Civil Society
African Common Position Paper
on
The International Conference on Population Development

2013
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Introduction

In 2012, AIDS Accountability International (AAI) and The African Union Commission (AUC) recognised the need for greater African civil society organisation (CSO) representation in the International Conference on Population Development (ICPD) process.

It was decided to create The African Common Position Paper (ACP) on ICPD to reflect and include the perspectives, recommendations and expertise of African stakeholders.

The African Common Position on ICPD contains a set of recommendations which are aimed at national governments so as to address population and development issues. It will form part of the Regional Conference on Population and Development in September in Addis Ababa, where Ministers in charge of Population will adopt the continental report on ICPD @ 20 African Common Position once reviewed by the AUC and the African Union Ministers in charge of population.

Upon approval the final version of the ACP will be taken to the General Assembly in 2014 at the ICPD Review as the principal document that reflects the African position on ICPD as we go forward.

This project is supported by Ford Foundation South Africa.

The structure and language of the document

Expert input

This document is the result of widespread E-consultation during which feedback was garnered and incorporated into the document from experts across Africa. AAI and the AUC also held two face-to-face community consultation meetings in late 2012 in Johannesburg, South Africa and in Dakar, Senegal to gain input.

Framework

The ACP Paper is based on a human rights lens, and thus uses the following framework:

The main objective of all development policies and programmes and their implementation is to fulfil human rights.

Both rights-holders and duty-bearers are identified throughout the document, as a means to better identify the needs and entitlements of the former, and the obligations and duties of the latter. It also speaks to where capacity is lacking in order to empower the former to hold the latter accountable.

Commitments

More than 20 declarations, charters, action plans and protocols exist which address gaps in the rights and welfare of the child, rights of women, sexual and reproductive rights, human rights, civil and political Rights; economic, social and cultural rights; infectious diseases, discrimination against women, population and development, gender and development, gender mainstreaming, peace and security, maternal mortality etc. (A list can be found attached as Annex 1.) This document is cognisant of these commitments but speaks principally to the ICPD Plan of Action.
Recommendations to the African Union Member States:

1. Leadership, National Ownership & Coordination of the SRHR Response

1.1. To re-energize commitment to ICPD POA at all levels of leadership and strengthen mechanisms for coordination, decentralisation, monitoring and reporting by setting and/or revising SRHR-targets;

1.2. To commit to an all-inclusive and accountable leadership that ensures integration of SRHR into national development instruments and to create space for national debate on priorities, strategic investments, social protection and legal measures;

1.3. To accelerate the harmonization and integration of HIV and SRHR polices.

1.4. To boost funding for health, especially SRHR,
   1.4.1. By implementing the 15% of national budget allocated to health commitment made in Abuja;
   1.4.2. By implementing the 15% of health budget allocated to family planning commodities commitment made in MPoA;
   1.4.3. Through identification of alternative funding sources;
   1.4.4. Through cooperation with international partners where deemed good practice;
   1.4.5. Through improved monitoring and evaluation and financial controls of existing budgets and expenditures;

1.5. To allocate budget for and implement capacity building for health systems strengthening and the attainment of SRH goals.

1.6. To actively support and strengthen the capacity of national institutions, community systems and Ministry of Health staff to mount evidence-informed and rights-based responses, including the promotion of South-South cooperation and using regionally sourced technical support;

1.7. To actively finance, programme and implement appropriate responses based on research to address the evolution of the HIV epidemic across the continent taking into account the most at risk groups such as MSM, drug users, youths and women;

1.8. To create and adhere to good governance practices in all aspects of health systems strengthening, especially with regard to budget allocation, programming and implementation as well as reporting and M&E systems to track progress and impact.

2. Transparency and Accountability

2.1. To timeously, accurately and transparently report on progress made towards the implementation of the ICPD, MPOA and other relevant commitments;

2.2. To improve the quality of reporting on progress in terms of:
   2.2.1. Using a collaborative and consultative process with civil society experts to complete the questionnaire tools;
   2.2.2. Improving the quantity and quality of responses;
   2.2.3. Continuously upgrading the quality of data from a methodological viewpoint;
   2.2.4. Completing and submitting progress assessment tools timeously.

2.2.5. Ensure that reporting mechanisms include appropriately disaggregated data including sex and age disaggregation, to demonstrate that achievements and progress made are equitable.

