



EAST AFRICAN COMMUNITY

REGIONAL STRATEGIC PLAN ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EAST AFRICA: 2008-2013

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by

Hon. Dr. Odette Nyiramilimo – Member, Committee on GP (Health) - EALA₁

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The East African Community (EAC)

- ❑ The regional inter-governmental organization of the five EA countries
- ❑ Treaty signed in 1999; Rwanda and Burundi joined in July 1, 2007
- ❑ Social sector is one of the twelve areas of co-operation in the EAC Treaty
- ❑ Health is one of the six broad areas under the social sector: Chapter 21 (Article 118) of the EAC Treaty

Structures of the Health Sector in the EAC:

- ❑ **Sectoral Council of Ministers of Health** to guide the full Council of Ministers on issues related to health in EA.
- ❑ **Sectoral Committee on Health** - the technical heads of Ministries of Health in the Partner States
- ❑ Four standing **Technical Working Groups:** one on Reproductive, Child and Adolescent Health and Nutrition – Heads of RH & CH Departments in the MoHs
- ❑ **Health Department** within EAC Secretariat
- ❑ The EA Regional **Inter-Parliamentary Forum** on Health, Population and Development

Technical Working Groups (TWGs) on:

Four standing (TWGs) responsible for handling detailed health matters under the Sectoral Committee on Health namely:-

- ❑ Reproductive, Child, Adolescent Health and Nutrition;
- ❑ Control and Prevention of Sexually Transmitted Infections (STIs) & HIV/AIDS;
- ❑ Control and Prevention of Communicable and Non-Communicable Diseases; and
- ❑ Health Research, Policy and Health Systems Development,

The East African Regional **Inter-Parliamentary Forum** on Health, Population and Development

- ❑ Established under the East African Legislative Assembly (EALA)
- ❑ Includes parliamentary health committees members of Partner States Parliaments
- ❑ Its mandate is to:
 - **undertake advocacy** and
 - **resource mobilization** as well as to
 - **promote legal and legislative initiatives** for various health and population related activities within the East African region

General health situation in the East African Region

- ❑ **High disease burden** that includes communicable diseases, ***reproductive ill health***, malnutrition and non-communicable diseases.
- ❑ Parter States face similar **constraints & challenges** ... achieving universal access to RH services, attainment of MDGs.
- ❑ **Low investments in the Health sector** in the East African region, although recognized as an integral component of human development

Human Development Indicators in the EA Region

- ❑ Large population – about 120 million
- ❑ Youthful population – nearly half aged 5-24 years
- ❑ High growth rate: 2.0%TZ – 5.0%RW
- ❑ Low Life Expectancy: 44 – 59Yrs
- ❑ Doctor/Pop ratio (100,000): 2TZ-14KE
- ❑ Nurse/Pop ratio (100,000): 19BU-128KE
- ❑ Low Govt. Expenditure on Health: 2% BU-13%TZ of overall budget

Sexual and Reproductive Health and Rights (SRHR)

- ❑ Origins: Cairo ICPD 1994
- ❑ RH positioned within a broader socio-cultural context, underpinned by **gender and protection of human rights**
- ❑ Global consensus that SRH is a core strategy to achieve the **well-being of societies, eradicate poverty and attain international development goals and targets** (Beijing, 1995, the Millennium Summit, World Summit, 2005, etc)

Sexual and Reproductive Health and Rights in Africa

- AU Ministers of Health in 2005 adopted a **Continental Policy Framework on SRHR** premised on the ICPD, to accelerate achievement of MDGs
- **Maputo Plan of Action** developed to operationalize the Policy Framework and to provide direction for African countries towards realizing the goal of universal access to comprehensive SRH services by 2015

Role of Regional Economic Commissions (REC) in SRHR

- RECs are called upon in the Maputo Plan to “provide **technical support to member countries** including training in the area of RH, **advocate for increased resources for SRH, harmonize the implementation** of national Action Plans, **monitor progress**, identify and **share best practices**”

Universal access to SRH

□ Is a target in:

- **Cairo ICPD 1994**
- **MDGs (UN 2005)**
- **African Continental SRH Policy Framework 2005**
- **Maputo Plan of Action 2006**

SRHR situation in the EA partner states

- **The entire SRHR spectrum in EA is an Unmet Need:-**
 1. MMR 414 (KE) – 855 (BU)
 2. IMR 68 (TZ) – 86 (RW)
 3. NNMR constitutes a third to a half of IMR (24 UG – 45 RW)
 4. Deliveries assisted by skilled health personnel (25%BU - 46%TZ)
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SRHR situation in the EA partner states (2)

5. Low CPR (7%RW – 39%KE)
6. High TFR 4.9 KE – 6.7 UG
7. HIV prevalence (3%RW – 7%TZ) and feminization of the epidemic
8. Weak/no legislation against GBV
9. Low priority SRH areas (fistulas, infertility, cancers and meno-/adro- pause)

