

**EAST AFRICAN COMMUNITY
EAST AFRICAN LEGISLATIVE ASSEMBLY**



**REPORT OF THE COMMITTEE ON GENERAL PURPOSE AND STAKEHOLDERS
ON THE CONSIDERATION OF THE EAST AFRICAN COMMUNITY SEXUAL AND
REPRODUCTIVE HEALTH BILL, 2021**

1ST – 4TH MAY 2021

SPEKE RESORT HOTEL, MUNYONYO, KAMPALA

List of Acronyms

APHRC	– African Population Health Research Commission
CEDAW	- Covenant on the Elimination of All forms of Discrimination Against Women
CSE	- Comprehensive Sexuality Education
DEVAW	- Declaration on the Elimination of Violence Against Women
EAC	– East African Community
EAHRC	– East African Health Research Commission
EALA	– East African Legislative Assembly
EANNASO	– Eastern Africa National Network of Aids and Health Services Organization
ESARO	– Eastern and Southern Africa Regional Office
GBV	– Gender Based Violence
ICCPR	- International Covenant on Civil and Political Rights
ICESCR	- International Covenant on Economic, Social and Cultural Rights
ICPD	– International Conference on Population and Development
IPPF	- International Planned Parenthood Federation
RMNCAH	- Reproductive, Maternal, Newborn, Child and Adolescent Health
SGBV	– Sexual Gender Based Violence
SRHR	– Sexual Reproductive Health Right
UNESCO	- United Nations Educational, Scientific Cultural Organisation
UNFPA	– United Nations Population Fund
KELIN	- Kenya Legal and Ethical issues Network on HIV and AIDS
ELCT	- Evangelical Lutheran Church in Tanzania
EFP	- European Parliamentarian Forum

GPC - General Purpose Committee.

EAHP - East Africa Health Platform

1.0 INTRODUCTION

The East African Legislative Assembly (EALA) is one of the organs of the East African Community established under article 9 of the Treaty for the Establishment of East African Community. The treaty bestows upon the Assembly three cardinal functions: Legislation, Oversight and Representation. The Assembly, to a reasonable extent exercises its legislative function through its committees. The Committee on General Purpose is charged with among others, matters related to health, gender, population and Development and the Budget function.

Annex 5(f) of the Rules of Procedure of the Assembly provides for the specific functions of the committee on General Purpose, which include but are not limited to, oversight of the work of the EAC and Sectoral Committee emanating from the following provisions of the treaty, though not restricted or limited to them.

- a) Chapter Sixteen – co-operation in the Development of Human Resources science and technology;
- b) Chapter Twenty-One - Health, Social and Cultural activities.
- c) Chapter Twenty-two - enhancing the role of women in socio-economic Development; and
- d) the pre-budgeting functions.

2.0 BACKGROUND

The East African Community Sexual and Reproductive Health Rights Bill, 2017 was published in the East African Community Gazette on 20th January, 2017. The Bill was introduced as a Private Member's Bill in the 3rd Assembly by Hon. Dr. Odette Nyiramilimo. The Bill underwent Public Hearings in all the EAC Partner States with the exception of the Republic of South Sudan. However, the tenure of the third Assembly expired in June, 2017 before the Bill could be passed by the Assembly. This Bill was one of the 8 Bills saved and retained by 4th Assembly under the provisions of Rule 94 of the Rules of Procedure of the Assembly. The Bill was consequently referred to the Committee on General Purpose for scrutiny and to report back to the Assembly.

The General-Purpose Committee considered the Bill from 23rd to 28th January, 2020 in Bujumbura, Burundi with the objective of ensuring that Bill takes into consideration the emerging

issues socio-cultural realities in the East African Community and the Partner States. The Bill as to also take into consideration the challenges and lessons learnt from the Public Hearings on the Bill conducted by the 3rd Assembly and to incorporate current developments /emerging issues and to generate consensus with stakeholders on the contents of the Bill.

3.0 OBJECTIVES OF THE BILL

The primary objects of the Bill are:

- (1) to protect and facilitate the fulfilment of the life-course sexual and reproductive health and rights of all persons in the Community;
- (2) to promote and provide for age-appropriate sexual and reproductive health information and services of all persons, including adolescents and young people as part of the universal health coverage in each Partner State and promote responsible sexual and reproductive health behaviour among adolescents and young people in accordance with their evolving capacities;
- (3) to facilitate and promote the prevention of new-born, child mortality, maternal mortality and morbidity from preventable causes;
- (4) to facilitate and promote reduction and elimination of unsafe abortions, HIV and other sexually transmitted infections, early and unintended pregnancies; and
- (5) to prohibit and facilitate the elimination of harmful practices from the Community.

1.2 Overall objective of the meeting

Is to build the capacity of EALA members and stakeholders on broad issues of Sexual and Reproductive Health Rights (SRHR).

1, 3 Specific Objectives of the meeting

- To sensitize GPC members and stakeholders on EAC SRHR Bill 2020
- To provide collective inputs to the bill from GPC and stakeholders.
- To review and refine the EAC SRHR bill incorporating all the inputs from the workshop
- To develop an engagement strategy to sensitize EALA members and other stakeholders on the EAC SRHR Bill.

