in Sub-Saharan Africa would require huge additional financial investments: it is estimated that a package of care that would meet all women's needs for modern contraception, pregnancy related and newborn care, and treatment for the major curable STIs, would require an increased annual investment of \$8.2 billion in West Africa, and \$6.2 billion in East Africa¹¹. Adequate funding of the TEI on SRHR would contribute to fill in the investment gaps for SRHR in the region.

Countdown 2030 Europe calls on member states to join this TEI on SRHR and to ambitiously contribute to its funding and implementation. The consortium also calls on member states to mainstream SRHR across other relevant TEIs on other priorities, such as the Green Deal, digital transformation and jobs and

- 1. https://data.unicef.org/topic/child-health/adolescent-health/#:~:text=While%20 the%20global%20adolescent%20birth,girls%20aged%2015%20to%2019.
- 2. https://data.unicef.org/topic/child-protection/child-marriage/
- 3. https://www.un.org/development/desa/pd/sites/www. un.org.development.desa.pd/files/files/documents/2020/ Sep/unpd_2020_worldfamilyplanning_highlights.pdf
- 4. https://www.guttmacher.org/fact-sheet/investingcontraceptive-services-african-union
- 5. ibid
- 6. https://www.guttmacher.org/journals/ipsrh/2020/04/estimatespotential-impact-covid-19-pandemic-sexual-and-reproductive-health

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- 11. https://www.guttmacher.org/sites/default/files/report_pdf/ adding-it-up-investing-in-sexual-reproductive-health-2019.pdf



































Countdown 2030 Europe is a Consortium of 15 leading European non-governmental organizations working to ensure the advancement of sexual and reproductive health and rights. Established in 2004, our Consortium has become Europe's leading collective voice on the importance of addressing the global unmet need for family planning. Europe-wide and internationally, the Consortium is a vehicle for collective advocacy towards the EU institutions and EU policymakers, and represents European organisations in international fora.



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