



**REPORT OF THE SADC OF STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES (HSDSP) TO THE 50<sup>TH</sup> PLENARY ASSEMBLY SESSION HOSTED VIRTUALLY BY THE PARLIAMENT OF THE KINGDOM OF LESOTHO FROM 10<sup>TH</sup> TO 12<sup>TH</sup> DECEMBER 2021**

Mr/Madam President, I beg to move that this Plenary Assembly do adopt the Report of the Standing Committee on Human and Social Development and Special Programmes to the 50th Plenary Assembly Session of the SADC Parliamentary Forum, laid on the table on 10<sup>th</sup> December 2021.

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## 1.0 COMPOSITION OF THE COMMITTEE

The Committee consisted of the following members:

1.	Hon Rachel Zulu (Chairperson)	Malawi
2.	Hon Strydom Mpanza (Vice Chairperson)	Eswatini
3.	Hon. Luísa Francisco Pedro Damião	Angola
4.	Hon. Mokwaledi Moswaane	Botswana
5.	Hon. Deputy Speaker Balamage N'kolo Boniface	DRC
6.	Hon. Mphosi S. Nkhase	Lesotho
7.	Hon. Fiarovana Lovanirina Célestin	Madagascar
8.	Hon Ashley Ittoo	Mauritius
9.	Hon. Jerónima Agostinho	Mozambique
10.	Hon Agnes Kafula	Namibia
11.	Hon. Rosie Bistoquet	Seychelles
12.	Hon. Desmond Lawrence Moela	South Africa
13.	Hon. Kassim Hassan Haji	Tanzania
14.	Hon. Paurina Mpariwa	Zimbabwe

The Parliament of Zambia did not have representation at the meeting as the country had just emerged from a General Election and the Parliament was yet to designate Members to the SADC PF.

## 2.0 TERMS OF REFERENCE

In accordance with Rule 42(5) of the SADC PF Rules of Procedure, the terms of reference for the Human and Social Development and Special Programmes Standing Committee are:

- (i) Consider all matters within its mandate which fall within the competence of the SADC PF and shall, as necessary, report on such matters to the Plenary Assembly;
- (ii) Consider the general policy decisions of the relevant Ministers in SADC and support implementation of the same;
- (iii) Consider human rights related issues in line with its mandate, including employment policies, human trafficking, reproductive health, science and technology, policy, skills development and the economic and development policies of SADC;
- (iv) Organize public hearings, committee hearings, satellite sessions, and participate in conferences and other events on subjects within its mandate;
- (v) In respect of programmes within its mandate arising out of special agreements with cooperating partners and other stakeholders, to plan and oversee the activities of the programmes and prepare annual reports on the same;
- (vi) Oversee the implementation of the Forum's Human and Social Development and Special Programmes work plan, and consider the audited financial and management accounts on the same;

- (vii) Maintain links with its counterpart programme at SADC, relevant Committees in parliaments, other regional parliaments or parliamentary bodies and international organisations within its sphere of interest; and
- (viii) Make appropriate reports and recommendations to the Plenary Assembly in relation to the matters under its consideration.

### **3.0 NUMBER OF MEETINGS HELD**

The Committee on Human and Social Development and Special Programmes held one meeting on Friday 16th October, 2021 to consider the topic “The role of Parliamentarians in advancing accountability on the consistency, budgeting, and implementation of comprehensive sexuality education (CSE) programmes in the SADC member states”

### **4.0 BACKGROUND**

In December 2013, Ministers of Education and Health from twenty countries in Eastern and Southern Africa (ESA) committed to scaling up Comprehensive Sexuality Education (CSE) and youth-friendly Sexual Reproductive Health (SRH) services for adolescents and young people in the region. In this initiative, known as the ESA Commitment, governments under the leadership of EAC and SADC committed to improving sexual and reproductive health outcomes and strengthening HIV prevention through access to comprehensive sexuality education (CSE), as well as integrated sexual and reproductive health services for young people. By the end of 2020, the ESA Commitment had put the spotlight on young people and promoted inter-sectoral collaboration while rallying partners around four key results for adolescents and young people: reducing HIV infection; reducing early and unintended pregnancy; reducing gender-based violence and eliminating child marriage.

The implementation of the ESA Commitment and CSE programmes was marred by a number of setbacks such as lack of financial resources especially in the wake the outbreak of the Covid 19 Pandemic and therefore, there was need to ensure that at national level enough resources were made available and channelled towards CSE implementation. Parliamentarians through budget appropriation had a crucial role to lobby and ensure that adequate resources were allocated for effective implementation of CSE programs. It was in this regard that the Standing Committee on Human and Social Development and Special Programmes Committee met to deliberate on the role that Parliamentarians could play in advancing accountability in the implementation process of the ESA Ministerial Commitment.

