

Report of Regional CSO Task Force Consultative Meeting with EALA Speaker and GPC Members

Venue: Rwanda Parliament Buildings, 14th – 16th March, 2017

Contact Details

**EANNASO, P.O.
Box 6187, Arusha,
Tanzania,
+255 27 2543524/5,
Mob: +255 737 210598,
Email: eannaso@eannaso.org,
Website: www.eannaso.org**

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1. Welcoming Remarks

Present:

- ♦ East African Legislative Assembly (EALA): EALA Speaker (Rt. Hon. Daniel Kidega, (EALA General Purpose Committee Members) Hon. Odette (Rwanda), Hon. Dr. Martin Nduwimana (Burundi),
- ♦ Task Force Members: RNJ+ (Burundi), IMRO (Rwanda), HDI (Rwanda), RNGOF (Rwanda), EANNASO (Tanzania), UMATI (Tanzania), UNASO (Uganda),

Welcoming Remarks: EALA's Speaker Rt. Hon. Kidega commenced by giving a warm welcome to the Task Force Members to Rwanda Parliament Building and appreciated efforts made by the team for the courtesy call. He further stated that from the onset, it is the commitment of service of EALA to embrace a people centered approach, to liberate citizens from the bondage of poverty through enacting legislation, it is not a favour that EALA is extending to civil society to receive you in Parliament grounds but instead a responsibility of the Legislative Assembly. He stated that EALA is a representation of the people and the first place of redress in the Community for the people's representation. The Speaker, take recognition of the work put in by the mover of the bill, Hon. Odette and thanked her for her commitment and leadership in ensuring that the needs of all citizens of the community in terms of sexual and reproductive health are addressed through a regional legislation.

He interalia introduced the EALA General Purpose Committee Member's present as:

Dr. Odette Chairperson of General Purpose Committee (GPC) which is in-charge of Health, Dr. Martin member of GPC and Bobi Odiko EAC Senior Public Relations Officer and acting PA to EALA's Speaker,

Introduction of Regional CSO Taskforce Member's: IMRO thanked EALA for according the Task Force the opportunity of having a consultative meeting with them, and thereafter proceeded to invite the 11 Task Force member's to individually introduce themselves, organisation and country they represent.

After the introductions a detailed Agenda of the meeting was shared with all Members (see Annex 1).

2. Statement by EANNASO Board Chair: Engineer Marc Ndayiragije

Introduction

On behalf of Eastern Africa National Network of AIDS and Health Service Organisations (EANNASO), as the Chair of the Regional CSO Task Force on Sexual and Reproductive Health Rights, Policies and Legislation in the EAC, I would like to express my sincere gratitude to the East African Legislative Assembly (EALA) for according this Team an audience prior to the second and third reading of the Draft EAC Sexual and Reproductive Health Rights Bill, 2017 during the Fifth Meeting of the Fifth Session of EALA in Kigali, Rwanda.

Who Are We?

As civil society members from Partner States of the East African Community (EAC), united in our diversity and in our commitment in contributing towards the realization of the draft EAC Sexual and Reproductive Health Rights Bill, 2017, we came together on 1st March, 2017 in Arusha, United Republic of Tanzania and formed a Regional CSO Task Force Team on SRHR, Policy and Legislation in the EAC which is chaired by EANNASO to identify gaps in the said Bill and come up with a Joint CSO Statement as a Task Force to bring to your attention as Policy Makers.

EANNASO is a regional umbrella body bringing together civil society voices to inform policies and improve programming on HIV, TB and other health related issues. Our aim is to have a regional response that contributes to the ending of the HIV and TB epidemics and other health related issues such as SRHR. The secretariat is based in Arusha, United Republic of Tanzania.

The goal for the Task Force is to engage in the development of a rights based EAC Draft EAC SRHR Bill, 2017, and thereafter advocacy measures towards its adoption into law.