SRHR situation in the EA partner states (3)

10. Limited access to SRH for youth/adolescents
11. High prevalence of unsafe abortions, low access to PAC, legal constraints
12. Inadequate policy and programmes for populations in crisis situations

SRHR situation in the EA partner states: System Issues

- ❑ **Integration of RH components:** FP/SM/PAC/HIV/Neonatal care
- ❑ **Reproductive Health Commodity Security:** demand Vs Need; local Vs donor resources; storage & distribution infrastructure; and human capacities
- ❑ **Human resource for SRH:** HW/Pop ratios, skill levels, remuneration/ migration
- ❑ **HMIS and research:** Data quality, Use for M&E and decision-making; operations research for evidence-based policy formulation

Responses to the SRH situation

- **Country SRH Policies and Programmes** in place in EAC Partner States and focused to attainment of health MDGs.
- SRH issues highlighted in the **Africa Health Strategy** (2007-2015).
- **Continental SRH policy framework and Maputo PoA** call upon RECs to Facilitate Member States in accelerating Universal Access to SRH by 2015.

Sexual and reproductive health rights

- ❑ Recognized by various international human rights instruments and laws
- ❑ African Charter on Human and People's Rights and the African Charter on the Rights and Welfare of the Child (Two AU Treaties)
- ❑ Protocol on the Rights of Women in Africa
- ❑ Six major United Nations international human rights treaties

THE EAC STRATEGY ON SRHR FOR THE PERIOD 2008- 2013

The SRHR Strategic Plan neither competes with, nor negates other health strategies but seeks to **complement** the Partner States' Sexual and Reproductive Health and Rights, as well as their Reproductive Health Commodity Security strategies by providing a **strategic direction towards universal access to SRH for all in the EA Region**

The EAC Vision, Mission and Health Goal

- **Vision:** *A prosperous, competitive, secure and politically united E. Africa.*
- **Mission:** *To widen and deepen economic, political, social and cultural **integration** in order to improve the **quality of life** of the people of EA.*
- **Health Goal:** *Strengthened and expanded **collaboration** in the health sector.*

The **Vision** and **Mission** of the EAC SRHR Strategic Plan

- **Vision:** *"A healthy East African population, fully enjoying their Sexual and Reproductive Health and Rights"*
- **Mission:** *"The attainment of the highest level, of Sexual and Reproductive Health and Rights for all the people of East Africa **through advocacy and coordinated, harmonized action** in the region".*

The **Goal** and **Objective** of the EAC SRHR strategic plan

- **Goal:** *to contribute to the improvement of the health status of the population of East Africans*
- **Overall Objective:** *to **facilitate universal access to comprehensive SRHR** to all women, men and youth in the EAC Partner States in line with the MDGs and the Maputo Plan of Action and other IDGs.*

Main Roles of the EAC in relation to the SRHR Strategic Plan

- Advocacy at policy level
- Coordination and Harmonization
- Resource Mobilization
- Monitoring implementation of the international commitments

Strategic Objectives of the EAC SRHR strategic plan (1&2)

1. To **advocate for and facilitate** the development, adoption and harmonization of policies, quality standards, and guidelines for SRHR priority issues in the region
2. To **advocate for and mobilize resources** at the national, regional and international levels to ensure that SRHR is given adequate priority in policies and budget

Strategic Objectives of the EAC SRHR strategic plan (3&4)

3. To **promote documentation and dissemination** of information and evidence-based best practices and lessons learned
4. To **strengthen and harmonize** monitoring and evaluation systems and operational research at the regional level

