

ISSUE BRIEF

The Eastern and Southern Africa (ESA) Ministerial Commitment on sexuality education and SRH services for adolescents and young people (2013-2020) – EDUCATION

Summary: The ESA Ministerial Commitment was signed in 2013 in the spirit of setting common targets for young people’s health, education and human rights in the region. An evaluation was undertaken in 2020 to assess the progress achieved between 2013 and 2020, and to make the case for an expansion and extension of the ESA Commitment towards Agenda 2030. The situation, assessed through 12 key indicators (among which, 6 related to education & life skills sexuality and HIV education), is mixed across the 21 signatory countries. Significant progress was made in the policy-reform level to institutionalise adolescent and youth SRH interventions and remove gender barriers to education and services across the region. Other indicators, such as the level of comprehensive HIV knowledge among young people show that renewed efforts are needed to translate policy-level achievements into improved young people’s health and education outcomes. The evaluation also highlighted that the Regional Economic Communities (RECs) were highly influential in building political support among Member States for the sustainable implementation of the Commitment. The evaluation recommends continued engagement of the RECs and calls for the renewal of the ESA Commitment until 2030 as essential to the full realisation of young people’s education, health and future.

Introduction

In December 2013, 20 government leaders in the region signed the ESA Ministerial Commitment, committing themselves to working together for the health and well-being of adolescents and young people in the region by delivering comprehensive sexuality education (CSE) and youth-friendly, Sexual and Reproductive Health (SRH) services and eliminating gender based violence (GBV) and harmful practices such as child marriage.

The Commitment was framed within the context of existing regional and global commitments on education, health and human rights including the Dakar Framework for Education 2000, Maseru Declaration 2003, Africa Health Strategy 2010-2015, Convention on the Rights of the Child 1990 and the African Union Plan of Action for the Decade of Youth 2008-2019 amongst others.

Ministers committed to a set of 9 targets, which form a basis of accountability for the commitment. Of these 9 targets, the four (4) are education-related:

- **Good quality CSE curriculum in place in all signatory countries;**



- **Pre- and in-service SRH and CSE training for teachers and other duty bearers in place;**
- **Increase to 95% of youth aged 10-24 demonstrating comprehensive HIV prevention knowledge;**
- **increase to 75% the number of all schools and teacher training institutions providing CSE.**

The targets for education and training are aligned with SDG 4 (*Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*), and the regional and global frameworks listed above. ESA commitment targets include a focus on equity and inclusiveness to help mitigate specific barriers to education of AGYW and marginalised youth. By framing certain SRHR related education outcomes as life skills, the ESA Commitment purposefully works to strengthen lifelong learning advanced under SDG 4.

Adolescent and Young People in the Eastern and Southern Africa Region		
Demographics	% as part of ESA population	65%
	# of under 35 years in SADC	200 million
	# of youth 15-24 in EAC (Kenya, Rwanda, Tanzania, Uganda)	25.4 million
Youth SRH	% of youth 15-24 with basic HIV knowledge level	40%* (2019)
	# new HIV infections among youth 15-24	380,000 (2013) 262,000 (2018)
Adolescent Girls and young women (AGYW) – specific SRH	% of new HIV infections among AGYW 15-24	72%* (2018)
	% of AGYW childbearing by 19 years	27%* (2013)
	% of AGYW married before age 18	30%* (2013)

* estimated averages for the ESA region

The ESA Commitment was borne out of concern over slow progress in the sub-region on adolescent health and education indicators highlighted by the 2013 UNESCO Diagnostic Report¹, and endorsed by SADC^{2,3} and EAC⁴. The ESA commitment sought to strengthen measurement and monitor progress on these issues within participating countries by purposefully integrating education-related targets with positive health outcomes for youth.

This Issue Paper is based on an evaluation of the progress made on ESA Commitment targets between 2013-2020, conducted in late December 2020 and early 2021. It proposes tangible actions that regional economic communities and governments can take to respond to current and emerging ASRHR challenges.