The composition of the Task Force entails: a team of multiple expertise drawn on organizational representation by senior officers from organizations of persons living with HIV, National AIDS umbrella CSOs, regional HIV and Health Organisations, National CSOs working in the field of Sexual



EANNASO Board Chair Eng. Marc Ndayiragije presenting Task Force information pack on analysis of draft EAC SRHR Bill, 2017 to EALA Speaker Rt. Hon. Daniel Kidega

and Reproductive Health Rights (SRHR), Youth Organisations, international NGO's from all EAC Partner States. Furthermore, the Task Force's mandate is to endeavor to achieve several significant strides in the course of the implementation of its mandate including several successful consultative meetings with EALA, the EAC secretariat, the Speaker of EALA and the Members of the General Purpose Committee.

Facts on Sexual and Reproductive Health Rights in EAC

I commence by recognizing the fact 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, and subsequently noting that access to comprehensive sexuality education and youth- friendly sexual and reproductive health services remains a challenge in East Africa for the above-mentioned citizens of East Africa.

Noting that in Cape Town, South Africa on December 2013, Ministers of Education and Health from 20 countries in Eastern and Southern Africa (ESA) including EAC countries, committed to scaling up comprehensive sexuality education and sexual reproductive health services for adolescents and young people in the region.

I applaud the East African Community Secretariat (EAC) and the East African Legislative Assembly (EALA) for taking cognizance of the Sexual and Reproductive Health Rights (SRHR) needs of the citizens in the Community and appreciate the efforts to put in place a regional legal framework for matters related to SRHR in form of the draft EAC SRHR Bill 2017 whose object is to provide a legal framework for matters relating to sexual and reproductive health, to protect children, adolescents and young persons from sexual abuse and other forms of exploitation, to provide for assisted reproductive technology and to provide for other matters related to those matters.

Remarkably, the Bill intends to:

- a) Provide a framework for the protection and advancement of sexual and reproductive health rights to all;
- b) Promote safe motherhoods across the region for maternal, new born and adolescent morbidity and mortality rates;
- c) Prevent bad practices such as child marriage, female genital mutilation, retrogressive practices during initiations and circumcision of boys;
- d) Prevent unwanted pregnancies, unsafe abortion and sexually transmitted infections including HIV; AND
- e) Ensure quality sexually reproductive health care, education and services for all citizens of the East African Community.

I further acknowledge the inclusivity of EALA process that has embraced open engagement with Civil Society and general public during the Public Hearings of the Draft Bill in February, 2017 in the Partner States.

Key Ask

In conclusion, I wish to close by stating that the Task Force is committed to working together with EALA in its endeavors during the entire legislative process, and request the said Assembly to take into considerations the issues tabled before you by the Regional CSO Task Force on SRHR, Policies and Legislation for your consideration and further to partner with the Task Force in particular to Advocate and Lobby for the enactment into law of the said Bill.

3. Brief on Joint Regional CSO Task Force on SRHR, Policies and Legislation in the EAC by Rwanda NGO Forum on HIV/AIDS and Health Promotion

Overview of the Regional Task Force on SRHR, Policy and Legislation in the EAC

The Task Force on SRHR, Policy and Legislation (hereinafter referred to as The Task Force) in the EAC was established on 1st March, 2017, voluntarily by organizations having interest on the issues of sexual reproductive and health rights in East Africa.

Composition of Task Force

The Proposed Task Force is recommended to be a team of multiple expertise drawn on organizational representation by senior officers from organizations of persons living with HIV, National AIDS umbrella CSOs, regional HIV and Health organizations, National CSOs working in the field of Sexual and Reproductive Health, Youth Organisations, international NGOs from all EAC Partner States and technical advisers.

Mandate of the Task Force

The overall goal of the Task Force is to enhance regional as well as national responses to SRHR issues in East Africa that are respectful to human rights in a conducive legal and policy framework in Burundi, Kenya, Rwanda, United Republic of Tanzania and Uganda.

The Task Force shall endeavor to achieve several significant strides in the course of the implementation of its mandate including several successful consultative meetings with the EALA, the EAC secretariat, the Speaker of EALA and the Clerk to the Assembly.