1.4 Expected outputs of the meeting

- Effective medium for sensitization of GPC and stakeholders on the re-drafted EAC Sexual Reproductive and Health Rights Bill, 2020 formulated.
- Members of the Committee on General Purpose and other Stakeholder's views in relation to the EAC SRHR Bill debated.
- Partner States official submissions and stakeholder views documented and incorporated as amendments to the re-drafted Bill.
- Finalization/refinement of the review of the EAC SRHR Bill to be presented in the next plenary session due in Mid-May or June.

1.5 Participants

The Participants to this meeting were the Members of the Committee on General Purpose, EAC secretariat, EALA secretariat, Technical partners, Civil Society Organizations, religious groups, Community groups, young people and other stakeholder's part of whom attended physically and via zoom.

2.0 WORKSHOP PROCEEDINGS

2.1 Opening remarks by Partner States, EAC Secretariat, EANNASO, UNFPA, and EPF Background of the bill by the Chairperson of EALA General Purpose Committee.

The chair welcomed participants to the meeting and informed them that the bill was introduced as a Private Member's Bill in the 3rd Assembly by Hon. Dr. Odette Nyiramilimo. The Bill underwent Public Hearings in all the EAC Partner States with the exception of the Republic of South Sudan. The tenure of the third Assembly expired in June, 2017 before the Bill could be passed by the Assembly. The Bill was one of the 8 Bills saved and retained by the 4th Assembly under the provisions of Rule 94 of the Rules of Procedure of the Assembly. The Bill was consequently referred to the Committee on General Purpose for scrutiny and to report back to the Assembly.

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conducted by the 3rd Assembly and to incorporate current developments / emerging issues and generate consensus with stakeholders on the contents of the Bill.

DR. KATENDE – Principle Health Officer EAC SECRETARIAT

Dr. Katende welcomed participants to the meeting and noted that the meeting will provide a deeper understanding of SRHR issues and enable the EALA members develop a bill that addresses grey areas in regard to SRH within the East African Region. He informed participants that the statistics in the region show bad health indicators in SRHR matters. He urged members to address gaps which he noted were an impediment to development. He noted that the bill will provide legal ground to address SRHR issues. He informed members that the meeting will help build consensus on key issues and also build the capacity of EALA members to better understand SRHR issues and legislate more effectively. He called on members to build consensus on difficult issues; at least reach an agreement on the bare minimum for the benefit of the region.

He called upon technical partners to support members by providing evidence to inform drafting of the bill. He hoped that by the end of the deliberations, members would agree on quick wins and have a way forward. He thanked partners including Akina Mama Wa Africa, UNFPA, EANNASO, CIDA Sweden and others for enabling the meeting to take place.

He hoped that the meeting will achieve cohesiveness, build partnerships and enhance engagement with a lot of commitment. He thanked all the participants and the committee for bringing members together to deliberate.

EANNASO Executive Director - Onesmus Mlewa

Mlewa thanked members for turning up for the meeting and noted that EANNASO was glad to join honourable members and stakeholders to discuss Sexual and Reproductive Health Rights matters which impact real lives. He noted that Sexual and Reproductive Health affects communities we live in and there is need for the community to develop a mechanism to address challenges. He informed participants that the COVID19 crisis taught many a lesson; for instance, in Kenya, many girls less than 15 fell pregnant and never returned to school. He noted that the legislators are dealing with real life stories that impact the society.

He thanked partners for their support and informed participants that EANNASO will provide evidence to enable deliberations from a point of evidence. He thanked the steering committee, East

African Community Health Secretariat, and General-Purpose Committee for collaborations. He informed participants that EANNASO will provide more evidence to guide discussions. He also thanked the steering committee, general purpose community and the East African Community Secretariat which he noted has enabled constructive discussions.

UNFPA (Programme Specialist SRH/HIV East and Southern Africa Regional Office)
Richard Delate

He informed participants that more than a year ago a meeting was held in Bunjumbura to discuss the draft. He noted that COVID19 had not stopped the spirit of members who started work geared towards ensuring good Sexual and Reproductive Health for partner states since 2017. He thanked participants for attending meeting and East African secretariat, EANNASO, Civil Society Regional steering committee, UN agencies including UNAIDS, UNICEF, UNFPA, WHO and UNESCO. He tasked the participants to deliver a bill that is aligned to global norms and standards. He noted that the bill helps transform the lives of many people.

He noted that the bill has clauses that transform the lives of many young women. He highlighted the lack of sexual and reproductive health knowledge and services and how that affects girls and women. He informed participants that a report; *State of the world population was launched by UNFPA*. Report calls for empowerment of women and girls so that they can be able to take control of their lives.

He applauded all for guidance, including EALA secretariat, EANNASO and other partners who have worked on the bill. He noted that the bill provides clauses to transform the lives of many people. Many young women in society don't have basics of SRH information and when raped conceive and drop out of school due to pregnancy. He encouraged members to discuss bearing in mind what needs to be done to protect bodily integrity. He informed participants that they needed to enact a law that empowers people to make decisions freely without fearing violence and take and take control of their lives. He called upon EALA members to ensure that no one is left behind. He called upon members to discuss bearing in mind what is of interest to their communities, thus ensure that people are at the center of discussions. He called on the EALA members to ensure that no one is left behind.

European Parliamentary Forum/ African Parliamentary Forum- Caroline Kwamboka

The representative informed participants that they work with 30 parliamentarians in Europe and Africa. She noted that the discussions open a unique opportunity towards achievement of Sustainable Development Goals. She also noted that the essence of the CAIRO meeting was empowering males and female. She noted that during the Cairo meeting, MPs recognized that SRH is directly linked to development. During the Cairo meeting held in 2019, states renewed their commitment for universal access to sexual and reproductive health services.