Evaluation of the ESA commitment

In 2020, UNESCO, in partnership with EAC, SADC, UNFPA, WHO, UNICEF, UNAIDS and MIET, commissioned Swiss Tropical and Public Health Institute⁵ to conduct an external evaluation of the ESA Commitment. The evaluation aimed at documenting progress achieved since 2013 across the 21 Commitment countries against the nine ESA targets and associated indicators. It covers the entire implementation period of the Commitment from 2013-2020 and aims to generate knowledge and

¹ UNESCO Diagnostic Report, 2013

² SADC. (2012). *Sexual and Reproductive Health Business Plan for the SADC Region 2011-2015*.

https://sadc.int/files/3613/5293/3504/SADC_Sexual_and_Reproductive_Health_Business_Plan_2011-2015.pdf

³ SADC. (2012). *Annual Report 2011-2012*. https://sadc.int/files/1613/7243/4333/SADC_ES_Report_2011-2012_web.pdf

⁴ EAC Secretariat. (2014). *East African Community Annual Report 2013-2014*. <https://www.eac.int/documents/category/key-documents>

⁵ <https://www.swisstph.ch/en/>

evidence that will inform and build further rationale for the extension of the ESA commitment to 2030 in line with Agenda 2030.

The education-related targets of the ESA Commitment integrated several other education, knowledge and skills-related sub-indicators. These additional targets and indicators were outlined in the Regional Accountability Framework⁶ for the ESA Commitment as developed by the Regional Technical Coordinating Group⁷. An indicator on school completion rates was later added in consultation with the ESA Commitment regional technical team.

CURRENT STATUS AND ACHIEVEMENTS EDUCATION-RELATED ESA TARGETS IN COUNTRIES

Primary and secondary school completion

The ESA Commitment is aligned with Global Education 2030 Agenda which focuses on increasing primary and secondary school completion by youth aged 10-24⁸. While not specific to the ESA Commitment, the commitment recognizes that primary and secondary schooling is linked to pathways to better livelihood, health and well-being. School attendance equips young people with critical life skills needed to make healthy decisions about one’s own sexual and reproductive life, including understanding risks and consequences of sexual ill health. Specifically, HIV education in schools has been critical to reducing infection rates and increasing uptake of life saving antiretroviral treatment (ART).

Between 2013 and 2019, Mauritius, Rwanda and Seychelles reported increases for both primary and secondary school completion. While Burundi, Madagascar and Uganda reported a decrease in primary school completion rates; Eswatini, Tanzania and Uganda reported a similar negative trend for secondary school completion rates. There is no consolidated regional data on the percentage of adolescents and young people who have completed primary and secondary school.

Percentage of adolescents and young people who have completed primary school, 2013-2019



The gap is seemingly wider for secondary school completion, as only Botswana and Kenya (in addition to Mauritius and Madagascar) reported crossing the 75% threshold in 2013. Angola and South Sudan did not report any data for the indicator.

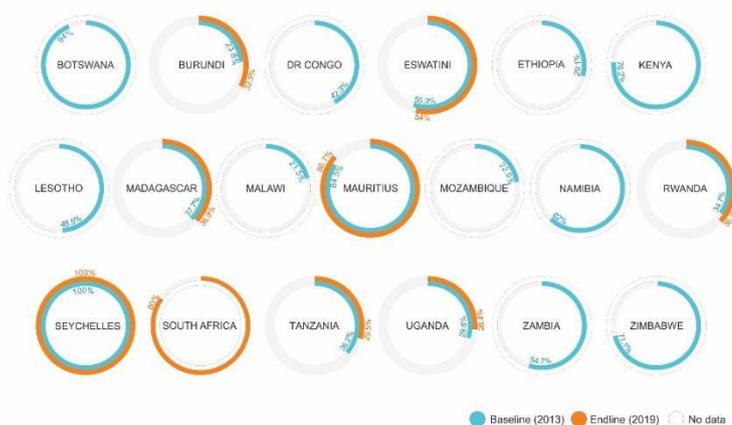
⁶ <https://bit.ly/3x5pSys>

⁷ The ESA Commitment is guided by a Technical Coordinating Group made up of RECS (SADC and EAC), representatives from the United Nations Agencies working on ASRHR including UNESCO, UNFPA, UNAIDS, UNICEF, UNDP and WHO; and MIET Africa.

⁸ UNESCO’s Institute of Statistics (UIS)

There is insufficient quantitative data to ascertain the possible influence of the ESA Commitment on primary and secondary school completion across the region. Moreover, the data available did not reflect the gendered dynamics of changes in enrolment and school completion over the years. At a glance, the review of country level data however for countries with data indicates progress in school completion in primary levels, and incomplete data for secondary school level – indicating the urgent need for better reporting on school attainment in the sub-region.

Percentage of adolescents and young people who have completed secondary school, 2013-2019



Providing a safe and inclusive educational space for Adolescent Girls and Young Women (Pregnant learners and school related GBV).