Regional CSO Task Force on SRHR, Policies and Legislation on the draft EAC SRHR Bill, 2017 in the presence of EALA Speaker, Rt. Hon. Daniel Kidega and 3 EALA General Purpose Committee Members, 14th March, 2017 at Parliament of Rwanda in Kigali, Rwanda.

Current Membership

Already on Board as Members:

- Representation of organizations of persons living with HIV/ KP: ZAYEA (Zanzibar), International Community of Women Living with HIV EA (Uganda), Uganda Young Positives (Uganda)
- Representation of the national AIDS umbrella CSOs: ABS (Burundi), RNGOF (Rwanda), UNASO (Uganda)
- Representation of regional organizations: EANNASO, EACSO, EAHP, EALS
- Representation of National CSOs: IMRO (Rwanda), KELIN (Kenya),
- Representation from Youth Organization's: UMATI (Tanzania Mainland), RNJ+ (Burundi)
- Representation from International NGO's: Centre for Reproductive Rights (Kenya), Ipas Africa Alliance (Kenya)
- Representation from sexual and reproductive health rights organisations: HDI (Rwanda)
- Development Partners: SAT

4. Joint Regional CSO Taskforce on SRHR, Policies And Legislation in the EAC Analysis of the Draft EAC SRHR Bill, 2017 by Uganda Network of AIDS Service Organisations (UNASO)

S/N	ISSUE	REGIONAL CSO TASK FORCE ON SRHR, POLICIES AND LEGISLATIONS IN THE EAC PROPOSITIONS
1.	Contradictions in the Title of the Bill found in the Memorandum and Preliminary Clause 1 whereof there is omission of Rights in the Clause 1.	There needs to be consensus on the correct title to use for the Bill. It is proposed that the Bill should read as, “The East African Community Sexual and Reproductive Health Rights Bill, 2017”, as the object of this Bill is to provide a legal framework for matters relating to sexual and reproductive health rights, to protect children, adolescents and young persons from sexual abuse and other forms of exploitation, to provide for assisted reproductive technology and to provide for other matters related to those matters.
2.	The Bill lacks provisions on Application and Enforcement of this Bill by EAC Partner States, and inter-alia leaves the implementation of the Provisions of this Act to the Council as read in Clause 3.	The Bill should clearly stipulate that Partner States shall implement this Act being a Regional law which supersedes national laws by ensuring harmonization of existing legislations, policies and programmes in line with the provisions of the Act; report periodically on progress made through the relevant organs of the EAC including the Summit on implementation status of this Act; adopt all necessary

measures and in particular provide adequate budgetary allocations and other resources for the full and effective implementation of the Act.

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| <p>3. The Bill lacks provisions on General Duty: Legal and State Obligations of Partner States</p> | <p>The Draft Bill should incorporate a clear and prescriptive approach on Application of the Bill, specifically Partner States principal roles and obligations to Respect, Protect and Fulfill its role towards the full realization of sexual and reproductive health rights in the Community.</p> |
| <p>4. The Bill generalizes the SRHR needs of the different segments of the population.</p> | <p>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 young persons living with HIV applying universally and without discrimination on any grounds.</p> |
| <p>5. Definition/ Interpretation of terms. The Bill makes reference to certain terminologies but fails to define them in accordance to concepts, frameworks and definitions on SRHR as pronounced in the following international instruments thus bringing about ambiguity:</p> | <p>Ensure that the Bill confirms to all relevant international conventions and treaties that the partner states are signatories to curb ambiguities of terms mentioned in the Bill and not defined such as:</p> <ul style="list-style-type: none"> • Assisted reproductive technology • Child Marriage; • Female Genital Mutilation; • Harmful Practices; • Gestational Surrogacy; |

- International Conference on Population Development (ICPD, 1994);
- UN Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health, 2000;
- Maputo Plan of Action 2006;
- Africa Health Strategy 2010;
- Eastern and Southern Africa Ministerial Commitment, 2013;
- Sustainable Development Goals 2015 (Target Goals: 3.7 and 3.8 and 5.6);
- WHO Guidelines on Maternal, Reproductive and Women's Health.
- Most at risk population;
- Persons living with HIV;
- Person with Disability;
- Sexual and Reproductive rights;
- Vulnerable groups;
- Young persons.