Over 150 countries promise to work towards achieving access to SRHR. She noted that much more needs to be done to gain universal health. She called upon honourable members of parliament defend gender equality and enhance participation in health decision making. She appreciated efforts towards improving women's health and noted that much more needs to be done.

She on EALA members to join European and African parliamentary members, and other likeminded individuals and leaders to push for health, rights development, strengthen political will and improve the lives of people in the region and beyond. She noted that access to SRHS is about dignity and increasing SRH education and services will contribute to healthier East Africans.

2.2. Making a case for SRHR Bill – Recap of the previous meeting outcomes and action point Bujumbura Meeting January 2020, Dr. Katende Micheal EAC Senior Principal health officer

The main areas of divergence were as follows: Title of the bill especially the use of the word “rights”, Sexuality education (especially among adolescents and young people) Clause 6; Key Definitions e.g of vulnerable groups, risk groups, populations at risk, marginalized, groups, young people, youth (various clauses); The right of pregnant girls to access free and compulsory primary and secondary education (Clause 9 (1) and 9(2) expulsion of pregnant girls from school; Termination of pregnancy in relation to Partner States laws; 19 (1) (b) on the right to be informed of the health status of their sexual partners including HIV and 19(2) on provision of pre-exposure and post-exposure prophylaxis to persons at risk of acquiring HIV and exposing teenage girls to contraceptives. Also proposed new articles on use of evidence in decision making, promote data tracking and periodical review of progress.

Articles on Health Financing and Investments”, to include article ensuring governments implement budgetary commitments as per Maputo Protocol., Article on relationships of SRHR with other

development sectors such as environment, article on participation of non-state actors, including FBOs, in decision making and service delivery will be anchored via a clause in this Part.

Key observations noted included the importance of engaging men in gender care and it has to be enshrined in the bill. Also, inclusive engagement is needed to overcome cultural barriers facing women in their delivery time. It was also noted that the Bill mainly focused on reproductive health rights which include the legal rights and freedoms relating to reproduction and reproductive health right to women in access to health, right for young people to know their own bodies and be able to make their own rational decisions, as well as the right to be protected from harmful health cultural practises, right to education on post pregnancy, and right to have all relevant health information, Equally important to note was the missing link of SRHR for elderly (beyond 55) and making available SRH services for men and women beyond 55.

The Bill had a missing link to culture and religion; interpretation of issues like abortion, family planning and fertility. Another missing link was in analysing the SRHR issues affecting men and these included infertility as a dual problem, Men being vulnerable on access to HIV treatment, sexual dysfunction as well as culture and religion among others.

It was also noted that the bill mainly focused on reproductive health rights which include the legal rights and freedoms relating to reproduction and reproductive health, and should also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence, access to reproductive health service and the right of women in access to health.

2.3 Recommendations then were as follows;

Redraft the bill taking into account the critical issues raised during the public hearings conducted in 2017, and the current developments/emerging issues. That the committee develops a clear roadmap for re- drafting the EAC SRHR Bill that indicates how EALA should proceed, ensure that redrafted bill advances and/or expands upon existing SRH commitments in all areas. Ensure that language is included that protects the SRH rights existing in national legislation. Identify a mover to re- introduce the Bill on the floor of the house for the first reading in accordance with the provisions of article 59 (1) of the Treaty and Rule 64 and 65 of the rules of procedure of the Assembly as well as re- alignment of the EAC Gender Equality bill and Reproductive Maternal new-born child and Adolescent health (RMNCAH) framework during the re- drafting of EAC SRH Bill.

2.4 KEY MILLSTONES OF THE EAC SRHR PROCESSES

He shared that a lot of deliberations had been made and actions taken. The agreed road map was as follows; the redrafting of the Bill be expedited to enable the mover of the Bill present it to the Assembly for the First Reading not later than April 2020. (1&2), engage a consultant; agree on TORs for the assignment and resource mobilization. The Committee on General Purpose was to carry out comprehensive Public Hearings on the Bill in the Partner States, subject to the availability of funds. EANNASO and UNFPA undertook to mobilize funds to facilitate Public Hearings on the Bill.

The Committee, in conjunction with the EANNASO and UNFPA, was asked to come up with a roadmap (work plan) for the implementation of the above resolutions and also ensure that a clear advocacy and sensitization strategy was developed.

Participants were informed that by May 2021, 40 private members bill had been passed and only 2 accented to. He reiterated the importance of undertaking thorough research to inform needs, positions and the best way to implement recommendations.

DISCUSSIONS

The legislators wanted to know if the drafter of the bill had conducted thorough research and they were informed that indeed research including comparison of partner states SRHR had been undertaken and the information used to redraft the bill.

2.5 Orientation GPC Virtual meeting on EAC SRHR Re- drafted Bill December 2020. An introduction to Sexual Reproductive Health Rights and Urgency of SRHR in EAC (basic concepts and terminologies), DR. Mmando Paul – ELCT – Tanzania

Dr.Mmando noted the need for universality in understanding and applying concepts. He noted that the basic terminologies include the following; Sexual gender-based violence (SGBV) which is violence directed to male and females because of their gender. Dr.Mmando decried increased rates of rape, intimate partner violence and gender inequality. He informed participants that SGBV is linked to unsafe abortions, maternal and child mortality and morbidity hence should be addressed.