The number of countries implementing a national policy/strategy on pregnant learners rose by over 200% from 5⁹ in 2013 to 16¹⁰ in 2018, with initial gains made in **Burundi, Eswatini, Kenya, Mozambique, Namibia, Seychelles, South Sudan, Uganda** and **Zambia** in 2015, followed by **Madagascar, Malawi, Mauritius, Rwanda, South Africa, Tanzania, and Zimbabwe** in 2018. **Angola, Botswana, DRC, Ethiopia, and Lesotho** were reported as not having implemented a national policy/strategy on pregnant learners during the period of the commitment. According to the available data, **the ESA Commitment facilitated the development and implementation of national/policy strategies on protecting the right to education of pregnant learners.** The five countries¹¹ that still need to close the gap should be supported to introduce and implement similar policies and strategies to support pregnant learners.

The number of countries whose education sector policies address School-related Gender Based Violence (SRGBV) was recorded at 7 in 2013, and rose to 18 in 2018 with the addition of **Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Rwanda, Seychelles, South Sudan, Tanzania** and **Zimbabwe**. **Botswana** and **Burundi** did not report having an education sector policy to address SRGBV. In addition, to track progress on related indicators, **Rwanda, Kenya, Lesotho, Malawi, Botswana, Uganda, Zambia and Zimbabwe** conducted the Violence Against Children Survey, a cross-sectional national household survey following the signing of the ESA Commitment. Global School-based Student Health Surveys were also conducted in **Mozambique and Tanzania**.

Positive examples of pregnant learner policies were noted in the evaluation. In **South Africa** in 2016, a Draft National Policy on Prevention and Management of Learner Pregnancy was developed to facilitate unconditional re-entry. **Malawi** had drafted a revision of their re-entry policy in 2017 to facilitate unconditional re-entry¹². By the close of 2018, **Kenya** had drafted national re-entry

⁹ Burundi, Mozambique, Seychelles, South Sudan and Zambia

¹⁰ Burundi, eSwatini, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

¹¹ Angola, Botswana, DRC, Ethiopia and Lesotho

¹² UNESCO, 2018

guidelines in Basic Education to facilitate re-entry of pregnant adolescents and young mothers where health permits; shortly thereafter **Zimbabwe** followed suit with their own re-entry policies.

Effective delivery of CSE and life skills-based HIV and sexuality education

The ESA Commitment targets aim to increase access to quality CSE/Life skills-based HIV and sexuality education by ensuring schools have a policy in place to support CSE/life skills. The policy should ensure that a CSE curriculum exists and teachers are trained in the provision of quality CSE, and that students in both primary and secondary school have access to quality CSE/Life skills-based HIV and sexuality education. Taken together, these efforts should contribute to increasing young people's comprehensive knowledge of HIV.

Over the period, CSE/Life skills-based HIV and sexuality education was firmly established on the government's policy agendas in the region. In 2013, 17 of 21 countries reported having a CSE strategy for schools¹³. In 2018, this total grew to 18 with the addition of Angola. No data was available for Ethiopia, South Sudan, and Uganda.

Effective delivery of CSE/Life skills-based HIV and sexuality education in schools and teacher training institutions across the region was positive among reporting countries, however, lack of data limits comparability. For example, there is significant variation in the availability of data between countries (only 8 of the 21) that have at least 1 data point for rates of CSE delivery at both the primary and secondary school level.

Nonetheless, consolidation of achievements between all levels of schooling indicates that 10 of 19 reporting countries surpassed the 75% Commitment target of having in place CSE/Life skills-based HIV and sexuality education in schools by 2019. In **Botswana, Kenya, Mauritius, Namibia, Seychelles,** and **South Africa**, 100% of schools and/or teacher training institutions (at both primary and secondary level) provide CSE/Life skills-based HIV and sexuality education. **Eswatini, Zambia,** and **Zimbabwe** experienced a decline over the 6-year period in the percentage of schools and teacher training institutions providing CSE/Life skills-based HIV and sexuality education.

Across the region, the ESA Commitment countries surpassed the target for providing CSE in primary schools by 13%, but did not make similar progress in secondary schools (18% below the target). Good practice can be drawn from the 6 countries that reported 100% reach – a positive example for neighbouring countries attempting to achieve progress in the coming years. No data was available for **Angola** and **South Sudan**.

