January 2020

MAKING A CASE FOR THE EXTRENSION OF THE ESA COMMITMENT BEYOND 2020

The ESA Commitment (2013-2020)

In December 2013, ministers of education and health from 20 countries in Eastern and Southern Africa (ESA) committed to scaling up comprehensive sexuality education (CSE) and youth-friendly sexual and reproductive health (SRH) services for children and young people in the region. The Commitment is known as the ESA Ministerial Commitment on CSE and youth-friendly SRH services. The initiative has been a strategic tool that brought together, for the first time, and continues to bring together ministries of education and health towards measurable and time bound targets, to strengthen HIV prevention efforts and foster positive sexual reproductive health outcomes by advocating for access to quality comprehensive education as well as sexual and reproductive health services for young people in the ESA region. The historic ESA Ministerial Commitment was endorsed by Health and Education ministers from 20 countries and has time-bound actions and targets that were agreed upon by the countries. Ministers committed to improving sexual and reproductive health outcomes and strengthening HIV prevention through access to comprehensive sexuality education (CSE), as well as integrated sexual and reproductive health services for young people in the region. Specifically, ministers pledged to reduce, by 2020, new HIV infections among young people by 90%, unplanned pregnancies among young women by 75%, and to eliminate child marriage and gender-based violence. The Commitment came with a Regional Accountability Framework, linked to the targets, which has been used to track regional and country progress.

ESA Commitment (2013-2020) targets

***By end 2015*:**

1. A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries;
2. Pre and in service CSE and SRH training for teachers, health and social workers are in place and being implemented in all 20 countries
3. By the end of 2015, decrease by 50% the number of adolescents and young people who do not have access to youth friendly SRH services including HIV that are equitable, accessible, acceptable, appropriate and effective;

***By end 2020*:**

4. Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections amongst adolescents and young people aged 10-24;
5. Increase to 95% the number of adolescents and young people, aged 10-24, who demonstrate comprehensive HIV prevention knowledge levels;
6. Reduce early and unintended pregnancies among young people by 75%;

7. Eliminating gender base violence;
8. Eliminate child marriage;
9. Increase the number of all school and teacher training institutions that provide CSE to 75%

Value addition of the Commitment

The 2020 ESA Commitment evaluation found that at country level, one of the highlights of the ESA Commitment has been an increase in high level support for CSE and SRH services for adolescents and young people. Most ESA countries are now embracing the concept of CSE and are engaged in strengthening its implementation at national level. In this regard, more attention has been given to the review of national curricula to integrate CSE, scale-up of effective teacher training and investment in monitoring systems, together with engagement of parents/guardians, religious leaders, and communities.

- **14 of the 21 countries are offering CSE in schools** and 17 had CSE strategies for out-of-school youth. National coverage ranged from 5% (Madagascar) to 100% in the nine countries that have successfully integrated CSE into the standard education curriculum; an approach which has been shown to yield broad and sustainable reach at low cost.
- **20 of the 21 countries (95%) were implementing pre- and/or in-service CSE training for teachers**, an upward trend from 11 (67%) in 2015. This shows that much progress has been made by countries in building the capacity of teachers in CSE, a factor that will go a long way in ensuring the delivery of quality CSE in the classroom.
- In addition, **6 countries reported data on the percentage of health service delivery** points offering a standard minimum package of adolescent- and youth-friendly health services (AYFHS), with South Africa reporting 100% coverage.
- Notably, the number of **new infections among adolescents and young people aged 10-24 in the region declined** (UNAIDS, 2019). This reduction could be as a result of increased knowledge about HIV, and consequent change in behaviour among adolescents and young people.
- There was an overall increase of 4% in the number of adolescents and young people **demonstrating comprehensive knowledge of HIV,** from 36% in 2015 to 40% in 2017 (UNAIDS, 2018). Increased knowledge is an important step in changing practices, and it is hoped that the countries will convert these gains to greater self-efficacy and risk perception. However, the achieved result is still less than 50% of the target, underscoring the need for significant acceleration of progress if countries are to reach their 2020 targets.
- Much progress had been achieved towards eliminating child marriages, **with 18 countries reporting programmes and policies to mitigate child marriage**. This was an upward trend from five and 12 in 2013 and 2015 respectively.

Evidence of progress – but not enough

The ESA Commitment has been cited in the latest SADC SRHR Strategy (2019-2030), as one of the regional commitments that SADC Member States have affirmed. The Commitment was

reaffirmed by ministers and senior officials from the ESA region during an ESA Commitment 2-year progress meeting that was held during the 2016 International AIDS Conference. This reaffirmation was expressed in the ministerial call to action aptly titled *Let's Step Up and Deliver!* A Ministerial Call to Action for accelerating the delivery of comprehensive sexuality education and sexual and reproductive health services to adolescents and young people in Eastern and Southern Africa (ESA)[1].