He informed participants that other common harmful practices include; child marriage, trafficking, school expulsion post pregnancy and Female Genital Mutilation (FGM) among others. He informed the members present that in order to mitigate some of challenges, there is need for age-appropriate sexuality education (AASE): That appropriate sexuality education contributes to delayed sexual debut, safer practices, staying in school longer & overall positive life outcomes for Young People.

He also noted that while new HIV infection rates have declined in some populations, they remain high among the youth. Most of the HIV infected people today acquire the virus mostly at the age of 15 -25 years (Youth). Non-access to contraception & unsafe Abortion: and criminally induced abortion is the leading cause of death among young and adolescent girls. Furthermore, lack of information and access to contraceptives results in increased unintended pregnancies, unsafe abortions and maternal mortality. He noted that RCH and FP clinics needs safe spaces for youth who are sexually active to access education and other SRHR services.

Dr.Mmando Paul informed participants that the right to education post pregnancy reduces the vicious cycle of poverty and allows pregnant girls to come back to school after delivery. He noted that the different practices and policies among the member states and called for harmonization. He informed participants that impregnating teenage girls amounts to legal sentence to men involved. It renders the baby more vulnerable (mother uneducated, father in jail!!). He informed participants that in some states, they deal with the pregnant girl and the boy continues with life as usual and called for meaningful male engagement in matters of sexual and reproductive health.

He further informed members that issues that needed attention included assessment of language of the Bill, definition of some terms e.g. right, addition of surrogacy, assisted reproduction, IVF among others. Inclusion of reproductive health rights of adolescents and young people beyond just HIV Protection, Ethics and varying understanding of abortion services in the EAC.

It was also noted that male involvement in SRHR was absent in the bill hence its inclusion as well as right to education post pregnancy. Other issues that that the EALA members needed to be

cognisant of while discussing included; SRHR among the elderly, menstrual hygiene, E- Health as well as the role of religion and culture in addressing SRH matters.

He shared basic concepts and terminologies and informed participants that SRHR involves addressing preventable maternal, neonatal mortality/morbidity, and ensuring quality SRH services including contraceptives, STIs, gender-based violence, adolescent SRH needs. Recent additions included Treatment of infertility, meno/andro-pause, reproductive cancers (cervical, ovarian cancers) and sex education. He also defined Sexual gender-based violence (SGBV); Harmful practices; Age-appropriate sexuality education (AASE): HIV, Non-access to Contraception & Unsafe Abortion.

DR. Mmando Paul elaborated on the different rights as well as the crucial issues in addressing reproductive health rights of adolescents and Youth. He noted that addressing SRH matters of the youth and young people is key because the region has one of the highest HIV prevalence among the adolescents/youth aged 15 - 25years.

He informed the participants that the region has varying understanding of abortion services and ethics as well as elective/medically prescribed abortion and post care for women. He noted that male involvement is missing and yet men are living “risky” lives than women and are dying off earlier! Furthermore, most of the SRHR clinical services are actually targeting women and children and men are left out. He called for revisions to ensure that the law is rich and protects all members of the EAC.

3.0 WHY EAC NEEDS AN SRHR LEGISLATION, Dr. Katende Micheal EAC Senior Principal health officer

Participants were informed that the bill if enacted will provide a framework for advancement and protection of Sexual Reproductive Health rights, promotes safe motherhood, protect children, adolescents and young people from (sexual abuse, exploitation etc, prevent bad / unwanted practices including FGM, initiation ceremonies, prevent unwanted outcomes of pregnancy, avoid risky unsafe abortions, STIs and ensure access to quality SRH care and education services. Furthermore, the bill would enhance access to assisted Reproductive Health Technologies. Members were informed that the Bill seeks to implement the East African Community Sexual and

Reproductive Health Rights Strategic plan 2015 - 2030, compliment the Partner States Sexual and Reproductive Health rights as well as their reproductive health community fertility strategies. The East African Community Sexual and Reproductive Health Rights strategic guidelines plan 2015 – 2030 had been approved by the sectoral council of Ministers responsible for health.

3.1 RECOMMENDATIONS FOR HOW TO GET IT OVER THE LINE

- Since there was a consensus between the Assembly and stakeholders that the bill had gaps, it was resolved through a stakeholder workshop held 23rd – 28th January 2020 that the Bill be withdrawn and a new bill redrafted and introduced in the Assembly.
- As a way forward a comprehensive study needed to be undertaken to understand and appreciate the existing legal framework on the subject matter in the Partner States. The contradictions between the Bill and the laws of Partner States needed to be understood.
- To address the gaps and minimize areas of controversy, before redrafting and during public hearings after the Bill was introduced in the House, it was found out that extensive consultations need to be done with all stakeholders.
- It was also noted that funding for extensive consultations required appropriate finances secured
- Members agreed to carry comprehensive research in the Partner States. Wide consultations and Public Hearings in all the EAC Partner States is ongoing.

3.2 DISCUSSIONS

- Members thanked Dr.Katende for his memory of the of bill. Questions were raised on the actual name of the bill whether it was the East African Community Sexual and Reproductive Health Act 2021 or the East African Community Sexual and Reproductive Health and rights Act 2021. They concluded that the bill be called **The East African Community Sexual and Reproductive Health Act 2021.**
- Participants noted that there is need to have consensus on the age of consent and it was agreed that the age of consent for all partner states will be 18 years. There was also concern on the differing recognition of regional instruments in partner states and it was agreed that each partner state will be guided by her constitution, policies, laws and regional instruments accented to.