### **5.0 PRESENTATIONS**

#### **5.1 Key Issues from the Evaluation Report of the ESA Ministerial Commitment**

Having received a presentation on the matter, the Committee noted the following key issues from the ESA Commitment Evaluation report:

- i. That the 2020 evaluation of the ESA Commitment sought to document the journey travelled by the twenty ESA Commitment countries, as well as to explore opportunities to sustain the Commitment's momentum while generating knowledge and evidence to inform the extension of the ESA Commitment to 2030 in line with Agenda 2030. Further, the Committee learnt that while the evaluation established that the ESA Commitment increased political will and engagement on sexual and reproductive health and rights by heightening attention regionally, and within countries to specific thematic issues related to adolescents and young people, the region still had unfinished business; -
- ii. That the ESA Commitment targets were not achieved due to a range of factors such as lack of financial resources at country level which was exacerbated by the outbreak of Covid 19 Pandemic;-
- iii. That the ESA Commitment raised awareness within the Regional Economic Communities including the EAC and SADC of the fundamental importance of improving adolescent and youth sexual and reproductive health in the sub-region as an economic priority; -
- iv. That the levels of national ownership of the ESA Commitment by governments were mixed across the region and that significant policy and legal changes were achieved across most areas but dissemination, implementation or enforcement remained limited at subnational levels, among service providers and local decision makers. Across the region, the tendency was that out-of-school CSE remained implemented as small-scale projects through civil society actors or UN partners, leading to coverage gaps and risks of fragmentation. In addition, insufficient data collection related to youth friendly health services in some countries prevented monitoring, evaluation and an evidence-based assessment of coverage. Moreover, Covid -19 pandemic resulted into sustainability gaps in youth programming as domestic funding was re-directed for mitigation of the Pandemic; -
- v. That coordination at regional level was reported to have resulted in effective reporting on the commitment from education ministries at SADC level and successful launch of two regional programmes and sustained political prioritisation of the ESA Commitment targets in all countries. Further, most coordination successes at regional level were attributed to the leadership of influential individuals who facilitated key political processes and drove engagement of some stakeholder clusters like CSOs. However, inadequate human resources and financial support in some instances resulted into poor coordination role for the Commitment.

## **5.2 Key Issues from the Draft ESA Ministerial Commitment**

The Committee noted the following key issues from the draft ESA Ministerial Commitment:

- i. That the Commitment was multispectral and involved the sectors of education, health, gender and youth and emphasized education for all, especially girls' education; -
- ii. That the Commitment was aligned with other regional policies like the Continental Education Strategy for Africa, the sustainable development goals, the African Union Agenda 2063, International Agenda for Population and Development ICPD Policy of Action, SADC Sexual and Reproductive Health Services Strategy, UN Political Declaration on HIV and AIDS, Universal Health Coverage Commitment 2030, and SADC Youth Policy Framework; -
- iii. That the Commitment was also aligned with other initiatives and programmes which include the following; Education Plus Initiative, Global Programme to End Child Marriage Joint Programme on eliminating Female Genital Manipulation, Africa Coalition on Menstrual Health Call to Action and the EU Spotlight Initiative, and SADC Parliamentary Forum's Model Law on Child Marriage and Gender Based Violence; -
- iv. That the Commitment recognized that the following issues still persisted in the region despite the implementation of the initial ESA Commitment:
  - a) Inequalities in education due to Covid -19 related school closures which saw 1.6 billion learners in more than 190 countries out of school; -
  - b) New HIV infections at the rate of five in six new cases of HIV among 15 and 19 youths were among girls; -
  - c) Limited access to SRH services and information; -
  - d) Insufficient progress to reduce early and unintended pregnancy (EUP), with EUP rates ranging from 22% to 36% among 15-19 youths; -
  - e) Suicide was the third leading cause of death in older adolescents (15-19 years); and more than 90% of adolescent suicides occur among adolescents living in developing countries. Of the estimated 5.6 million abortions that occurred each year among adolescent girls aged 15–19 years, 3.9 million were unsafe; -
  - f) Climate crises and humanitarian situations were adversely impacting on education, health and well being of young people; and
  - g) The adolescents and youths were being exposed to sexually explicit harmful and inappropriate content, online predators, cyberstalking and bullying, online harassment as well as misinformation.

- v. That the following emerging issues formed part of the draft ESA Ministerial Commitment:
- a) Universal access to quality primary, secondary and informal education; -
  - b) Building back better after Covid-19 and other pandemic; -
  - c) Economic opportunities for young people through job creation, entrepreneurship and digital jobs; -
  - d) High quality, gender responsive and education for health and well-being; -
  - e) Youth-friendly HIV/SRH, mental health and GBV services and information; -
  - f) Addressing structural and social drivers of HIV, GBV, and inequality including Poverty, stigma and discrimination; -
  - g) Include adolescent sexual and reproductive health services within the universal health coverage national package; -
  - h) Domestic continental and regional commitments; -
  - i) Provide young people with platforms and resources to effectively influence legislation and policy; -
  - j) Strengthen multi-sectoral evidence-based programmes on child marriages, teenage pregnancies, HIV and GBV; -
  - k) Strengthen social protection systems; -
  - l) Strengthen community engagement and dialogue with parents, traditional and religious leaders; -
  - m) Strengthen collection, analysis and use of disaggregated data.