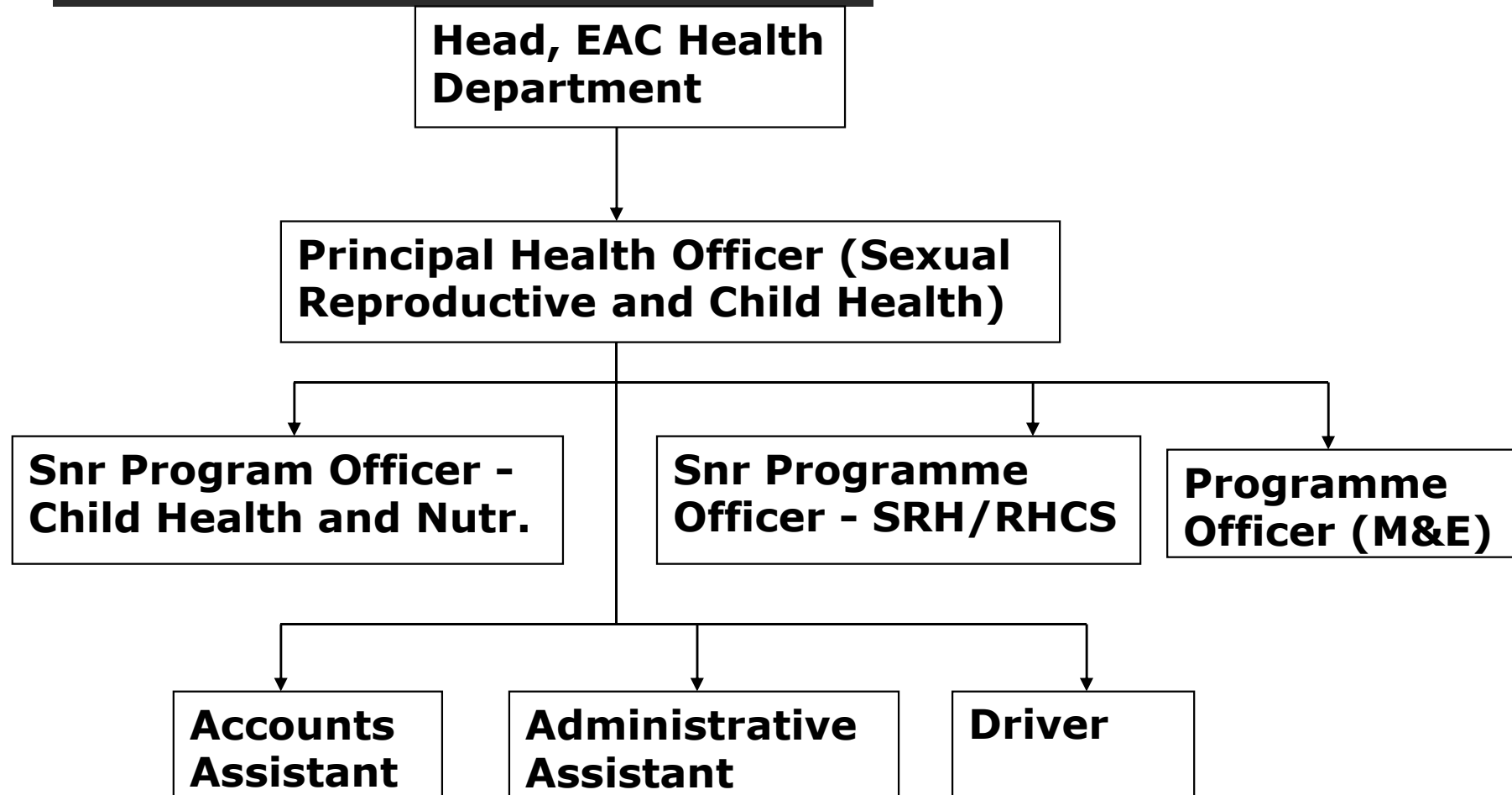
Strategic Objectives of the EAC SRHR strategic plan (5)

5. To **strengthen the institutional capacity of the EAC Health Department** to provide effective coordination and to initiate, strengthen and share the information on partnerships and alliances at regional and international levels

INSTITUTIONAL ARRANGEMENTS

- The EAC has the necessary policy structures and organs to facilitate the implementation of the SRHR strategic plan
- The health department is under-resourced and requires Human, Financial and Managerial resources to operationalize the SRHR strategic plan

Proposed Structure of the EAC Reproductive and Child Health Unit



Plan of Action and Budget

- A Plan of Action for the period 2008-2013 with an indicative budget of USD 11,778,391 for the five-year period

- The EAC has a budget of 0.5million USD for three years for the SRH and HIV/AIDS (MTEF - line item Partner States contributions)

- Funding for the SRHR expected to be sourced from outside the EAC budgeted resources

MONITORING AND EVALUATION

- A Logframe developed as the basis for monitoring the Strategic Plan
- Use of both process and impact indicators to assess the efficacy of the strategic plan
- Operations research and Surveys to complement routine data
- Mid-term review in 2011 and a summative evaluation 2013

Tour of IPFPD 2009 trends and highlights

- Latent lack of FP outreach services (or policy towards this) in all partner states: there is need for comprehensive and streamlined provision of RH commodities and service.
- The HIV /AIDS education on prevention focus has reduced the emphasis on other STDS and STIS and FP therefore HIV/AIDS education should be integrated into FP education

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- There is an apparent increase in condom use mostly by men but for example, in Burundi they are used mostly outside the home.

 - Other non traditional methods like tubal ligation and Vasectomy are hardly practiced, the morning after pill is increasingly gaining popularity particularly in Kenya where it is dispensed over the counter.

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- There is no clear policy for specific RH services for young adults and adolescents and PWDS who should not be counselled or served along with adults particularly because they would like to hide the fact that they are sexually active which is happening at increasingly young ages

 - There is need to involve men in the FP responsibility and responses.

THANK YOU FOR YOUR
ATTENTION

ASANTE SANA