- Members were weary of individual perceptions which they termed baggage and how that would influence the acceptance and implementation of the East African Community Sexual and Reproductive Health Act 2021. Members agreed that deliberations and guidance should take into consideration the challenges being faced by women and girls. Members should delink religious and cultural beliefs and look at the human body and its functions and above all the suffering women and girls endure.
- Participants called for close collaboration with the religious and cultural leader's in order to enhance understanding and team work and execution of the bill / act. They noted the need to adopt and make use of previous lessons learned in implementing sexual and reproductive health by other partner states and NGOs.
- Members called for open and frank discussions with religious leaders. Participants noted that much focus should be geared towards sensitizing leaders including religious leaders for them and their followers to appreciate, endorse and support the implementation of the bill. Members called for extensive community engagement.
- Participants appreciated the fact that they were dealing with a bill that needed prudence because it addressed different pertinent issues and sexual and reproductive health is broad yet there is need to ensure that there is consensus. To this, they agreed for the need to legislate bearing in mind the views of the community they represent. They also agreed to get a common understanding of the contentious issues. Also benchmark with other jurisdictions that have been successful in dealing with sexual jurisdictions.
- Participants also noted that sexual and reproductive health and rights have been used for long as a control tool and called on all to allow women's voices in matters that affect their health. Furthermore, avoid excess influence by culture and religion in matters affecting women's health and wellbeing. Members also agreed to refine wording to ensure the proposed bill is culturally and religiously sensitive.
- Equally important is the need to ensure that resources are available to implement the bill once enacted, *States should make resources available to implement the bill*. Members agreed to fundraise to implement the bill. Members also noted the need to be vigilant and defend the bill once it is tabled in parliament.
- Members were curious to know if issues that were not well addressed in the previous draft had been addressed and they were informed that they were catered for in the redrafted bill

and they included improving language of the Bill in general, defining terms such as surrogacy, assisted Reproduction, IVF as well as making consideration of reproductive health rights of adolescents and young people, ethics and varying understanding of abortion services in EAC, male involvement in SRHR, right to education post pregnancy, menstrual hygiene and the role of religion and culture.

- The religious leaders informed the participants that they are part of East African vision 2040 and want to see the populace lead a conducive life. They noted that faith leaders need to be brought on board by fellow faith leaders hence the need to include them moreover they understand challenges faced by the girl child. They noted that investing in youth SRHR health will propel social economic development.

4.0 CAPACITY BUILDING SESSION IN GENDER, SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR) CAROLINE KWAMBOKA- EUROPEAN PARLIAMENTARIAN FORUM

Ms Caroline Kwamboka informed participants that reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

She noted that the legislators needed to ensure that partner states enact gender sensitive sexual and reproductive health rights (SRHR) policies and programs because many women and girls are losing lives. She noted that 830 women die daily while giving life; 33,000 girls are forced into child marriage and 11,000 girls' genitals are cut among other evils. She informed the parliamentarians that the right to health is essential to our understanding of dignity. Furthermore, promoting and protecting the human dignity is a matter which has been on for long time without meaningful advance and she called upon the EALA members and stakeholders to make it a reality.

Caroline noted that the protocol of the African charter entails that member states protect the right of women. Furthermore, the EALA partner states were implementing gender equity for Africa, Maputo plan and the campaign for accelerated reduction of maternal death in Africa among others. She called on the legislators to implement the regional bills and conventions alongside the country laws, and proposed East African Community Sexual and Reproductive Health Act 2021.

She informed participants that sexual and reproductive health concerns have been present and parliamentarians all over the world come together to address issues. She noted that progress had been made from 1974 - 2019 including framing SRHR in the various SDGs. Guidance on SRH had been provided and some of the global frameworks that guide enforcement of SRH in partner states include universal declaration of human rights 1948, African charter on human and people's rights in Africa (1986) and most recently ICPD25. She informed members that partner states are getting ready to attend the UN gender equality forum in June 2021. She noted that the ground had been set, concerns well-articulated and all that is needed is the implementation to save lives. She also noted that parliamentarians continue to address systematic challenges and commended them for their efforts.

She noted gaps in domestication and slow change due to low awareness and knowledge of protocols, anti-gender contestations, limitations of reporting and data paucity. Partner state continue to witness gender-based violence affecting cohesiveness in the society.

She noted that the key roles parliamentarians can play include providing political goodwill and commitment to health, rights and development, promotion of universal access to health including SRHR as necessary, sustaining political momentum, advancement of RMNCAH, discussions on neglected areas of women's and girls' health, strengthening implementation, establishing supportive environments and positioning overseas development aid for health-related SDGs. She noted that SRHR is about dignity and access to SRHR education services is key for prevention. She invited likeminded individuals and their organisations to join global alliance to advance sexual and reproductive health for all.

4.1 DISCUSSIONS

Ms.Caroline was appreciated for her presentation. Participants wanted to know how much empowerment the service providers have. In response, she noted that capacity development is a continuous process. Parliamentarians from different parts of the world have had their capacity built in sexual and reproductive health over time however there is need for continuity.

Also platforms have been availed and champions and stakeholders deliberate changes including north south learning. She called for benchmarking and solidarity in addressing key SRH issues to realise success.

