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.