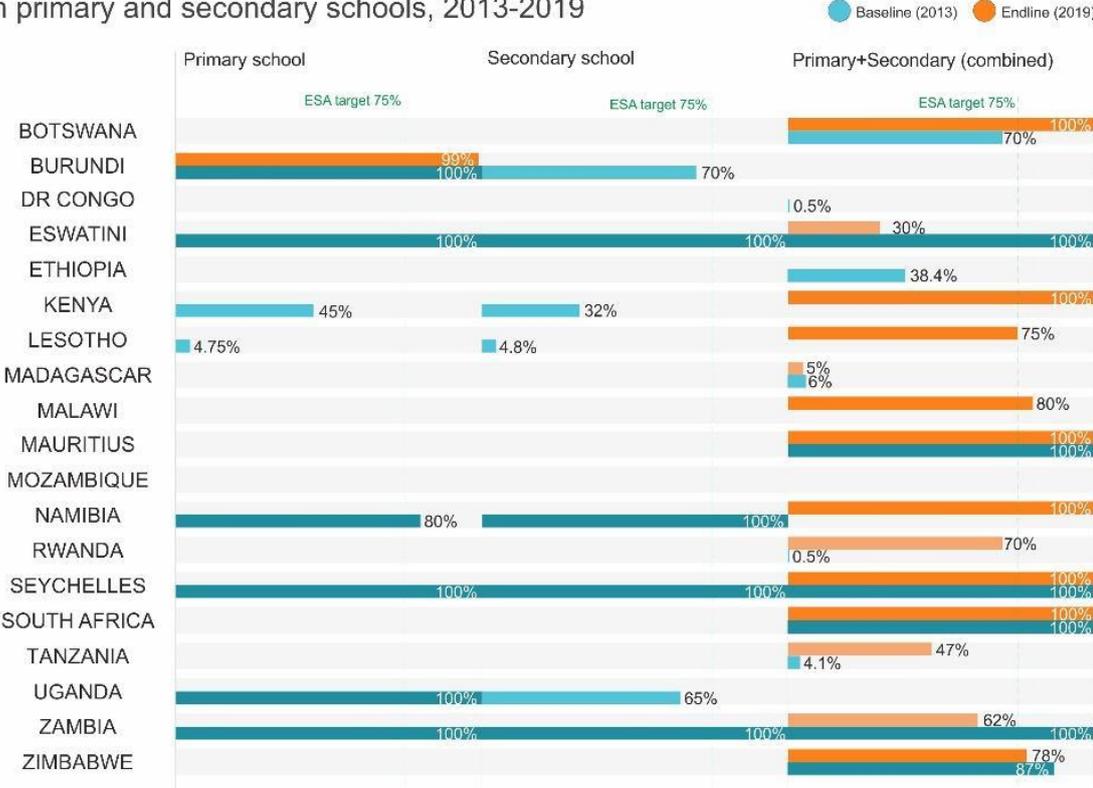
Progress in the delivery of CSE/Life skills-based HIV and sexuality education did not fully translate into comprehensive knowledge of HIV among adolescents and young people. The ESA Commitment challenges countries in the sub-region most heavily affected by HIV to reach a 95% threshold of youth demonstrating comprehensive knowledge of HIV. While some progress was made, to date all of the 21 signatory countries have a distance to go to achieve the 95% target.

Of the 11 countries that reported 2013 and 2019 data for both Adolescent Girls and Young Women (AGYW), and adolescent boys and young men (ABYM), only 5 countries saw an increase in HIV knowledge for the two groups. **Lesotho, Malawi, Mozambique, Tanzania and Zimbabwe** saw the

¹³ Botswana, Burundi, DRC, Eswatini, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe.

percentage of comprehensive HIV knowledge decrease among young men, while a decrease in HIV knowledge among AGYW was noted in Rwanda.

Percentage of all schools and teacher training institutions that provide CSE in primary and secondary schools, 2013-2019



Gender differentials in the results suggest the need for a gender-transformative approach to CSE/Life skills-based HIV and sexuality education to mitigate the specific informational needs and barriers of access for AGYW. Indeed, while Rwanda and Kenya scored high relative to other countries on ABYM's demonstrated HIV knowledge (around 64% of the age group), the percentages for AGYW were equally high in the region. Gender differences in HIV knowledge in countries may differ the overall difference remains slight with 32% of ABYM on average demonstrating comprehensive HIV knowledge, while only 30% of AGYW showed similar levels of knowledge.

