

## Sexual and Reproductive Health in the ACP

A priority for people and governments in the Post 2015 Agenda

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# Sexual & Reproductive Health Needs in ACP

SRH must be a key part of the overall health package across the ACP region including:

## ■ Unmet need for Family Planning and Contraception:

- Average unmet need in the ACP in 2013 was Africa (24%), Caribbean(17%), Pacific (26%).
- In ACP countries the Adolescent Fertility Rate is high.
- For physically immature women, unintended pregnancies have a direct impact on their health & they are twice as likely to die during pregnancy or childbirth as older women. Many are Adolescents who have major difficulties accessing Family Planning.

# Sexual & Reproductive Health Needs in ACP

## ■ HIV prevalence:

- 61% of people who need Antiretroviral Therapy do not receive adequate treatment in ACP countries.
- Women suffer disproportionality from HIV in ACP - 58% of HIV Infected people in ACP countries are women compared to 24% in Europe.

## ■ Maternal mortality:

- In the ACP, a women's risk of dying as a consequence of pregnancy is the greatest in the world averaging one death per 225 lives compared to one per 5882 in Europe
- Only 44% of Women receive 4 Antenatal visits in ACP countries (the WHO guidelines).

# Political Recognition by the ACP

- The ACP group has **recognized SRH needs**
- There is a **clear commitment in the Cotonou agreement** to make improvements in the social sector:
  - Health system strengthening
  - Joint efforts in promoting SRHR , FP and HIV in its articles 25 and 31

# IPPF'S work in the ACP:

- IPPF has members in **all ACP regions**.
- IPPF works on **SRHR in over 60 ACP countries**.
- **Topics** include:
  - Education and Services to reach Adolescent girls and boys and underserved populations inc. people with disabilities
  - Humanitarian aid and emergency response including Ebola
  - Health system strengthening by integrating SRH & HIV
  - Contraception and Family Planning
  - STI/HIV and AIDS
  - Education/Services to reach geographically-isolated areas

# IPPF MAs supporting SRH in the Pacific

- Fully-staffed sub-regional **IPPF Pacific office** in Fiji
- Its Member Associations in Cook Islands, Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu are the **only recognized SRH organizations in the country**
- **Collaborated with AFPPD and UNFPA** on the Moana Declaration, an SRH-related agenda in the Pacific
- **Static and mobile clinics in 9 countries** elevate SRH services to young people, transgender, sex workers, and people with disabilities.
- **IPPF outreach services** reach remotest islands communities

# IPPF MAs supporting SRH in the Pacific

- Finalising a cooperation agreement with **Solomon Islands** Government & convening a meeting with NGOs / Faith-Based groups to achieve SRHR by 2020.
- In **Fiji**, IPPF MA currently offers counselling for teen and single mothers and survivors of SGBV.
- Estimated 3,676 **unplanned pregnancies prevented** in 2012 from distributing 14,702 contraceptives.
- **SRH services** provided by IPPF almost **trebled** since 2008
- **Partnered with AFPPD** in organizing Parliamentarian Committees on Population and Development in PNG, Cook Islands, Solomon Islands, Tonga and Samoa.

# IPPF MAs supporting SRH in the Caribbean

- IPPF works in **more than 18 Caribbean states.**
- **Caribbean Family Planning Affiliation**
  - the only civil society organization across the Caribbean devoted entirely to sexual and reproductive health.
  - Recently visited, it promotes high-quality services and critical information throughout the region.
- In **Haiti** we provide SRH in humanitarian settings through the MISP (Minimum Integrated Service Package).



# IPPF supporting SRH in Africa

- IPPF has member associations in **almost all African countries**.
- We provided over 56 million **services** in Africa last year over half of which were under 25.
- Over 10 million **HIV** related services.
- Over 50 million **condoms** provided.
- 83% of clients are **socially excluded and/or vulnerable** in urban poor and remote villages.

# IPPF supporting SRH in Africa

In Africa, IPPF works with governments and stakeholders to promote:

- **Comprehensive Sexuality Education** for young people.
- Prevention and management of **Gender Based Violence**.
- **SRH in humanitarian settings** in Central Africa Republic, South Sudan, Ethiopia, Democratic Republic of Congo and Nigeria.
- **Public private partnerships** to expand SRH service access.
- **Capacity building** for CSOs and Governments in quality and range of services in learning centres in Ethiopia, Kenya, Uganda, Ghana, Cote d'Ivoire, Swaziland and Togo.

# IPPF supporting SRH in Africa: Ebola

## Tackling Ebola and SRH problems together:

- Sierra Leone, Liberia and Guinea - integrated Ebola prevention and referral with routine member association SRH services.
- In Sierra Leone we run a programme to enhance the Capacity of Staff, Volunteers and Community Groups to prevent infection and spread of Ebola.
- In Liberia we are still running outreach services & have integrated Ebola prevention education with SRH programmes.
- In Guinea we have a specific project “*TOUS, LUTTONS CONTRE EBOLA*” sensitizing people about the Ebola Virus Disease in Conakry, Guékédou, Labé, Kindia, Kankan, Kissidougou, Macenta & N’Zérékoré.

# IPPF Advocacy for SRH

- IPPF encourages **regional bodies and governments include SRH in their commitments** :
  - ICPD regional review in each region.
  - New Office at the AU.
  - Advocacy work on Maputo plan of action.
  - Advocacy work highlighting the links between SRH and Climate Change including working with Pacific governments to raise this at UN meetings.
- **Post-2015**
  - Welcome the recent ACP-EU declaration on post 2015 - finishing the unfinished business and calling for the prioritization of maternal/child health & control of HIV.

# Seen progress but it is not enough...

- Millions are still dying whilst giving life, **MDG 5b most off-track.**
- Hundreds of millions **do not have access to contraception** they want.
- Many countries **missing out on the demographic dividend.**
- Millions of **girls cannot decide** who they marry, the size of their family or what happens to their body.

# RECOMMENDATIONS:

IPPF's experience shows **SRH must be in post-2015 framework - key to Development and Sustainability.**

- Build on regional positions on Post 2015 & Health:
  - Universal access to SRH
  - SRH key in Health System Strengthening
- Retain a Gender Equality Goal with SRH and RR
- Funding for SRH should be part of the Green Climate Fund and Global Financing Facility
- Health Ministries need to prioritize these targets and indicators in the national plans in 2016
- We are researching the best SRH & health indicators

## CONCLUSIONS:

- The Post 2015 future framework will matter but it will also **need to be implemented and followed upon** nationally and within Ministries.
- The discussion on the new Cotonou agreement post 2020 will start soon and we strongly recommend to have **SRH, FP, HIV highly prioritized** again in the new agreement.
- Adequate **resources and accountability mechanisms** need to be attached to it
- The ACP has a **vital leadership role** to play if we are to achieve SRH for all.