2.3. Ensure that monitoring and accountability mechanisms must adopt a systemic and sustained human rights approach, provide effective remedies and redress to rights holders when sexual and reproductive rights are violated, and lead to the constant improvement of
existing programs and policies.

2.4. To improve the capacity of independent national, regional and continental experts for strategic citizen watch for the ICPD agenda and objectives and other issues of SRHR, including peer review mechanisms;

2.5. To increase transparency through open dialogue between government, civil society and policy organs, by creating more discussion around current status, national responses and challenges surrounding the attainment of universal access to SRH and health services on the continent.

2.6. To ratify and implement existing commitments to SRHR and health development made at Global, Continental and Regional and domestic level.

2.7. To further inter-country and inter-sector collaboration, learning and sharing within regional and sub-regional mechanisms of best practices and lessons learned;

2.8. To demonstrate Increased accountability through compliance with National Agenda aimed at SRHR targets;

3. Population Growth and Structure

3.1. Fertility, mortality and population growth

3.1.1. Ensure that population growth and structure, and demographic work is approached with a human rights and gender responsive lens;

3.1.2. Guarantee that policies to address high fertility and rapid population growth, focus on enlarging, not restricting, individual choices and opportunities;

3.1.3. Ensure that clear policy guidelines are developed and shared and implemented so as to ensure that human rights and gender responsive lens is implemented through to clinic level and that abuse and misinterpretation is impossible.

3.1.4. Improve data collection, quality and analysis to ensure that targeted and evidence based policies are developed, implemented and then closely monitored and evaluated for necessary adjustments.

3.2. Demographic Dividends

3.2.1. To commit to researching, understanding, and investing in the possible dividends to be gained from the pending youth bulge;

3.2.2. To ensure that the population is able to contribute and benefit from potential gains of the demographic dividend by ensuring the following criteria are met:

3.2.2.1. Youth have universal access to quality education, including but not limited to alphabetical and numerical literacy, secondary and tertiary education, comprehensive sexuality education and citizenship and human rights education. This must be equally provided to all, without gender or geographical, religious or other discrimination.

3.2.2.2. Youth have access to programmes which provide entrepreneurship and profit-generating activities training and provided with structural support to implement business ideas;

3.2.2.3. Youth are enabled to make informed and educated decisions on their health, including sexual and reproductive health and rights, and able to access quality health services and information;

3.2.3. Reinforce universal and country specific policies with proven results to spur future job creation and economic growth.

3.2.4. Ensure accountable and transparent leadership to manage demographic change.
4. Sexual and Reproductive Health and Rights (SRHR)

4.1. General

4.1.1. Prioritize sexual and reproductive rights in health systems strengthening and development programs so that integrated, high-quality services are available, accessible, and acceptable to all people, especially women and youths, and other marginalized groups as indicated below and particularly those most underserved.

4.1.2. Protect the population’s human rights in sexual and reproductive health programs by guaranteeing that services are designed to respond to individual’s health needs and overcome barriers faced by marginalized groups, including through service provision that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure.

4.1.3. Programs must ensure respect for privacy and confidentiality of people in accessing services, and the capacity to make free and informed choices regarding their sexual and reproductive lives from childhood to old age in all their diversity; and pay special attention to marginalized groups.

4.1.4. These services include but are not limited to: comprehensive information on sexuality and contraception services and supplies (including emergency contraception, post exposure prophylaxis, male and female condoms); pregnancy care (antenatal and post natal care, skilled birth attendance, referral systems, and emergency obstetric care); safe abortion services and post-abortion care; access to assisted reproductive technologies; prevention, treatment, and care of sexually transmitted infections and HIV; prevention, treatment and care of reproductive cancers.

4.2. Safe & Legal Abortion

4.2.1. To make evidence based policy changes that recognise the cost-benefits surrounding providing women with access to safe and legal abortions on demand.

4.2.2. To immediately repeal all laws criminalizing, penalizing and/or restricting access to abortion services whilst formulating new laws and policies as a means to allow better access.

4.2.3. To specifically repeal laws that restrict young women from accessing safe abortion services on ground of requiring parental or spousal consent, age of consent or mandatory waiting periods.

