RIGHT BY HER WHERE DO YOU STAND?

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE EU-AFRICA PARTNERSHIP

The **Cotonou Partnership Agreement** (CPA) between the European Union (EU) and the group of 79 African, Caribbean and Pacific (ACP) countries will expire in February 2020[1]. In view of the adoption of a post-2020 agreement, negotiations between the EU and the ACP Group of States were launched in September 2018 on the basis of the EU negotiation directives[2] and the ACP negotiating mandate[3].

As negotiations advance, some points of diversion between both parties progressively emerge such as the **Sexual and Reproductive Health and Rights[4] (SRHR)** agenda. The EU negotiation directives for a post-Cotonou agreement provides strong commitments towards SRHR, whereas the ACP negotiating mandate discards the rights component[5] which notably implies the risk of strictly putting the focus on "service delivery" (access to quality Sexual and Reproductive Health services for all) rather than on a **holistic approach** (SRHR). Attaining and maintaining reproductive and sexual health implies respecting and promoting **fundamental human rights**, such as the right to decide the number and spacing of one's children, the right to consensual marriage and sexual relations, the right to have control over and decide freely and responsibly on matters related to one's sexuality, free of coercion, discrimination and violence. **SRHR, in its comprehensive and holistic sense, is central and fundamental to people's health and well-being**.

The new EU-ACP partnership must safeguard and strengthen articles 25 and 31 of the CPA which call for the promotion of SRHR and improvements in the social sector. The CPA has had some successes where it did focus on Sexual and Reproductive Health and family planning (FP)[6]; however **major gaps still need to be addressed through an ambitious SRHR post-2020 agenda to achieve the 2030 Agenda and its Sustainable Development Goals**.

Sub-Saharan Africa, in particular, faces major challenges in the area of health, FP, and HIV/AIDS. **The comprehensive nature of the SRHR agenda must be duly reflected in the future EU-Africa pillar** of the EU-ACP post-2020 agreement.

SRHR CHALLENGES IN SUB-SAHARAN AFRICA

- Globally, **maternal mortality** ratios have fallen over the past 25 years. However, every day, approximately 830 women die from preventable causes related to pregnancy and childbirth: one woman dies every two minutes.[7] More than half of these deaths occur in Sub-Saharan Africa, with a maternal mortality ratio of 546 maternal deaths per 100,000 live births[8] versus 12 per 100 000 live births in developed countries.

MORE THAN HALF
OF MATERNAL DEATHS WORLDWIDE OCCUR IN SUB-SAHARAN AFRICA

- **Adolescent pregnancy** rates are highest in Sub-Saharan Africa, and its incidence is strongly related to **child marriage**. In West and Central Africa, more than 1 in 4 girls are pregnant before the age of 18, while 4 in 10 women aged 20-24 in Sub-Saharan Africa are married before the age of 18. Countries with high levels of child marriage also have high adolescent birth rates and high maternal deaths rates. Complications in pregnancy and childbirth are a leading cause of death among adolescent girls in developing countries.

IN WEST AND CENTRAL AFRICA, MORE THAN
1 IN 4 GIRLS
ARE PREGNANT BEFORE THE AGE OF 18

- In developing countries, 214 million women want to avoid pregnancy but do not have **access to modern contraception**[9].
Only 28% of women in Sub-Saharan Africa are reported using a method of contraception[10], a much lower rate than other world regions (74% in Latin America and Caribbean, 67% in Asia and Pacific)[11]. In a total of 15 Sub-Sharan African countries[12], more than 30% of young women aged 15–19 years (married and unmarried) have an unmet need for contraception. For physically immature women, unintended pregnancies directly impact their health. They are twice as likely to die during pregnancy or childbirth as older women. Adolescents have more difficulties to access contraceptives due to acceptability issues and lack of youth-friendly services. Decreasing the number of unintended pregnancies would be a cost-efficient way of saving lives and avoiding personal and social costs.

Despite global efforts, increase in contraceptive use has barely kept up with population growth. The total fertility rate for the African continent is the highest in the world, at an estimated 4.6 children per women. While ACP countries aim at harnessing the **demographic dividend**, efforts fall short due to lack of accessibility, equity, affordability, low prevalence and/or uptake of contraceptives.

1 IN 5
MARRIED AFRICAN WOMEN HAVE AN UNMET NEED FOR FAMILY PLANNING

• **HIV and AIDS** continue to be a major public health issue in Africa, where there are 25.6 million people living with HIV out of the 36.7 million worldwide. In particular, Sub-Saharan Africa is home to 53% of the world's people living with HIV.[13]
Women and young girls represent the majority of HIV infected people in Sub-Saharan Africa, with young women aged 15–24 years being 2.5 times more likely to be infected than men. Women and girls who lack formal education are less likely to receive information on SRHR and HIV prevention and are more likely to fall into misconceptions and believe in myths.