Ms Caroline also noted gaps in domestication of the SRHR instruments and called on the parliamentarians to advocate and ensure governments domesticate them through advocacy. She urged the participants to ensure that the heads of state understand the importance of the bill and ascend to it.

She noted that all humans have a right to health and parliaments should champion change for health. She called for political goodwill and commitment to advance reproductive health and rights. She asked stakeholders to play their part and ensure that the bill is passed. She encouraged openness in the discussion of sexual and reproductive health.

5.0 PLENARY SESSION CONTINUES: DISCUSSIONS AND RESPONSE TO CLAUSE BY CLAUSE OF THE BILL/ REFINEMENT OF THE BILL AND PRESENTATION OF THE BILL WITH AMENDMENTS.

Members discussed the draft bill recommendations clause by clause, made recommendations. The final copy of the amendments to the EAC Sexual Reproductive Health rights bill, 2021 is as below;

PART I – PRELIMINARY

1. Short title and commencement

It was noted that there was confusion on the title of the bill; whether it was named *the East African Community Sexual and Reproductive Health Bill, 2021* or *the East African Community Sexual and Reproductive Health and Rights Bill, 2021*.

After extensive deliberations; members agreed that the bill be named; ***The East African Community Sexual and Reproductive Health Bill, 2021***. When passed into an act, it will read as follows; ***The East African Community Sexual and Reproductive Health Act 2021***.

2. Objects of the Act.

The Bill should clearly define who targets are, enforcers and how they are engaged.

3. Interpretation.

In this Act, unless the context otherwise requires –

The age of consent for marriage by member states and it was agreed that is 18 years and above for all the member states.

4. Non-discrimination

Add **age** as part of basis for nondiscrimination. (no one should be denied services because of their age as well though some services are based on age appropriateness. Fears were expressed on the use of the word “non- discrimination”. Some members were of the view that non- discrimination

opens room for inclusion of LGBTQ rights. Yet the different countries have provisions in their laws. The draftsmen informed the participants that he had consulted the partner states laws and chose terminology that is agreeable by all.

PART II – SEXUAL AND REPRODUCTIVE HEALTH SERVICE

5. Integration of sexual and reproductive health services in Partner States universal health coverage. Leave phrase as is don't add the word **sexual rights**. Each Partner State shall integrate **Sexual and Reproductive Health** services in the universal health coverage of the Partner State. **Bill drafter should also define what universal health coverage entails in the definition section.**

6. Age and culturally appropriate comprehensive sexuality education.

Rephrase to read (1) Every Partner State shall provide and include in the curriculum scientifically based age, gender and culturally appropriate **sex** education for the health and wellbeing of adolescents and young people.

Also define sex education in the interpretation section.

6 (d) promotion of non-discrimination in realization of sexual and reproductive health rights; rephrase **using another word rather than promote.**

6 (g) the need to protect children and adolescents from sexual exploitation and abuse; **add means of abuse such as the internet to prevent digital online abuse.**

7. Collaborative and inclusive development of age-appropriate sexuality education. (no corrections made).

8. Sexual and reproductive health for adolescents and young people.

Add and to read (1) Every adolescent **and** young person shall have access to safe, effective, non-judgmental and acceptable age-appropriate sexual and reproductive health information, education and services.

(5) The information, education and services shall include – **Add FGM**

(a) Information and age-appropriate access to contraceptives, contraceptive services and **FGM information;**

9. Access to sexual and reproductive health services –**mention of the role of civil society and religious leaders in providing sexual and reproductive health services.**

Drafter of bill to amplify the role of the parents in providing sexual and reproductive health services by adding a section under 9 to amplify the role of parents/guardians in ensuring access to sexual and reproductive health services.

No changes on 11. Adolescents and young people with disabilities.

12. Menstrual health and hygiene. **Add consideration for provision of psychosocial support such as counseling.**

13. Sexual reproductive healthcare for men. Add provision of psychosexual services including counseling especially for perpetrators of violence to help them avoid gender-based violence.

14. Termination of pregnancy. Provisions in the sexual and Reproductive Health Bill should be aligned to member state constitution and other laws.

15. Health and life-saving post-abortion care and treatment. - no changes.

16. Family planning and contraceptives education and services delete (e) information on the termination of pregnancy services as permitted by the law of that Partner State;

17. Protection from HIV and AIDS and sexually transmitted infections. No changes.

18. Pre-conception, pre-natal, delivery and post-natal health care. No changes.

19. Continuation of education after pregnancy.

(1) Add young people to read - An adolescent girl or young person who becomes pregnant, before completing her education, shall be given the opportunity with appropriate facilities, during pregnancy and within a reasonable period after delivery, to continue with her education.

20. Regulation of assisted reproductive technologies.

If the artificial surrogacy is provided for, kindly consider natural surrogacy as well.

Legislate against abuse, exploitation, of surrogacy.

Religious persons want to see a clear explanation why the parent is opting for surrogacy.

Also clearly define judicial decisions and applications. Define and guarantee proper registration of children, considerations of the donor and mother.

Regulate to protect genetics or allow commercialization and protect the right of men and women.

e) Also, provisions e and f should make mention of men provisions safeguarding women from exploitation through surrogacy agreements;

f) Ensuring that the registration of children born through surrogacy required by the laws on registration recognises the genetic heritage and parentage of each child instead of the surrogate mother.