4.2.4. To ensure women seeking abortion care are not subjected judicial and non-judicial persecution, including imprisonment or even harassment and degrading treatment in the health systems or by state authorities and institutions.

4.2.5. To implement right based laws and public policies that guarantee and uphold women’s access to safe abortion services without restriction.

4.2.6. To remove all non-legal and non-policy barriers to women gaining access to safe abortions on demand.

4.2.7. To ensure that healthcare workers and the health system are trained, sensitized and equipped with the necessary knowledge, equipment and resources to provide safe abortion services, including pre and post abortion services.

4.3. Freedom from forced sterilisation

4.3.1. Develop, promote and implement policies and clear policy guidelines with regard to sterilisation that protect the rights of women and men, including LGBTI men and women, based on a human rights framework and ensuring informed consent and free choice. This must
4.3.2. Monitor and document state and non-state violations around SRHR, and especially with regard to forced sterilisation.

4.3.3. Develop laws and policies that are be based on the right to health including freedom from non-consensual medical treatment or experimentation and develop laws and policies that will protect patients from non-consensual medical treatment.

4.3.4. Provide on-going human rights training for health care providers, particularly in the context of forced medical treatment.

4.3.5. Establish accountability systems to monitor and ensure adherence of health care workers to human rights based laws on forced sterilisation, experimentation and non-consensual or non-informed medical treatments.

4.4. Accessibility, Acceptability and Affordability and Quality of SRHR services and commodities

4.4.1. Ensure the development and implementation of policy and clear policy guidelines that guarantee universal access to the provision of SRH services and commodities, with free or subsidized care for those in need and those most marginalised;

4.4.2. Inclusion and allocation of a specific SRH commodities budget within the country health budget;

4.4.3. Commit to and conduct effective monitoring and documentation of implementation strategies to minimise potential disparities and ensure universal access;

4.4.4. Support and promote an enabling environment that allows for continuous consultation, meaningful engagement and development across different and relevant sectors;

4.4.5. Commit to set up systems and structures for management, supply and timely distribution of SRH commodities so as to ensure no stock outs and no expired stock.

4.4.6. Commit to and finance the training, deployment, and retention of necessary health workers;

4.4.7. Ensure Inter and Multi-sector collaboration, learning and sharing within regional and sub-regional mechanisms of best practices and lessons learned on SRH commodity management;

4.4.8. Educate and inform citizens of their rights and responsibilities, so that they are better able to make informed decisions on their health choices, and better able to demand accessible, acceptable, affordable and quality SRHR services and commodities;

4.4.9. Recognise the role of the female condom as the only female initiated tool to prevent HIV, STI’s and unplanned pregnancies, and ensure access to quality and affordable female condoms are a reality for all women, as well as commit to funding for training and support for Female Condom Programming;

4.4.10. Recognise the need for further research into the role of anal and vaginal sexual lubricants for use as a tool to prevent HIV, STI’s and unplanned pregnancies, as well as its safety for users and compatibility with various other ingredients and condom varieties. Commit to making access to quality and affordable lubricants a reality for all people, as well as commit to funding for training and support for condom compatible lubricant use;

4.4.11. Train all health care workers, as well as procurement and head office ministry staff on new and evolving SRHR commodities especially with regard to HIV treatment and prevention technologies, this includes but is not limited to understanding the current vaginal and rectal micro-biocide and pre exposure prophylaxis fields in general and their specific programming implications for women and girls.
5. Health morbidity & mortality

5.1. Women’s health and safe motherhood

5.1.1. Renew commitment to reducing maternal mortality and morbidity as a matter of urgency and allocating financial resources to ensure the development and implementation of policy and clear policy guidelines that guarantee universal access to the provision of family planning and contraceptive services, with free or subsidized care for those in need and those most marginalised;

5.1.2. Understand and demonstrate that safe motherhood is a human rights issue and as such needs to be positioned as a key concern in national dialogue on sexual and reproductive health and requires a strong rights approach at all levels of the ministry of health;

5.1.3. Ensure the development and implementation of policy and clear policy guidelines that guarantee universal access to an integrated service package, including but not limited to: mental health care; the provision of SRH services and commodities, improved ante-natal care, and response and care for obstetric emergencies;