## 8.0 RECOMMENDATIONS

Having deliberated on the initial ESA Ministerial Commitment and having considered the draft ESA Ministerial Commitment, the HSDSP Committee recommends that the SADC PF Plenary Assembly should:

- a) **Urge** ESA countries to include education, especially girls' completion of secondary education as part of the national strategy for HIV prevention because available evidence confirmed that girls and their communities and countries could reap multiple social and economic benefits. In other words, progression to and completion of secondary school had the potential to protect adolescent girls and young women by reducing their vulnerability to becoming child brides and teenage mothers, while increasing their prospects for securing jobs and higher incomes as adult women, among others. Furthermore, it was notable that completion of secondary education could boost national economies, women's income earning potential and can expand young people's employment and access to decent jobs.
- b) **Implore** ESA countries to ensure that the education, youth and health sectors, worked in collaboration with other key line ministries such as gender, labour, and social welfare in promoting education,

good health and well-being of all adolescents and young people with the aim of increasing access to services including treatment and care. There was also need for countries to accelerate the prevention of and respond to the transmission of HIV and other sexually transmitted infections (STIs), early and unintended pregnancies, GBV, child marriages, and female genital mutilation in an effort to build back better.

- c) **Encourage** ESA countries to accelerate investments aimed at establishing systems to support adolescents and young people with the right information and skills to make safe and healthy decisions about their bodies, their lives, their present and future. There was also need to ensure access to good quality, comprehensive, life skills-based sexuality education, adolescent responsive and climate resilient health systems and youth friendly integrated health services by all adolescents and young people with no fear of any form of stigma and discrimination. This would strengthen efforts to eliminate new HIV infections among adolescents and young people by 2030, in particular girls and young women, increase access to treatment and care by young people living with HIV, and eliminate all harmful practices such as child marriage as well as reduce unintended teenage pregnancy, female genital mutilation and gender-based violence by 2030.
- d) **Reiterate** that, in the wake of Covid -19 crisis, the ESA countries should ensure that adolescents and young people were provided with good quality, age-appropriate, respectful sexual and reproductive health information and rights-based youth friendly health services including self-care, digital and non-digital technology solutions to reach all young people with a focus on marginalised adolescents and youth including girls and young women.
- e) **Further reiterate** that the ESA countries must take steps to harness the demographic dividend resulting from the growth in youth population of adolescent and young people which called for the need to invest urgently in the health, education, employment, livelihood, skills, active and effective engagement of young people because these investments would not only benefit the adolescent and the youth, but also propel the region to achieve Agenda 2063.
- f) **Recommend** that ESA countries should promote national reforms to domesticate continental and regional commitments on SRHR, HIV and gender equality into national laws, policies and programmes, with particular emphasis on issues pertaining to the age of consent of adolescents to access integrated sexual and reproductive services and information and its implementation; -



- g) **Strongly recommend** to the ESA countries to strengthen social protection systems with an emphasis on legal reform; and promote the development of programmes aimed at strengthening norms and standards in order to eliminate discrimination based on gender, age, socio-economic status, HIV status, disabilities, being pregnant or a young mother. This would help to ensure reduction of early and unintended pregnancy, gender-based violence and child marriage; -
- h) **Appeal** to the ESA countries to take steps to strengthen community engagement and dialogue with parents, traditional and religious leaders on the consequences of early and unintended pregnancy, GBV and harmful practices such as child marriage and female genital mutilation.

## 9.0 CONCLUSION

The provision of sexual and reproductive health and rights services to young adolescent and young people had the potential to contribute to social and economic development in the East and Southern Africa region. However, the process continued to be impeded by various challenges, not least among which had been inadequate resources. The situation had been exacerbated by the diminished fiscal space arising from the impact of covid 19. Noting the importance of SRHR services for adolescent and young people, the Standing Committee on Human and Social Development and Special Programme focused on the role that parliamentarians could play in fostering implementation of the ESA Commitment in spite of the challenges faced.

The Committee wishes to express its gratitude to the Secretariat and the Resource Person for the support rendered during the meeting. The meeting provided an opportunity to the Committee to gain knowledge and a deeper understanding on issues pertaining to the ESA Ministerial Commitment, and identify how parliamentarians could contribute to the realisation of the noble goals contained in the Commitment.

## **APPENDIX – LIST OF OFFICIALS**

### **SADC PARLIAMENTARY FORUM SECRETARIAT**

1. Ms Boemo M Sekgoma, Secretary General
2. Mr Sheuneni Kurasha, Programme Manager – Democracy, Governance and Human Rights
3. Mr Dennis Gondwe, Committee Secretary- Human and Social Development and Special Programmes
4. Ms Paulina R Kanguatjivi, Assistant Program Officer

### **RESOURCE PERSON**

Dr Remmy Shawa, Project Officer, UNESCO