Add a provision to care for or ensure access to comprehensive information of surrogacy to guide decision making.

21. PART III – HARMFUL PRACTICES

Prohibition of harmful practices.

(1) A person who engages in a prohibited harmful practice in contravention of subsection (1) commits an offence and is liable, on conviction, to imprisonment not exceeding ten years or to a fine not exceeding thirty thousand United States Dollars. Can we increase the period of imprisonment to 20 years to deter further?

- (2) Interpretation clause, should define what harmful practice is.
22. Child or parent not to consent to child marriage. No change
23. Duty of marriage officer to establish age of parties – marriage officer should retain a record of all marriages conducted to help verify marriages.
- 24 Protection of children in subsisting child marriages – No addition
- 25 Detecting and preventing sexual and gender-based violence. - What formula do we have to detect.... State institutions should come up with places where violations can be reported.
- This bill be aligned to the previous bills, EAC gender equality and equity and EAC FGM bill.

PART IV- GENERAL PROVISIONS

26. Reporting and monitoring of provision of sexual and reproductive health services.
- Change 26 (1) let us mention that countries be reporting on the status of implementation or realization off sexual and reproductive health enjoyment on annual basis
- (1) Still 26 – time given to secretary general should be one year to present the report. Each partner State shall report to the Secretary General the sexual and reproductive health services provided by that Partner State every financial year
- Add sub clause 3, assembly debates report and takes action.
27. Public awareness of sexual and reproductive health and rights - No change.

6.0 SUMMARY OBSERVATIONS & REFLECTIONS OF EALA MEETING

- Participants agreed that the Bill be named; The East African Community Sexual and Reproductive Health Bill, 2021. When passed into an act, it will be called The East African Community Sexual and Reproductive Health Act,2021.
- Need for extensive consultations with the different actors to appreciate and support the bill.
- Critical is the need to ensure states have funds to implement the bill; therefore, states and should make financial provisions to ensure that the bill is implemented.
- Pick good practices where similar laws have been implemented and benchmark with other countries.
- Discover and address fears from different groups and religions. Such views be put in perspectives to ensure the bill is adopted by member states.
- Continuous research to inform sexual and reproductive health by member states is key and must be undertaken.

- Align country SRH laws with the regional body conventions, laws etc. e.g. Maputo protocol, African Charter on the Rights and Welfare of the Child among others. Implement national laws side by side other international instruments.
- Male engagement in sexual and reproductive health is key and countries should be progressive and get men fully on board to improve both men and women's health.
- Need for medical technology is critical and benefiting but adequate sensitization should be done.
- The committee should work hard to make sure that the bill passes. This calls for concerted efforts and information dissemination.
- The draftsman was tasked to undertake comprehensive research and inform The East African community sexual and reproductive health bill, 2021 and the same was done.
- Bill needs to look at issues affecting men's sexual and reproductive health as well. Much improvement has been made in the redrafted bill but more can be done.
- Awareness creation and information is key. After adopting unpacking and operationalization in countries is next.
- Agree on next steps by end of workshop and implement recommendations especially after capacity building by Caroline Kwamboka from the European Parliamentarian Forum.
- Religious institution looks at doctrine, practices in reality of lived experiences and participate to help interpret and ensure consistency with faith and values.
- The EAC partner states should invest in youth because investing in youth is key in improving sexual and reproductive health.
- Mental health of youth is key and the EAC partner states should make provisions to support.
- While reading the document, it is important to interpret it as a whole (one sentence gives meaning to others).
- Once the bill is passed into an act, partner states should amend their national laws accordingly. For instance, in South Sudan where they don't yet have any law on Sexual and Reproductive Health the country should adopt the act and enforce it.
- Members agreed not to legislate ambiguously matters of abortion but align to country laws e.g. constitutions of partner states which clearly stipulate when an abortion can or cannot be procured.

- Partner states should address sexual offences broadly bearing in mind cyber sexual harassment. Children are being sent friend request on face book, lured and sexually abused.
- While ensuring that adolescents and young people access required sexual and reproductive health services, it is key to remember the role of guardians / parents in ensuring that their children are healthy. Articulate the role of parents and guardians in providing sexual and reproductive health and an enabling environment.
- Members suggested that considerations be provided for parents and guardians to support children who are 9 -15-year-old while accessing services.
- The legislation should enforce the provision of sanitary materials because they speak to health as well as education of the girl child in general.
- Common terminology adopted by WHO to refer to menstrual hygiene is menstrual health and partners can adopt the same. Also partner states should ensure minimum health package services include free menstrual health products including pads for school going.
- Male engagement in addressing Sexual Reproductive Health is critical and partner states should ensure policy directives and programs ensure the meaningful involvement and participation of men.
- The bill should also address gender-based violence and sexual abuse experienced by men.
- EALA members of parliament have had further capacity building in Sexual and Reproductive Health by various presenters. Knowledge acquired will enhance legislation undertakings. (Learnings include the need to ensure re-entry to school of girls who become pregnant, statistical indication of heightened poor sexual and reproductive health, need for assisted reproductive technology, surrogacy, and reproductive cancers among others).
- Surrogacy should be regulated to protect women from exploitation and the children to be born from abuse.
- Member states should consider providing psychosocial and mental support when providing surrogacy. The state should also ensure that services are accessible and affordable.
- Every partner state should enact a law to regulate assisted reproductive technologies.
- Any stakeholders hearing and file amendments should be done before first hearing.
- It should be noted that in cultures where polygamy is rampant FGM is undertaken to control and limit women's libido and is an injustice.