While significant strides have been made in improving sexual reproductive health and rights (SRHR) outcomes of adolescents and youth in ESA region, there are still significant gaps and several barriers to realization of the ESA Commitment targets. Progress reports released in 2015, 2017 and 2019 showed how more needs to be done to scale up CSE and access to youth-friendly SRH services, in order to reduce HIV acquisition and early and unintended pregnancies among children and young people. Further, the reports indicated that countries still need to develop, align and/or promulgate laws that protect young people from gender-based violence and outlaw early and child marriages. These reports also pointed to weak inter-ministerial coordination, weak policy implementation and a lack of data to enable targeted programming.

Rational for securing the ESA Commitment Beyond 2020

Evidence on the status of SRHR for adolescents and young people indicates that there is need to extend the ESA Commitment beyond 2020 and accelerate its implementation. Knowledge levels on HIV and AIDS in the ESA region have historically been well below the target of 95% set by the United Nations General Assembly Special Session on HIV and AIDS in 2001. With inadequate knowledge, young people are ill-equipped to make healthy and safe decisions in regard to their sexual health. However, knowledge – while a crucial foundation – is in itself not sufficient to change behaviour and reduce risk to HIV infection. It needs to be combined with the right skills and attitudes, which can be taught and developed through good quality comprehensive sexuality education (CSE).

Poor access to SRH Services

Reluctance to acknowledge adolescents' and young people's exposure to sex can lead to age restricted laws that govern access to SRHR services including HIV testing and treatment. With the growing 'demographic bulge' of sexually active young adults in the African region, the right to accessible youth-friendly SRH services is clearly fundamental. While AIDS-related deaths have declined as a result of 'treatment as prevention' programmes, new HIV infections persist. Higher rates of HIV infection are linked to other SRHR trends, such as early and unintended pregnancies and poor access to contraception services, including safe abortion services. They are also linked to high rates of gender-based violence (GBV) and harmful practices based on discriminatory cultural and gender norms. Most recent data indicate that only 19 per cent of adolescent girls and 14 per cent of adolescent boys aged 15-19 in Eastern and Southern Africa – the region most affected by HIV – have been tested for HIV in the past 12 months and received the result of the last test. Access to SRH services including HIV testing

[1] See www.youngpeopletoday.org website for details

remains a challenge for adolescents and young people as a result of discriminatory laws and policies. Some countries have policies that aim to enable access to SRH services for adolescents and young people without discriminating based on age. However, these policies are not sufficient. Clear legislative provisions need to be in place that take into account young people's autonomy and evolving capacities. The majority of countries in the region do not have clear laws and policies that determine the age of consent to medical treatment, including access to contraceptives, HIV counselling and testing and abortions (where legal).

Low HIV and sexual health knowledge

Although knowledge among young people is improving it remains low in a number of countries, with young women having less knowledge than young men at 35% and 41% respectively. For example, in Kenya where knowledge of HIV prevention among young people is relatively high, 64% of young men have adequate knowledge, compared to 57% of young women. In Mauritius, HIV prevention knowledge is low with only a third (32%) of young people aware of how to prevent HIV. When broken down by gender, this equates to just 4% of young women, compared to 30% of young men. With inadequate knowledge, young people are ill-equipped to make healthy and safe decisions in regard to their sexual health. A lack of comprehensive knowledge on SRH and access to services is highly correlated with early adolescent childbearing. Early and unintended pregnancy is a major public health issue in the sub-Saharan Africa region, where adolescent girls (15-19 years) experience the highest rates of pregnancy in the world, largely because sex, marriage, and pregnancy are often not voluntary or consensual for them, and many lack access to information to make informed decisions.

New HIV infections

In 2020, nearly half the estimated global new infections occurred in Eastern and Southern Africa, where adolescent girls and young women often acquire HIV five to seven years earlier than their male counterparts. In all the countries, with the exception of Madagascar, new infections are higher among young women than their male counterparts, with ratio of female-to-male infections ranging from 0.6 in Madagascar to 6.4 in Eswatini. This calls for more focussed programming to ensure that young women and girls are targeted with information, life skills, and services.

Early and unintended pregnancy

Early and unintended pregnancy is a major public health issue in the Sub-Saharan Africa region, where adolescent girls (15-19 years) experience the highest rates of pregnancy in the world[2], largely because sex, marriage, and pregnancy are often not voluntary or consensual for them, and many lack access to information to make informed decisions.