6. The Bill in Clause 19(1) goes against the spirit of non-disclosure as it reads:
The Partner States shall ensure that every person has-
- The Bill explicitly confers on Partner States to go against the spirit and content of the EAC HIV and AIDS Prevention and Management Act on the principle of disclosure of one's HIV status which should be done by the person living with HIV on a voluntary basis.

(b) the right to be informed of the health status of their sexual partners including their HIV statuses

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| 7. The Bill in its entirety makes reference to the right to health is closely related to and dependent upon the realization of other human rights, however excludes the impact and consequences of gender based violence and the rights therein, which ought to be broadened. | The Bill should 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; |
| 8. Rights to information on sexual and reproductive health: | 1) The Bill should conform to the concepts, frameworks and guidelines as prescribed in The Eastern and Southern Ministerial Commitment (ESA Commitment) signed by Ministers of Education and Health from 20 Eastern and Southern Africa countries including EAC Partner States in December, 2013 in Cape Town, South Africa, committed to scaling up comprehensive sexuality education and sexual reproductive health services for adolescents and young people in the region. |

As it reads, the Draft Bill puts the sole responsibility of sharing information on parents excluding the state responsibility to do so under either the Ministry of Education or Health through enactment of Comprehensive Sexuality Education though a curriculum written in an age-appropriate language which can be utilized in schools by teachers to inform adolescents and young persons on their sexual and reproductive health and rights bracing the issue of Age of Consent so as to curb the social and cultural barriers hindering such access to these services.

- 2) The Bill accords some form of stigma and discrimination against adolescent girls who get pregnant whilst in school, by merely stating the need of maintaining records.

The Bill should move beyond maintaining records but also put in place a mechanism of due diligence to investigate teenage pregnancies and have perpetrators prosecuted and further a follow up mechanism by the Ministry of Education to ensure they implement a Return to School formula/policy for adolescent girls/young mothers after delivery.

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| 9. | The Bill in Part VI only lists initiation Rites and Genital Mutilation as the two harmful | The Bill in Part VI should fully exhaust the list of Harmful Practices and stipulate that they are prohibited and prescribe punitive measures therein as they relate to |
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	practices that relate to sexual and reproductive health rights.	sexual and reproductive health rights including but not limited to: Child Marriages, Coerced/ Forced sterilization.
10.	Rights of a Child	The Bill should explicitly state the rights of a child as they relate to sexual and reproductive health rights and in specific the right to health care.
11.	The Boy child is left out in the content of the Bill, only reference made is to voluntary male circumcision.	It is proposed that the Bill should also accord rights and needs of the boy child in relation to sexual and reproductive health rights.
12.	Access to contraceptives and family planning services	<p>Generally this provision should ensure every citizen of the Community is accorded comprehensive family planning services so as to be able to make an informed decision as individuals and couples such as access to safe abortion services, family planning options, well equipped facilities and trained professionals who shall discharge such services.</p> <p>The Bill needs to broaden the section on both communicable and non-communicable diseases.</p>
13.	Termination of Pregnancy	It is appreciated that the Bill makes provision for termination of pregnancy, however there is need to take into consideration all circumstances which may endanger the health or life of a woman under which a trained health professional

may terminate a pregnancy upon consultation with the pregnant woman such as; Partner States shall take measures to protect the reproductive rights of women by authorizing termination of pregnancy in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.

In addition the issue of counselling of a pregnant woman before a termination of a pregnancy should be undertaken by a trained health professional who shall offer non-mandatory and non-directive counselling, before and after the termination of pregnancy.