5.1.4. Incorporate evidence-based clinical protocols that improve the referral system, strengthen transport and communication networks, promote community mobilization, build bridges between health care providers and social networks, improving the clinical and communication skills of providers at the health care level, improving access to skilled health providers, increasing access to referral services, and prevention of unwanted pregnancy and care of post abortion complications;

5.1.5. Educate and empower women and men to present at health care provider for pre-natal care at an earlier stage of pregnancy and more regularly, as well as to adhere to medical advice to ensure a healthy pregnancy;

5.1.6. Provide, without fear of prosecution, criminalisation, discrimination or intimidation, quality and prompt post abortion care and counselling to women who have undergone unlicensed, incomplete and/or illegal abortions and who require medical attention;

5.1.7. Remove all obstacles, including payment of fees, for women seeking medical attention during pregnancy and ensure free or subsidized care for those in need and those most marginalised especially rural based women;

5.1.8. Research and better understand the role and knowledge of traditional birth attendants and traditional or indigenous medicine and ensure that where applicable the benefits can be maximised and the dangers minimised.

5.2. Child survival and health

5.2.1. Mobilize political leadership to end preventable child deaths as a matter of urgency;

5.2.2. Implement evidence-based country plans that sharpen government led action plans, track and sustain progress against 5 year milestones and align development support with national strategies;

5.2.3. Build on mechanisms to monitor and report progress, compile and disseminate annual progress reports, and promote transparency and accountability through regional and global forums;

5.2.4. Ensure the availability and accessibility of immunization services for all children;

5.2.5. Build capacity of parents and caregivers on health issues for children and babies including but not limited to when to seek medical attention, which foods are most nutritious, needs of sero-discordant families, the strengths and weaknesses of breast and bottle feeding, and accessing uncontaminated water for drinking and protecting children from infectious diseases like malaria and pneumonia with vaccines, bed nets, and antibiotics.
5.2.6. Research and better understand the role and knowledge of traditional or indigenous medicine for child survival and health and ensure that where applicable the benefits can be maximised and the dangers minimised.

5.2.7. Provide accessible, affordable, acceptable quality health services and information and support, including mental health services to HIV positive mothers and fathers before, during and after the birth process to ensure the prevention of mother to child transmission of HIV.

5.2.8. Urgently put in place policy, programming and implementation strategies to ensure prevention of mother to child transmission, especially by designing and implementing PMTCT programmes that are directed at community level in terms of applicability, language, local traditions and misconceptions;

5.2.9. Create an enabling legal environment that will encourage pregnant women to undergo HIV testing, provide treatment care and support and ensure availability of antiretroviral therapy for all HIV pregnant women, especially those in rural areas;

5.3. Non-Communicable Diseases

5.3.1. Improve information and research on non-communicable diseases (NCDS) and develop policies and programmes that are up to date and will address the challenges posed by non-communicable disease;

5.3.2. Increase public awareness and education of non-communicable diseases, including life-style, environmental and occupational related NCDs, such as Type 2 diabetes, hypertension (high blood pressure), and cancer and to implement campaigns to use prevention methods as much as possible.

5.3.3. Ensure the better screening and proper management and control of non-communicable diseases by providing timely and AAAQ diagnosis, treatment and information;

5.3.4. Equip health care centres and train health care workers to provide services for complications arising from non-communicable diseases;

5.3.5. Allocate appropriate resources towards address the challenges pose by non-communicable diseases;

5.3.6. Create awareness among people especially those in rural communities on environmental cleanliness.

6. Key populations

This section provides recommendations that addresses key matters that affect gender equality, equity and empowerment for all

1. Women,
2. Persons with disabilities,
3. Youth,
4. Lesbian, Gay, Bisexual, Transgender and Intersex Persons (LGBTI),
5. Persons living with HIV (PLHIV),
6. Older persons,
7. Orphans, and
8. Migrant populations.

6.1. Gender Equality, Equity and Empowerment of all women

6.1.1. Ensure human rights based approach and that women’s and girl’s perspectives and rights are observed in all national SRHR policies and laws, and that all legal and institutional barriers to women realising full equality, equity and empowerment are
removed as a matter of urgency,

6.1.2. To advocate for comprehensive societal affirmative action that promotes gender equity and equality in all spheres of life, including in the labour market. This includes addressing all policies that do not favour the ability of women to engage successfully in socio-economic activities, as well as committing to and financing the economic, political and social empowerment of women and girls through deliberate national programs which also include increasing women’s access to capital, land and credit facilities,

6.1.3. Continuous development and implementation of effective monitoring and evaluation mechanisms that aimed at evaluating progress toward national gender programmes, including but not limited to the improvement of data quality collection and analysis.

