

Regional CSOs Taskforce on SRHR, Policy and Legislations Joint Statement on the Draft EAC Sexual and Reproductive Health Rights (SRHR) Bill 2017

We the undersigned members of the Regional CSO Task Force on the Draft EAC SRHR Bill 2017, representing organizations of persons living with HIV, National AIDS umbrella CSOs, regional HIV and Health Organisations, National CSOs working in the field of Sexual and Reproductive Health Rights (SRHR) and Youth Organisations;

United in our diversity and commitment in contributing towards the realization of SRHR in East Africa Partner States, having assembled on **1st March, 2017 at Gold Crest Hotel in Arusha, United Republic of Tanzania** to review the draft EAC SRHR Bill 2017;

Concerned that Sub – Saharan Africa remains the epi- center of the HIV epidemic with an estimated 1.4 million new HIV infections, approximately 66% of the global total, with adolescent girls and young women continuing to bear the brunt of new infections increasing their elevated HIV risk and vulnerability;

Further concerned that about 10% of children under the age of 15 in the EAC have had sex, adolescent birth rate averages 100 per 1,000 women aged 15-19 years, young people are the largest age group with the highest incidence of HIV, the effect on low empowerment and intimate partner violence among young girls are key drivers of new infections and 37% of young women aged 20-24 years are married as children. Legal, policy and legislative reforms required to improve SRH is vital for our region.

Noting that access to SRHR information, reproductive health and safe motherhood services in EAC Partner States for a rapid and substantial reduction in maternal and new born morbidity and mortality rates remains a challenge in East Africa;

Applaud the East African Community (EAC) for taking cognizance of the SRHR needs of the citizens in the Community;

Appreciate the efforts of EAC to put in place a regional legal framework for matters related to SRHR in form of this draft Bill;

Further Appreciate the inclusivity of the East African Legislative Assembly (EALA) process that has embraced open engagement with Civil Society and general public from the Partner States;

And Realizing that significant strides have been made in the development of policies to implement mechanisms to strengthen health systems; and to ensure delivery of quality health care in pursuit of Sustainable ` that investing in health yields dividends which constitutes a fundamental goal of economic growth and development for the region;

Urge Partner States to avail sustainable access and optimal utilization of acceptable and quality healthcare services for both communicable and non-communicable diseases and emerging conditions that affect citizens in the community;

Assert that investing in communities keeps people at the center of the response and community systems contribute to responding to all SRHR needs of the citizens in the Community;

Recognize that the global adoption of SDG 5 provides an imperative opportunity to reinvigorate the women's rights agenda in ways that address HIV, gender equity and the empowerment of women. And that the attainment of gender equality/equity/ Planet 50-50 by 2030 is a precursor for the realization of peaceful, just

and inclusive societies through identifying and correcting punitive, and retrogressive laws and policies that entrench social exclusion, injustice, discrimination and inequality;

Cognizant that prevalence of stigma and discrimination, which leads to depression and low levels of confidence to access services SRHR services remains a significant obstruction to achievement of SRHR for people living with HIV children, women and girls, , adolescents, youth, young persons, most at risk population and vulnerable groups;

Recognize that a community, women, and youth-centered prevention agenda that simultaneously takes into account the role and needs of men and boys, is a precursor and cornerstone of addressing all SRHR needs for the realization of a just and inclusive society;

Committed to working together with EALA by providing technical inputs and advocacy engagements with citizens in the Community throughout this legislative process;

AND Having deliberated on the spirit and content of the Draft Bill resolve to bring to the attention of EALA, our fellow Civil Society Members and the public at large the following issues for consideration;

1. **Noting** that the draft Bill recognizes regional and international legal and policy instruments, **we urge** EALA to fully embrace and conform to the concepts, frameworks and definitions on SRHR as pronounced in these instruments including;
 - i. International Conference on Population Development (ICPD, 1994);
 - ii. UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health, 2000;
 - iii. Maputo Plan of Action 2006 (Ratified with reservations from some EAC Partner States)
 - iv. Africa Health Strategy 2010;
 - v. Eastern and Southern Africa Ministerial Commitment, 2013;
 - vi. Sustainable Development Goals 2015 (Target Goals: 3. 7 and 3.8 and 5.6);
 - vii. WHO Guidelines on Maternal, Reproductive and Women’s Health.
2. **Observing** that the Bill generalizes the needs of the different segments of the population, **we recommend** that the rights in the Bill should explicitly provide for the needs of children, adolescents, young persons, youth, men, women and elderly women, persons with disability and persons living with HIV applying universally and without discrimination on any grounds.
3. **Aware** that the Bill alludes to the fact that the right to health is closely related to and dependent upon the realization of other human rights, **we recommend** that the Bill explicitly ensures a systematic integration of health services policies; greater and more effective linkages and increased support for work that connects SRHR, HIV programming, and Gender Based Violence;
4. **Cognizant** of the principal roles and obligations of the Partners State in the enforcement of the provisions of the Bill, we recommend that the Draft Bill incorporates a clear and prescriptive approach on State obligations to Respect, Protect and Fulfill its role towards the full realization of SRHR;

5. **Recognizing** that the Bill emphasizes a mitigation approach which is more expensive and unsustainable, we urge that the Bill embraces a preventive approach to SRHR including clear and structured interventions such as the implementation of Age Appropriate Comprehensive Sexuality Education.

Dated this 1st day of March 2017 at Arusha United Republic of Tanzania.