14. Protection from discrimination

The Bill should clearly state what these grounds of discrimination may include with regards to entitlement to access to sexual and reproductive health services and these may include: Should explicitly apply universally and without discrimination on any grounds.

5. Recommendations from the Regional CSO Task Force to EALA by EANNASO

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.



6. Feedback from EALA

EALA's Speaker commenced his response by thanking the Task force in the detailed analysis done on the content of the Bill for consideration of adoption by EALA, and further for convening together as a unified civil society to speak in one voice on the spirit and content of the draft Bill.

The Speaker further stated that EALA is currently coming up with a Dialogue Framework for engaging with CSO with EACSO. This framework shall enable a clear structure on how CSOs can engage with EALA.

In addition, the Speaker elaborated on the EALA Legislation Process that the draft EAC SRHR Bill is currently undergoing, and recognized the presence of some of the task force members during the public hearing in February in EAC Partner States. He noted that the General Purpose Committee Members are currently finalizing their Committee Report which incorporates comments made during the public hearings and in addition shall incorporate comments submitted by the task force.

Once the Committee report is ready, it shall be tabled in EALA for debate and shall thereafter undergo 2nd and 3rd reading, and the last step shall be for the bill to be assented into law by the five Heads of States from the EAC partner states.

The Speaker elaborated in depth that once the Bill is assented into law, it shall take precedence over National laws, which shall need to be realigned with National laws, and thus civil society plays a vital role in monitoring and evaluating the implementation process at national law on realignment of laws.

Subsequently, the Speaker urged the GPC Chairperson to have an in-depth discussion with the task force on the recommendations it has made so that they are included in the Committee Report. Additionally, he stated that EAC does embrace international instruments, but civil society should be careful in pushing western agenda on issues pertaining to rights and sexual orientation and seeking the same to be adopted in East Africa through backdoor legislation yet some of these principles are contrary to Constitutional provisions of Partner States in East Africa. Notably,



some politicians are not keen to working with CSO as some organisations carry agendas which are not for our people but for the west.

In conclusion, the Speaker noted that on 8th March, 2017, EALA passed the EAC Gender, Equality and Development Act as a gift to the women and citizens of East Africa. Thus the EAC SRHR Bill should complement the Gender Act as the latter does not carry everything pertaining to rights of women and citizens of East Africa. The 3rd EALA Assembly terms of office comes to an end in June, 2017, and thus the Speaker appealed to the task force to continue engaging with EALAL beyond the 3rd assembly.

Remarks from the Chairperson of the GPC Hon. Odette: The Hon Member sincerely thanked EANNASO as the chairperson of the task force for convening the task force and bringing civil society together as a unified voice to add their value to the spirit and content of the bill. She further stated that for a regional Bill to be a law the content ought to remain as a generality and does not prescribe to Partner States what policies and measures to put in place, however, Partner State shave the mandate to put in place polices and measures to bring into effect the regional law.

The Hon. Member further alluded that the title of the bill does not contain the word rights, the section on definitions has been broadened, the fear of inclusion of sexual orientation as grounds of discrimination shall face opposition on the floor of EALA as it will be purported that the bill is promoting homosexuality yet the same is condoned in EAC Partner States, on the issue of disclosure of HIV status should not solely be at the discretion of the individual but broadened to give the said discretion of disclosure to doctors and counsellors.

In addition she clearly stated that the main objective of the bill is to provide a legal framework for matters relating to sexual and reproductive health, to protect children, adolescents and young persons from sexual abuse and other forms of exploitation, to provide for assisted reproductive technology and to provide for other matters related to those matters. In her closing remarks, she affirmed that most issues raised by the task force have been taken into consideration by the Committee, and new issues raised shall be vetted accordingly and incorporated in the Report.

The Hon. Speaker concluded the meeting by thanking the task force members for their continued engagement with EALA and stated that sexuality for health is not for us to promote homosexuality, but to look for a window for access to health services for all citizens of the Community so as to curb HIV epidemic in East Africa.