6.1.4. Ensure that there is creation and implementation of the legal and institutional framework that protects the rights of woman and young girls from harmful traditional practices such as inability to inherit and Female Genital Mutilation (FGM).

6.1.5. Commit to addressing the definition of gender which is currently limited to the binary of male and female which excludes different identities. Therefore, there must be the promotion of a comprehensive and all inclusive definition so as to support the equality of all women regardless of sexual orientation or gender identity,

6.1.6. Create platforms for continuous, comprehensive, consultative, capacity building for all stakeholders including Civil Society Organisations (CSOs) on gender and its role within SRHR,

6.1.7. Provide quality education, including comprehensive sexuality and life skills education at early levels for all children to promote empowerment of both girls and boys as a means to promoting equality, equity and empowerment and ensuring boys and men also play a role in realising equality for women,

6.1.8. Expand decision-making opportunities for women by ensuring their meaningful participation in all stages of design, monitoring and implementation of sexual and reproductive rights policies and programs at national, regional and international levels.

6.2. Persons with Disabilities

6.2.1. Ensure the development, implementation and financing of policy and strategies that eradicate all discriminatory practices against persons with disabilities and protect the rights of persons living with disabilities;

6.2.2. Meaningful engagement of persons with disabilities at policy and implementation level in order to develop non-discriminatory and comprehensive programs that are inclusive of their SRHR needs;

6.2.3. Create deliberate policy and implementation plans that address the sexual and reproductive health needs of persons living with disabilities and ensure universal access to accessible, acceptable, affordable and quality SRHR services, information and commodities whilst ensuring respect for persons with disabilities privacy and confidentiality in accessing services, and their capacity to make free and informed choices regarding their sexual and reproductive lives from childhood to old age in all their diversity;

6.2.4. Continuous development and implementation of effective monitoring and evaluation mechanisms that aimed at evaluating progress toward national gender programmes, including but not limited to the improvement of data quality collection and analysis;

6.2.5. Embark on awareness campaign programmes to dispel myths and misconceptions about the sexual and reproductive needs of people with disabilities and ensure that persons living with disabilities also enjoy healthy and fulfilling sexual lives;
6.2.6. Ensure the empowerment of persons living with disabilities by creating opportunities for economic development and self-reliance. Provide more possibilities for employment, credit facilities and land;

6.2.7. Create strategies that ensure the protection of women and girls living with disabilities against intimate partner violence and sexual violence;

6.2.8. Engage private and public structures to ensure that implementation of the regulations on the rights of persons with disabilities are fully adhered to;

6.2.9. Train health care workers on disability related health care, including service provision that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure.

6.3. Youth (including pre-adolescents)

6.3.1. Ensure that all aspects of the Convention on the Rights of the Child are recognised and implemented including the protection from child marriage and other forms of harmful practices as well as promote and implement laws, policies and programs that eliminate harmful practices such as early and forced marriage, rape, sexual and gender based violence, female genital mutilation, honor killings, and all other forms of violence against adolescents and youth;

6.3.2. Ensure that investments in health (including sexual and reproductive health), jobs, education and skills in youth development are made to position Africa to reap the rewards from the imminent demographic dividend;

6.3.3. Increase empirical evidence on how to address youth and pre-adolescent issues by strengthening research in academic institutions and greater inclusion of youth in the design, monitoring and implementation of policy, programming and implementation;

6.3.4. Ensure that cultural and religious barriers such as parental and spousal consent, and early and forced marriages, should never prevent access to family planning, safe and legal abortion, and other reproductive health services — recognizing that young people have autonomy over their own bodies, pleasures, and desires.