Gender-based Violence

[2] *UNFPA. 2013. Adolescent pregnancy: A review of the evidence. UNFPA. 2015. State of world population.*

Birungi, H., et al. 2015. Education Sector Response to Early and Unintended Pregnancy: A Review of Country Experiences in Sub-Saharan Africa.

Violence against adolescents and young people is not uncommon in the ESA region and ranges from physical violence and sexual violence or harassment, to female genital mutilation and child marriage. Although sexual violence affects all children, girls are particularly vulnerable because of gender norms that encourage men to be aggressive and women to have little control over their bodies and safety. Girls who experience sexual violence are at higher risk of HIV infection and, because they are usually unable to exercise their power to make and act on prevention decisions, are also often unable to respond to AIDS prevention programmes. GBV, including school-related GBV (SRGBV), which takes place in the school precincts or on route to school, persists at alarming levels in the region and threatens the health, social, and emotional well-being of the victims. Of the 21 countries, 18 reported education sector policies that addressed SRGBV, an upward trend from only seven in 2013 and 12 in 2015. While this increase is indicative of how countries continue to create an enabling policy environment to promote behaviour change, challenges remain in shifting socio-cultural norms and attitudes. For instance, the percentage of women aged 15-24 who believe that wife-beating is justified ranged from 6% in South Africa to 60% in Ethiopia, presenting a mixed trend.

Child marriage

Child marriage, a widespread problem in many countries in East and Southern Africa, is a serious violation of girls' human rights. It denies their right to health care, to education, to live in security and to choose when and whom they marry. By the age of 15, 12% of girls are already married. Child marriage has dire consequences for girls. It reinforces and compromises the health and security of women and girls. It prevents girls from achieving their full economic and social potential. It subjects girls to sexual violence, risky pregnancies, fistula and HIV. And it is linked with early childbearing, leading to death and injury for many young mothers. In East and Southern Africa, 27 per cent of women have given birth by age 18 – and the majority of these births occur within marriage. Death in childbirth and HIV-related diseases are the two main causes of mortality among young women in sub-Saharan Africa.

In view of these challenges, it is imperative that we secure the gains made so far, while ensuring that governments reaffirm their commitments to CSE and youth-friendly SRH services. There is need for strategic investments in adolescents and young people's health and well-being, not only as a moral imperative but also for its potential to have a triple dividend with health benefits for adolescents today, for the adults they will become, as well as the next generation. Indeed, a safe and successful passage from adolescence into adulthood is the right of every child. This right can only be fulfilled if families and societies make focused investments and provide opportunities to ensure that adolescents and youth progressively develop the knowledge, skills and resilience needed for a healthy, productive and fulfilling life. Further, national development, security and social justice can only be achieved if adolescents and youth are included as full and active participants. Fully engaged, educated, healthy and productive adolescents and youth can help break multigenerational poverty; are resilient in the face of personal and societal threats, and, as skilled and informed citizens, can contribute effectively to the strengthening of their communities and countries.

What needs to be done beyond 2020

The evaluation of the ESA Commitment showed that since 2013, the global and ESA region

SRHR landscape has changed significantly. Globally, there has been an increased focus on the institutionalization of SRHR within the context of universal health coverage (UHC). In the Sustainable Development Goals (SDGs), SDGs 3 and 5 recognize SRHR as a key strategy to promoting health, well-being, and gender equality. In particular, SDG 3 sets out to reduce global maternal mortality (SDG 3.1) and ensure universal access to SRH services (SDG3.7); while SDG 5 promotes universal access to SRHR (SDG 5.6), the elimination of harmful practices, such as child, early and forced marriage and female genital mutilation (SDG 5.3) and advocates for policies and enforceable legislation that promote gender equality (SDG 5.C). Within the ESA region, a number of regional agreements have been made post 2-2013 that commit to advancing ASRHR. These include the extension of the Maputo Plan of Action (2016-2030), the International Conference on Population and Development (ICPD) beyond 2014, the African Union (AU) Roadmap on Harnessing the Demographic Dividend (2017), the Southern African Development Community (SADC) SRHR Strategy (2019-2030), and the East African Community (EAC) SRHR Bill (2017).

These global and regional developments in SRHR have bearing on the ESA Commitment Beyond 2020. Particularly, future plans for the ESA Commitment will need to be aligned to the regional and global frameworks in order encourage country ownership and ensure accountability to children and young people's access to CSE and SRH services. To this end, the TCG partners will support a country led process that gives strategic direction to the ESA Commitment Beyond 2020. The process will be highly consultative, to gather views of government, civil society, parents, religious leaders, young people and teachers. Additionally, the TCG partners commissioned an external evaluation of the ESA Ministerial Commitment (2013-2020). Findings from the external evaluation will also inform the ESA Commitment beyond 2020.