Girls who are not at school are also more exposed to **Female Genital Mutilation (FGM)** and child marriage, which in turn increase the risk of HIV. In some Sub-Saharan countries (Djibouti, Eritrea, Guinea, Mali, Sierra Leone, Somalia and Sudan) the FGM prevalence rate is higher than 80%.[14]

7 IN 10
YOUNG WOMEN IN SUB-SAHARAN AFRICA DO NOT HAVE COMPREHENSIVE KNOWLEDGE ABOUT HIV

TRANSLATING SRHR COMMITMENTS INTO ACTIONS

Various political commitments exist that include provisions to **protect and promote Sexual and Reproductive Health and Rights**: the International Conference on Population and Development Programme of Action (ICPD), the Beijing Declaration and Platform for Action and the outcomes of their review conferences represent key frameworks at the international level. At the EU and African Union levels, the European Consensus on Development and the Maputo Protocol respectively represent key regional frameworks.

The MAPUTO PROTOCOL, officially called the *Protocol to the African Charter on Human's and Peoples' Rights on the Rights of Women in Africa*, is a **ground-breaking protocol on women's and girls' human rights, both within Africa and beyond**, and was adopted in 2003 and came into force in 2005. It is a progressive and innovative human rights commitment that includes, among other things, the legal prohibition of FGM and the prohibition of forced marriage and marriage of girls under 18. It also provides for the eradication of all forms of gender-based violence against women (GVAW), in public and private spheres, and for the legal protection of adolescent girls from abuse and sexual harassment. The Maputo Protocol articulates women's and girls' right to health, including SRH, and their reproductive rights. It is the first protocol to recognise women's and girls' access to safe abortion under specific conditions as a human right. The Maputo Protocol's value also lies in its explicit references to vulnerable and marginalised groups, including adolescents, widows, elderly women, women with disabilities, poor women and migrant and refugee women.
Out of the 52 countries who have signed the Maputo Protocol, only 41 have ratified it: constraints to the implementation of the Maputo Protocol include weak political commitment and leadership, inadequate financing for health and high donor dependency, as well as inadequate health legislation, weak health systems and limited empowerment of women and girls.[15]

Despite the existence of these strong commitments, these progressive aspirations are not translated into actions. The post-Cotonou framework represents a key opportunity to take a bold step in order to make a real difference in people's lives.

WE RECOMMEND THE EU-AFRICA PARTNERSHIP IN THE FRAMEWORK OF THE EU-ACP AGREEMENT TO:

• **RECOGNISE AND FULLY INTEGRATE SRHR** into the post-Cotonou partnership agreement.

• **INCLUDE SPECIFIC PROVISIONS** which ensure access to SRHR services and commodities for the underserved, with emphasis on youth, adolescents and marginalised populations.

• **ENSURE MONITORING AND ACCOUNTABILITY MECHANISMS** to make the case for SRHR and gender equality as key drivers for sustainable development.

• **ENSURE FINANCING FOR SRHR** is adequate and sustainable through secured funding lines relevant for SRHR within the future EU funding instrument for international development and cooperation (eg. Human Development, gender equality).

• **INCLUDE TARGETED ACTIONS IN FAVOUR OF GENDER EQUALITY**, including a call to all countries to ratify and implement the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

• In addition to the Bejing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences, include a specific reference to the **MAPUTO PROTOCOL** to the African Charter on Human and People's Rights on the Rights of Women in the EU – Africa partnership.

• **PROMOTE AND STRENGTHEN THE INVOLVEMENT OF CIVIL SOCIETY ORGANISATIONS**, including women's rights and youth organisations, in the implementation and monitoring of the future agreement.

DSW Deutsche Stiftung Weltbevölkerung youth car
IPPF European Network

• **1.** ACP-EU Partnership Agreement, revised in 2010: https://ec.europa.eu/europeaid/regions/african-caribbean-and-pacific-acp-region/cotonou-agreement_en • **2.** EU Negotiating mandate, 2018: http://data.consilium.europa.eu/doc/document/ST-8094-2018-ADD-1/en/pdf • **3.** ACP Negotiating mandate, 2018: http://www.acp.int/sites/acpsec.waw.be/files/acpdoc/public-documents/ACP0001118_%20ACP_Negotiating_Mandate_EN.pdf • **4.** For an integrated definition for SRHR: the Guttmacher–Lancet Commission report, The Lancet. 2018. Accelerate progress—sexual and reproductive health and rights for all • **5.** On the SRHR rights agenda: The State of African Women Report, Chapter 1, August 2018 www.rightbyher.org. • **6.** Evaluation of the Cotonou Partnership Agreement, 2016: https://ec.europa.eu/europeaid/sites/devco/files/evaluation-post-cotonou_en.pdf • **7.** World Health Organisation, Maternal mortality factsheet, February 2018. • **8.** The State of African Women Report, August 2018, p. 226. • **9.** World Health Organisation, Family planning / Contraception factsheet, 2018 https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception • **10.** The State of African Women Report, August 2018, p. 222. • **11.** https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf • **12.** List the 15 countries. See The State of African Women Report, August 2018 p.224. • **13.** https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf • **14.** The State of African Women Report, August 2018, Chapters 6 and 8. • **15.** The State of African Women Report, June 2018, – Key findings – page 14