6.3.5. Provide quality education, including comprehensive sexuality and life skills education at early levels for all children to promote empowerment of both girls and boys as a means to promoting equality, equity and empowerment and ensuring boys also play a role in realising equality for girls; as well as remove any and all barriers to accessing quality education and ensure recognition, strengthening and utilisation of ICT in adolescents’ and youth development;

6.3.6. Create and sustain comprehensive, objective, and accurate sexuality education and information that is accessible and affirming for all children and youth in and out of schools, that includes but is not limited to the promotion of sexual and reproductive rights, gender equality, self-empowerment, knowledge of the body, bodily integrity and autonomy, and relationship skills development; are free of gender stereotypes, discrimination, and stigma; and are respectful of children’s and adolescents’ evolving capacities to make choices about their sexual and reproductive lives.

6.3.7. Prioritize sexual and reproductive rights issues in health systems strengthening and development programs so that integrated, high-quality services are available, accessible, and acceptable to all young people, particularly those most underserved. These services include but are not limited to comprehensive information on sexuality and contraception services and supplies (including emergency contraception, post exposure prophylaxis, male and female condoms); pregnancy care (antenatal and post natal care, skilled birth attendance, referral systems, and emergency obstetric care); safe abortion services and post-abortion care; access to assisted reproductive technologies; prevention, treatment, and care of sexually transmitted infections and
6.3.8. Greater recognition on the need for psychosocial support for adolescents and youth especially those in conflict areas;

6.3.9. Recognise and provide for the increased need for provision of SRH services and commodities in conflict and post conflict areas, where education of sexual and reproductive rights in post conflict regions must be aimed at reducing gender-based violence;

6.3.10. Protect young people’s human rights in sexual and reproductive health programs by guaranteeing that services are designed to respond to individual’s health needs and overcome barriers faced by marginalized groups, including through service provision that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure.

6.3.11. Ensure that programs show respect for adolescents’ and young peoples’ privacy and confidentiality in accessing services, and their capacity to make free and informed choices regarding their sexual and reproductive lives including parenthood, from childhood to old age in all their diversity; and pay special attention to marginalized groups of adolescents and young people, including those with disabilities, living with HIV and AIDS, and of all sexual orientations and gender identities as well as those in conflict areas;

6.3.12. Ensure routine monitoring of potential disparities in universal access to sexual and reproductive health information and services for adolescent and young people through regular collection and analysis of quality data;

6.3.13. Decriminalize abortion, and create and implement policies and programs that ensure young women have access to safe and legal abortion, pre- and post-abortion services, without mandatory waiting periods, requirements for parental and spousal notification and/or consent or age of consent.

6.4. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) persons

6.4.1. Ensure human rights based approach and that lesbian, gay, bisexual, transgender and intersex persons perspectives and rights are observed in all national SRHR policies and laws, and that all legal and institutional barriers to LGBTI realising full equality, equity and empowerment are removed as a matter of urgency;

6.4.2. Ensure that the right to health, especially SRHR, is made available to all people regardless of sexual orientation or gender identity and that services are provided by sensitized and trained health care workers who provide health care that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure and privacy and confidentiality;

6.4.3. Increase empirical evidence on how to address LGBTI specific issues by strengthening research in academic institutions and greater inclusion of LGBTI in the design, monitoring and implementation of policy, programming and implementation;

6.4.4. Create deliberate policy and implementation plans that address the needs of sexual minorities as a necessary element to ensure universal access to quality SRHR services and commodities that are affordable, accessible and acceptable;

6.4.5. Ensure that there are national strategies and legislation to reduce stigma and discrimination toward LGBTI, and ensure the enforcement of these laws in accessing services and information;

6.4.6. Continuous development and implementation of effective monitoring and evaluation mechanisms that aimed at evaluating progress toward programmes aimed at providing human rights based equality, equity and empowerment of all people regardless of their sexual orientation or gender identity, including but not limited to...
the improvement of data quality collection and analysis.

6.5. **Persons living with HIV (PLHIV)**

6.5.1. Ensure human rights based approach and that perspectives and rights of people living with HIV are observed in all national SRHR policies and laws, and that all legal and institutional barriers to PLHIV realising full equality, equity and empowerment are removed as a matter of urgency;

6.5.2. Ensure that the right to health, especially SRHR, is made available to all people living with HIV and that services are provided by sensitized and trained health care workers who provide health care that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure and privacy and confidentiality;

6.5.3. Ensure routine monitoring of potential disparities in universal access to sexual and reproductive health information and services for people living with HIV through regular collection and analysis of quality data;