7. Meeting with EALA GPC Members

A subsequent meeting was held following the Speaker's departure with four members of the GPC namely: Hon. Odette (Rwanda), Dr. Martin Nduwimana (Burundi), Hon. Nancy Abisai (Kenya), Hon. Valerie Nyirahabineza (Rwanda).

Dr. Martin Nduwimana (Burundi)	Hon. Nancy Abisai (Kenya)	Hon. Odette (Rwanda)
"Reassure the task force members that most of the issues raised by the team have been taken into consideration by the committee and any new issues shall be vetted and considered for adoption if ten out of fifteen members of the committee deem it fit. He further mentioned that the zero draft of the bill was a big document which has relatively been reduced through the advice of EAC legislative draftsmen to avoid being too broad".	"Commenced the discussions by welcoming the task force members and stated she had a background of working with civil society and noted that it is important for EALA to listen to the voice of CSO. To respond to some of the contentious issues raised by the task force such as termination of pregnancy, the honourable member stated that the regional law cannot offend the constitution of the EAC Partner states which all have varying provisions and reservations on the same".	"Reiterated that following country submissions from EAC Partner States and the just concluded public hearing, the Committee is currently finalizing on their report incorporating the said comments. Further she appreciated the task force for the timely visit and detailed analysis and recommendations which shall be given consideration in forming the committee report."

**Dr. Martin Nduwimana
(Burundi)**

" Disclosure on HIV status: it is criminal for an individual not to tell his/her Partner of their HHIV status and the bill needs to find a mechanism around this.

The right to be informed is inherent so that couples are aware of the risk they are taking when engaging in intercourse with an infected individual".

**Hon. Nancy Abisai
(Kenya)**

"The Maputo Plan of Action: EAC Partner States may have ratified the Protocol, but some countries have reservations on certain Articles of the Protocol for example Uganda has reservations on Article 14(2) (c).

Further, the proposal of the use of the term sexual orientation as one of the grounds of discrimination in the task force documents may be misconstrued by policy makers to promote homosexuality which is condoned in ALL EAC Partner States.

In conclusion, the Committee shall take into consideration issues raised by the task force which have not already been incorporated in the report, and thereafter present the report to EALA for debate during the 2nd and 3rd reading in Kigali, Rwanda".

**Hon. Odette
(Rwanda)**

The honourable member stated that from her experience as a medical doctor, many families have been broken because of non-disclosure of one's HIV status and thus the bill should address this so as to reduce new infections in East Africa.

Subsequently, for our committee report to be presented in EALA for debate in EALA it must be signed by at least 10 out of 15 members of the General Purpose Committee".

8. Debriefing by Task Force Member's



Board Chair: The Chair expressed his appreciation on securing this key meeting with EALA and for the good organisation of the meeting by EANNASO and the timely development of documents to be used during the meeting, sharing of the documents with the legislative draftsmen. He also appreciated the task force members for their participation and the good reception given by the key decision makers in EALA with regards to this bill: the Speaker, mover and seconder of the bill and GPC Member's. He noted sentiments expressed by EALA on issues of promoting homosexuality by making reference to the statement of sexual orientation and that the task force message should be that of promotion access to health services for all.



Task Force member expressed her delight that the committee report is yet to be finalized by the GPC and this largely means that there is still a window of opportunity for the task force's recommendations to be incorporated in the bill. Hopeful that ten out of fifteen members of the GPC shall sign the report and the bill shall proceed for 2nd and 3rd reading in EALA.

The member's observation was that there was a likelihood that the bill may not pass, as the committee itself looks undivided on certain contentious issues due to culture norms and values, concerned that the term rights has been removed from the title of the bill, and that on the generality of the bill, it does not prescribe a regional approach on issues so that national laws are realigned in accordance to the regional law. Further the report is not likely going to be tabled in EALA during this sitting in Kigali. However, as a task force we still have an opportunity to continue our advocacy work with EALA now and in future.