OBSERVATIONS: GETTING IT RIGHT

Keeping girls and young women and boys and young men in school, within a safe environment conducive to effective learning is a fundamental cornerstone of national and regional strategies for capitalising on the demographic dividend. To date, progress is mixed across the East and Southern African region. While some countries show significant promise in both policy reform, and education outcomes for young people, in other countries, advances have been slow, and additional efforts are needed. This has been further complicated by the current coronavirus pandemic and calls for additional concerted efforts.

The ESA Commitment highlights the role CSE/Life skills-based HIV and sexuality education play in improving SRH knowledge, decision-making and risk of acquiring HIV among young people. It also recognises that sexuality and life skills education can contribute to delayed sexual debut, responsible and healthy sexual relationships (including use of modern methods of family planning), and help to change harmful gender norms and reduce school-related gender-based violence. Progress on the provision of CSE and life skills is highlighted, with all countries demonstrating some commitment

whether through the creation of an enabling policy environment to implement a CSE/Life skills curricula, effectively training teachers, and in many cases, delivering quality CSE/Life skills based sexuality education in schools.

The evaluation documented legal, policy and programme priority changes that occurred in the case study countries during the ESA Commitment period as a strong indication of progress made. It is notable that while countries work to align their national strategies and plans to the ESA Commitment, intervention priorities have largely focused on CSE or life skills-based education implementation, and addressing policy issues including child marriage, early and unintended pregnancy, and the needs of pregnant learners. Less has been done to understand the linkages between basic educational attainment, CSE/Life skills-based and HIV education, adolescent SRH and rights policy and referral for adolescent and youth health services indicating room for improvement in multi-sectoral programming to meet the intersectional needs of young people.

Challenges to implementing the ESA Commitment

Progress on the ESA commitments has not been without its challenges. **Mounting opposition to CSE and SRHR for young people** in a number of countries in the region has affected steady progress of the ESA Commitment targets. However, it has also been evident that in instances of opposition, there has also been strong support for CSE and the vision of the ESA Commitment under the leadership of governments, civil society including parents, community/religious/traditional leaders. Strongest support has been felt particularly by young people themselves who demand their right to information and services related to education for their health and well-being be upheld by duty bearers. Response by teacher associations and civil society collectives through the press and other platforms, further made the case that the CSE/Life skills-based education was in line with national development priorities and the interests of local stakeholders that were consulted.

Despite political will in many countries, **challenges remain in harmonisation of laws** to align to international and continental commitments made by the Member States in the region- especially related to the age of consent to sexual activity, marriage and access to comprehensive SRH services such as contraceptive services and preventive SRHR services. Gender Based Violence and pregnant learner policies also severely affect access to care and education of young people, even if they are within the confines of the law to receive services. For example, while some countries have national legislation allowing pregnant learners to return to school, teacher or principal authorisation is required limiting, in practice, re-entry for girls.

Monitoring implementation of the ESA commitment has also been difficult given **the lack of data available** on progress made. In 2014, national Education Monitoring and Information system officials from all of SADC countries and beyond (**Kenya, Rwanda, South Sudan and Uganda**) received training on the use of global HIV/AIDS indicators in their information system and other school surveys. Through this capacity building support, all SADC Member States developed a proposed roadmap for integrating the global HIV/AIDS indicators.¹⁴ This effort laid the ground for stronger reporting on the ESA Commitment targets on CSE/Life skills-based sexuality education.

Emerging issues for the future of the ESA Commitment

¹⁴ UNFPA, 2015

There is increasing recognition of the role CSE and Life skills education (grounded in basic literacy) can play in support of youth development more generally. The connection between providing CSE/Life skills-based education and youth economic empowerment interventions as a strategy has gained momentum amongst partners as an effective intervention strategy to support young people to make positive decisions about their health and economic well-being. Linking intervention strategies helps to engage a broader youth constituency including out of school, hard to reach, marginalised or otherwise vulnerable young people.