6.5.4. Create an enabling legal environment that will encourage pregnant women to undergo HIV testing, provide treatment care and support and ensure availability of antiretroviral therapy for all HIV pregnant women, especially those in rural areas;

6.5.5. Urgently put in place policy, programming and implementation strategies to ensure prevention of mother to child transmission;

6.5.6. Address HIV-related stigma and discrimination through education and awareness campaign programme;

6.5.7. Promote voluntary HIV counselling and testing in all public hospitals, including primary health care services;

6.5.8. Ensure that HIV prevention services form part of family planning services;

6.5.9. Allocate funds targeted to HIV that protect and empower young people, especially young women. In particular, guarantee funding for the provision of comprehensive sexual and reproductive health services that include comprehensive sexuality education; prevention, counselling, voluntary testing, treatment and care of HIV, as well as other sexually transmitted infections and reproductive cancers; and universal access to female and male condoms, microbicides and other female initiated prevention technologies and vaccines

6.6. **Other especially vulnerable persons, including older persons, orphans and vulnerable children and refugees, asylum seekers and internally displaced persons and migrant populations.**

6.6.1. Ensure human rights based approach and that perspectives and rights of vulnerable people are observed in all national SRHR policies and laws, and that all legal and institutional barriers to vulnerable people realising full equality, equity and empowerment are removed as a matter of urgency;

6.6.2. Ensure that the right to health, especially SRHR, is made available to all vulnerable people and that services are provided by sensitized and trained health care workers who provide health care that is free from stigma, coercion, discrimination and violence, based on full and informed consent, and that affirms the right to pleasure and privacy and confidentiality;

6.6.3. Ensure routine monitoring of potential disparities in universal access to sexual and reproductive health information and services for vulnerable people through regular collection and analysis of quality data;

6.6.4. Create awareness of the SRHR needs of older persons and develop policies and programmes that respect the sexual and reproductive health needs of older persons
and include them in the process of decision-making as well as train health care providers to provide sexual and reproductive health services that are appropriate and acceptable to the needs of older persons;

6.6.5. Create national structures and laws that adequately evaluate and address pension payments and other support to older persons, especially those who are abandoned by their families and communities, and streamline the payment of pensions to retirees;

6.6.6. Assist African States interested in establishing support structures for abandoned old persons especially those who are also victims of discrimination (accused of witchcraft or other).

6.6.7. Create and support existing systems and structures which care for orphans and vulnerable children (OVC), ensuring quality services, education and other provisions are made to ensure their human rights are respected;

6.6.8. Ensure the provision of AAAQ SRH services, information and commodities in a timely manner including mental health treatment, care and support for all orphans and vulnerable children;

6.6.9. Facilitate the enactment and implementation of the Convention on the Rights of the Child in all countries to protect children and young people, especially orphans, from all forms of violence and harmful practices including early and forced marriages.

6.6.10. Ensure the provision of comprehensive sexuality education for orphans that promote sexual and reproductive rights, gender equality, self-empowerment, knowledge of the body, bodily integrity and autonomy, and relationship skills development; are free of gender stereotypes discrimination, and stigma; and are respectful of children’s and adolescents’ evolving capacities to make choices about their sexual and reproductive lives;

6.6.11. Guarantee universal access to comprehensive essential sexual and reproductive health services by providing sufficient and sustainable financing to achieve the training, deployment, and retention of necessary health workers; ensure equitable access and good quality services;

6.6.12. Ensure universal access to free (eliminating all forms of levies & user fees at all levels), quality, and comprehensive education at all levels in a safe and participatory environment.

6.6.13. Commit to researching and better understanding the health needs and SRHR needs of refugees, asylum seekers and internally displaced persons and migrant populations and ensure their inclusion in the development of policies, programming and implementation of health care.

6.6.14. Ensure that there are national strategies and legislation to reduce stigma and discrimination toward refugees, asylum seekers and internally displaced persons and migrant populations, and ensure the enforcement of these laws in accessing services and information.
Project Partners

The African Population Commission (APC)
The African Population Commission (APC) is an organ of the African Union Commission (AUC) and is tasked with providing support and leadership on all population and development issues across Africa. Their work covers, but is not limited to: policy and policy environment, co-ordination, promoting cooperation, mobilizing resources, and enhancing awareness and commitment to population and development issues.