Congratulated Members for achieving one key action point in our work plan, and from the meeting we have achieved the goal of our mission and our analysis and issues raised shall be taken into consideration by EALA. Once the committee report is tabled, I'm optimistic that it shall, the task force

shall be able to identify gaps in the bill and leverage advocacy for amendments in the event that the bill is passed in EALA tomorrow.

I'm delighted that EANANSO came up with a Task Force to come up with Joint Statement and analysis of the bill which EALA appreciated. I'm further encouraged that EALA recognizes the task force as a key ally in advocacy work on the bill and not as member's fighting the progression of the bill into law.



The member was hopeful that our comments shall be taken into consideration by the committee as they finalize on their report in readiness for presentation in EALA the following day.

The member noted that EALA fully appreciated our timely visit and the formation of a unified CSO voice making inputs into the draft bill. My take away was that we need to start thinking of activities that the task force shall engage in, in the event that the bill shall be passed in May, 2017, and for each country of the taskforce to identify an EALAL Champion to work with.



It was an honour and big success to interact with EALA speaker and GPC members. Additionally, it was positive to note that EALA did state that a good number of issues raised by the task force are already in the committee report and they shall consider other issues raised by the task force in their



report considering that they are in line with partner states national laws. In conclusion, we must remember that advocacy is a continuous process and we have just begun that journey with EALA on this bill and still have a long way to go and we need to build partnership with the Ministry of Health back home to be more visible as a task force.

9. 5th Session of the 5th Meeting of the 3rd Assembly whereby the Bill was scheduled to be tabled on 15th and 16th March, 2017 in Kigali, Rwanda

The Task Force Members attended the 5th session of the 5th meeting of the 3rd EALA sitting. However, on day two Members were informed that the GPC's Report on the schedule of amendments of the Bill was yet to be finalized and appended to by committee members, and therefore was not tabled in the Kigali Session.

Way Forward: The task force was informed that the committee report shall be tabled in EALA's next and last sitting in Arusha, Tanzania between May 22nd – 3rd June, 2017 and thereafter the bill shall be debated upon during the 2nd and 3rd reading and hopefully then it would be passed into law.

The task force members shall convene prior to the last sitting in May 2017, to plan accordingly and chart a way forward.

**REGIONAL TASK FORCE ON SRHR, POLICIES AND LEGISLATION
MEETING WITH EAST AFRICAN LEGISLATIVE ASSEMBLY SPEAKER AND
GENERAL PURPOSE COMMITTEE MEMBERS**

**DATE: TUESDAY 14th MARCH, 2017
VENUE: PARLIAMENT OF RWANDA**

PROGRAMME	
TIME	ACTIVITY
0930 - 1000 1000 – 1030	ARRIVAL OF TASK FORCE MEMBERS AT PARLIAMENT OF RWANDA GROUNDS WELCOMING REMARKS -----
1030 – 1130	INTRODUCTION OF THE GENERAL PURPOSE COMMITTEE MEMBERS INTRODUCTION OF REGIONAL CSO TASK FORCE ON SRHR, POLICIES AND LEGISLATION ----- 1. STATEMENT BY EANNASO BOARD CHAIR ----- SHARING OF DOCUMENTS: 2. JOINT REGIONAL CSO TASK FORCE ON SRHR, POLICIES AND LEGISLATION IN THE EAC- Rwanda NGO Forum on HIV/AIDS and Health Promotion (RNGOF) ----- 3. JOINT REGIONAL CSO TASK FORCE ON SRHR, POLICIES AND LEGISLATION IN THE EAC ANALYSIS OF THE DRAFT EAC SEXUAL AND REPRODUCTIVE HEALTH RIHTS BILL, 2017- Uganda Network of AIDS Service Organizations (UNASO) ----- 4. RECOMMENDATIONS FROM THE REGIONAL CSO TASK FORCE ON SRHR, POLICIES AND LEGISLATION IN THE EAC- Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) ----- FEEDBACK FROM EALA -----
1130 - 1200	CLOSING REMARKS AND WAY FORWARD