The COVID-19 pandemic has also provided impetus for educational innovation that could improve implementation of both school-based, and out-of-school learning among young people. A recent study on the effect of COVID-19 among students and educators involved in formal and non-formal education in **Botswana, Malawi, Namibia, South Africa, Zambia and Zimbabwe** indicates a potential “silver lining” of learning from the pandemic. When faced with the challenges of adapting to on-line and home based learning, schools and students identified key issues to improve educational attainment generally. Learnings including: (i) the need to find context-specific solutions (with improvisation) to education and health problems (through local actors); (ii) making linkages between social and ecological systems clearer (indicating the value of Education for Sustainable Development); and (iii) the need to urgently address structural inequality and justice issues in education as part of transformative change in education and sustainable development.¹⁵

The Value of Regional Economic Communities for advancing the ESA Commitment

The evaluation highlighted that the support of the Regional Economic Communities (RECs) (e.g. SADC and EAC) for the ESA commitment provides important legitimacy to the ESA Commitment generally, and the importance of implementing SRHR interventions for adolescent and youth more broadly in countries. National counterparts reported that association of the RECs with the ESA Commitment spoke to the economic importance of supporting the education and well-being of young people for national development.

The RECs have a powerful role to play in raising awareness of the linkages between young people’s educational attainment, increased knowledge of SRH and HIV, access to information and services, and development opportunities - all critical to securing a healthy, and economically vibrant generation of young people in the sub-region. SADC has demonstrated how they are contributing to aligning country and regional level education and training interventions, through examples like the SADC ‘Protocol on Education and Training: Interventions’, which aligns country policies to allow for student mobility in higher education and training between 16 SADC Member States. Such protocols harmonise and eventually standardised policies regarding education and training. Further the SADC Quality Framework for Higher Education, Technical and Vocational Education and Training, as well as schooling, provides a mechanism for comparability and the recognition of qualifications within the region. Such policy instruments provide examples of what could be done to mainstream CSE and life skills and HIV education across the region.

The RECs have an opportunity to advance implementation of the ESA Commitment in their Member States. Regional mechanisms such as South-South and triangular cooperation, public and private sector and NGO partnerships, shared policy development (design and strategy), regional coordination, and results frameworks (e.g. tracking of indicators) can facilitate uptake and engagement by countries. With the active participation and leadership of SADC and EAC,

¹⁵ <https://www.educationdevelopmenttrust.com/EducationDevelopmentTrust/files/e9/e9b28670-0b9f-4d93-b7cd-8b713448a634.pdf>

implementing the ESA Commitment priorities will help secure the benefits of the demographic dividend for Africa.

CONCLUSIONS AND RECOMMENDATIONS

Young people in East and Southern Africa have a right to quality and comprehensive education. It is also well understood that good health is a prerequisite to effective learning. Though progress has been made in many countries of the sub-region, significant gaps remain in school completion rates. This is especially pronounced for AGYW that dropout of school early, and suffer the lifelong ramifications of low literacy, limited vocational training (if any), early marriage and childbearing, and other gender-based barriers to securing a healthy and economically stable future for themselves and their children. Access to education, including CSE/Life skills-based sexuality and HIV education is critical to increasing knowledge, averting risk, and making healthy life choices.

The importance of education for all is recognised in SDG 4 and in the Agenda 2063: the Africa We Want alongside other regional development strategies. SADC and EAC have placed priority on supporting their Member States to benefit from the demographic dividend by promoting investments in the health, education and training of young people to ensure they are able and prepared to participate in the socio-economic development of their countries.

The undertaking of a regional initiative such as the ESA Commitment that sought to break silos between the Education and the Health sectors, strengthens the coordination and collaboration between sectors, and demonstrates the intersectionality between these and other sectors such as gender, youth, finance and justice - to mention a few. It is demonstrated that this regional approach has collective benefits and that challenges may be overcome in future through redoubled efforts. Therefore, it is critical that the regional leadership of the Education sector advocates for the renewal and extension of the ESA Commitment for the period 2021-2030 as a contribution to the achievement of regional and national education goals.

Recommendations

SADC and EAC are encouraged to recognise the critical role the RECs play in advancing country policies and intervention strategies to achieve the aims of the ESA commitment by:

- ❖ Renewing and expanding the ESA Commitment to include multi-sectoral intervention strategies to meet the intersectional needs of young people. This can be done by linking education and other sector strategies for common ends (e.g. education, training, empowerment)
- ❖ Increasing the role of the RECs in advancing regional policy related to youth, education, health and economic opportunities benchmark progress between countries on creating an enabling, legal, policy and regulatory framework (including removing gender barriers in access to education) necessary for implementing the ESA commitment interventions.
- ❖ Improved ways of working within the RECs to support regional partnerships, policy development, funding, and coordination
- ❖ Expand the Results Framework to include better measures of progress, including monitoring and evaluation protocols, regional data tracking, and accountability to commitments made by countries.