- Members also noted that it is not true that all men should be circumcised because it is healthy. Members called for protection from abuse or infringement by their cultures / customs. They noted that men and boys to date are forcefully circumcised under the guise of HIV infection reduction.
- Members called for improved data collection and reporting of GBV experienced by men.
- Resourcing - introduce allocation of budgetary and other resources to implement the act. Resourcing including government allocation of budgetary and to help implement the act.

7.0 NEXT STEPS

- Inputs to be received by Wednesday next week thus 12 May 2021.
- Draftsman to interrogate comments, incorporate and share the next draft by 25 May 2021.
- Any more comments to the drafter after and finalization of the draft in 2 weeks.
- Consult widely with the community, 5 days per partner state and 30 days of public consultations will be undertaken in order to get views of the community.
- Consult and engage public from June 2021
- Bill be ready for first reading for assembly by June - July 2021.

8.0 CLOSING REMARKS.

EAC

Dr. Katende thanked participants for a job well done. He noted that new learnings have been achieved and the instrument improved. He highlighted the need for additional engagement and cohesiveness. He called on the stakeholders to continue providing additional technical information. Dr. Katende appreciated the technical team and development partners as well as the IT team for making the meeting possible. He informed members that the secretariat will continue providing guidance needed.

UNFPA

Richard informed participants that UNPFA is committed and has worked in partnership with the committee since 2018. UNPFA believes that the bill will have advancement for people in the East African community including men and boys. He thanked the partners and religious leaders for participation. He also thanked the technical persons, draftsman and EANNASO for work done.

EUROPEAN PARLIAMENTARIAN'S FORUM

Caroline Kwamboka thanked the EALA members of parliament and partners for unwavering interest in ensuring that partner states enjoy quality sexual reproductive health and reiterated their interest to support the process until the end.

IPAS

Members were informed that IPAS was committed to supporting the process up to the end. The representative also thanked the general-purpose community for re-introducing the bill. He noted that the ideas captured during the workshop will help produce a more comprehensive, document. He applauded the members of parliament and the partners for standing on the right side of history. He noted that controversy will continue to emerge and promised that IPAS will support bearing in mind women and girls of the partner states. He thanked all the participants for taking time to participate in the process.

African Population and Health Research Center (APHRC)

Mr. Nicholas Etyang thanked the GPC for sparing 4 rigorous days to discuss the re-drafted EAC Sexual Reproductive Health Rights Bill. He appreciated the chairperson for his able leadership. He also appreciated the stakeholders, who included UNFPA, KELIN, and others. He congratulated individuals who have kept discussing the bill since 2017. He expressed APHRC's commitment to continue supporting bill enactment process all the way by providing ideas, evidence including statistics when required and finances. He thanked EALA for being open to receiving comments from everyone and incorporation them.

FAITH TO ACTION NETWORK

The representative appreciated participants for their endeavors and for including religious leaders in the space. She noted that the issues being discussed were very relevant to the vision of Africa 2023 and the Sustainable Development Goals. She pledged to offer their theoretical framework to facilitate engagement in the faith community.

AKINA MAMA WA AFRIKA

The representative appreciated everybody who participated in the discussions. She noted that the engagement was a learning space. The space was egalitarian and everyone's idea was respected and taken in good faith. She informed participants that Akina mama was interested in the bill because it was promising to protect all in their diversity. She informed members present that Akina mama will support the bill and ensure it passes so that it can protect women and girls in all their diversity.

Dr. Kagaba Alfodis HDI

He thanked the chair for the opportunity created to have open and frank dialogue. He noted that the discussion of the bill has been going on for some time. He informed participants that in partnership with the team, he will continue to support dialogue and ensure that even the minority voices are represented. He informed participants that they continue to rely on the support of EALA members in ensuring that the right legislation for the people is passed and put to use.

EANNASO - Mr. MLEWA

The team leader of EANNASO thanked the chair for giving him the opportunity to share with the participants. He noted that partners came out to discuss the important bill. He informed participants that EANNASO will continue to support the process. He acknowledged East African Community, Akina mama Wa Africa, IPAS, and the European forum for ensuring that the meeting is held. He informed participants that

EANNASO will continue to work with the steering committee and the partners to ensure that the bill comes into force. He recognizes that SADC had a good SRH bill and it has been beneficial for the member states. EANNASO will also continue to provide the statistics and information to inform the bill until it is passed and enforced.

CHAIR - GENERAL PURPOSE COMMITTEE

The chair of the general-purpose committee, thanked participants and development partners for making the consultations and discussions possible and proposed to work with them in developing similar bills. He also thanked the presenters and online participants and informed the members that general purpose committee will ensure that the bill passes into law. He applauded Honorable Kennedy Mukulia for moving the motion and thanked EANNASO, UNFPA, all partners and staff of EALA and EAC secretariate who had made the meeting possible.

Recordings and presentation for the meeting

[GPC & Stakeholders workshop on consideration of EAC SRH Bill Recordings](#)

[GPC & Stakeholders Workshop on Consideration of EAC SRH Bill Recordings Day 2](#)

[CPC& Stakeholders Workshop on Consideration of EAC SRH Bill Recordings Day 3](#)

[Workshop Photos](#)

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