Most relevant are the following tasks for which the APC is mandated:

- Enhancing the level of awareness on and commitment to population and development issues among Member States and assisting them formulating and implementing population policies and programs.
- Monitoring and evaluating the implementation of the resolutions and declarations collectively adopted by African countries with a view to charting new strategies to deal with current and pressing population issues in Africa;
- Encourage an effective partnership between governments and non-governmental organizations (NGOs) in carrying out activities in population and development matters; 1

AIDS Accountability International (AAI)
AAI was established in 2005 with the mission to follow up on commitments to the AIDS epidemic made by governments, businesses and civil society. Still today, there is a widespread lack of advocacy tools for key actors to hold leaders accountable for the roll-out of policy, program implementation and performance impact. AAI believes that leaders should be informed. This is achieved through our research and advocacy, which holds ineffective leadership accountable whilst applauding those who live up to their promises.

The African Union Commission (AUC)
The Heads of States and Government of the Organization of African Unity called for the establishment of an African Union (AU) in the Sirte Declaration of 9 September, 1999. The Commission is the Secretariat of the Union entrusted with executive functions. The Commission is the key organ playing a central role in the day-to-day management of the African Union. Among others, it represents the Union and defends its interests; elaborates draft common positions of the Union; prepares strategic plans and studies for the consideration of the Executive Council; elaborates, promotes, coordinates and harmonizes the programmes and policies of the Union with those of the RECs; ensures the mainstreaming of gender in all programmes and activities of the Union.

The Ford Foundation
The Ford Foundation was established in January 1936 and continues to support visionary leaders and organisations on the front-lines of social change worldwide. Since its establishment, the foundation has remained as an independent, non-profit, nongovernmental organization, with its own board, and is entirely separate from the Ford Motor Company. Program officers in the United States, Africa, the Middle East, Asia and Latin America explore opportunities to pursue the foundation’s goals, formulate strategies and recommend proposals for funding. The Ford Foundation believes that the

best ways to achieve these goals is to encourage initiatives by those living and working closest to where problems are located; to promote collaboration among the non-profit, government and business sectors; and to ensure participation by men and women from diverse communities and all levels of society.

Key Contact Information

Dr Ademola Olajide
Head of Division-Health Population & Nutrition
African Union Commission
Addis Ababa, Ethiopia
Tel: +251 115 51 77 00/ Ext 307
Email: OlajideA@africa-union.org

Phillipa Tucker
Executive Director
Cape Town Rating Centre
Cape Town, South Africa
Tel: +27 (0)82 225 1598
Email: phillipa@aidsaccountability.org
Annex 1

1. 1966 The International Covenant on Civil and Political Rights
2. 1966 The International Covenant on Economic, Social and Cultural Rights
3. 1969 The International Convention on the Elimination of All Forms of Racial Discrimination
4. 1979 The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UN General Assembly
5. 1986 The African Charter on Human and Peoples' Rights (Banjul Charter)
7. 1990 African Charter on the Rights and Welfare of the Child (ACRWC or Children's Charter)
8. 1993 The World Conference on Human Rights (Vienna)
9. 1994 International Conference on Population and Development (Cairo)
10. 1995 Beijing Declaration, Fifth World Conference on Women
11. 1997 SADC Declaration on Gender & Development
12. 2000 Millennium Development Goals
13. 2001 Abuja Declaration on HIV/AIDS, TB and other related infectious diseases
14. 2001 UNGASS: Declaration of Commitment on HIV/AIDS. United Nations General Assembly Special Session
15. 2002 The Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
16. 2003 Maseru Declaration on HIV and AIDS/ Maputo Declaration on Gender Mainstreaming/ Maputo Declaration on HIV/AIDS, TB, Malaria
17. 2003 The Protocol Relating to the Peace and Security Council (PSC) of the African Union (especially around violence)
19. 2004 Solemn Declaration on Gender Equality in Africa (SDGEA)
22. 2007 High Level Meeting on Sexual and Reproductive Health Policies in Africa (Barcelona)
24. 2008 Southern African Development Community Gender and Development (SADC–GAD)
26. 2009 African Union Gender Policy
27. 2010 UN Secretary-General’s Global Strategy for Women’s and Children’s Health, (New York) General Assembly meeting
28. Various Regional Economic Communities (REC) commitments