



**SPEECH TO BE DELIVERED BY THE MOVER DURING PRESENTATION OF THE REPORT OF THE STANDING COMMITTEE ON HUMAN AND SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES AT THE 52<sup>ND</sup> PLENARY ASSEMBLY SESSION OF THE SADC PARLIAMENTARY FORUM**

***Mr 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* laid on the Table of the House on 28 November 2022.

***Mr. President,***

I am honoured to report that the Standing Committee on Human and Social Development and Special Programmes convened an inaugural virtual public hearing on 25<sup>th</sup> November 2022. The virtual hearing was motivated by the need to gather views of our citizens on various matters relating to human development, particularly in the health sector. The hearing was critical in that it gives momentum to the sacred ideals of participatory democracy which is pivotal in promoting governance by the people and for the people. After all, it said that “vox populi, vox

dei,” meaning **“the voice of the people is the voice of God.”** Further to this, the convening of the public hearing is in consonance with the theme of the 52<sup>nd</sup> Plenary Assembly, which is **“Consolidating Democracy by Bringing Parliament to the People”**.

**Mr. President,**

The health and societal challenges that the SADC Region is confronted with require demand driven responses. At the same time, it is not in doubt that our people are immeasurable repositories and reservoirs of knowledge and wisdom on issues afflicting our societies. As such, we must tap into such knowledge if we are to address matters of Sexual Reproductive Health Rights [SRHR] which have dominated the public discourse over the last two decades.

As aptly captured by the Inaugural United Nations Human Development Report (HDR) in 1990, people are the real wealth of nations. This tacit observation is as relevant today as it was 32 years ago, particularly when viewed in the context of SRHR. In saying this, I am sure that I speak for many other Members who are not necessarily in the HSDSP Committee but have had the privilege to follow debates on SRHR in the SADC Region.

**Mr President,**

During the public hearing, the Committee received alarming evidence in respect of the rampancy of child marriage in the sub-

region. We learnt with concern that, in some cases, children as young as nine years are being married off. The Committee was further alarmed to note that the existing legal frameworks in many SADC countries are not effective in protecting the girl child. Where the laws had been enacted, there is unmitigated failure in the implementation of such laws. The cumulative effect of this situation is that young people continue to suffer from sexual abuse, leading to unplanned pregnancies, unsafe abortions and a myriad of other psychological effects and traumas.

***Mr President,***

The Committee notes that there are numerous legal restrictions that impede access to contraceptives by adolescents. This is compounded by certain religious and social practices that are not responsive to the practical reality that our teenagers are sexually active. In this vein, we in the HSDSP Standing Committee appeal to the Parliamentarians of SADC to be pro-active and provide evidence-based solutions to the problems currently hampering access to contraceptives as a matter of urgency.

***Mr. President,***

The statistics on child marriage induce a sense of shock that must jolt us into taking action, not tomorrow, but today. The United Nations Children Emergency Fund published a report this year which revealed that an estimated 650 million girls and women alive today were married before their eighteenth birthdays. Of these, over 50 million reside in Eastern and

Southern Africa. This is horrific because child marriage robs girls of their childhood, forces them to take on adult roles and responsibilities, curtails their educational opportunities and increases their health risks. The bulk of children who marry early end up with severe emotional and psychological scars that may manifested in the form of suicides, alcohol and drug abuse, to name just a few.

***Mr. President***

We are obligated by various international treaties and agreements to protect women and children from all forms of abuse and negative discrimination. Unfortunately, some countries in the region are yet to ratify and domesticate the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. The Protocol, commonly known as the Maputo Protocol, is an international human rights instrument established by the African Union. The Protocol, *inter-alia*, obligates state Parties to combat all forms of discrimination against women through appropriate legislative, institutional and other measures. The Committee implores all SADC Parliamentarians to follow up on this issue so that our countries can be bound by the same standard, and we can then give effect to the noble objectives of this pertinent Protocol, which are instructive in addressing SRHR.

***Mr. President***

The Committee observed that in the SADC Region, there is limited access to SRHR and universal health services, particularly by adolescents as well as others in marginalised societies. There is also lack of access to medical commodities on account of the age of consent restrictions. Research data showed that while the median age of sexual intercourse is sixteen years, cases of sexual intercourse for those under the age of sixteen years are rampant. This has the concomitant effect of increased cases of unintended pregnancies. Therefore, lack of investment in SRHR puts many lives at risk. In this regard, there is need for increased investment in SRHR by both the state and non-state actors so that we improve access to health by our citizens.

***Mr. President,***

Empirical research has confirmed that eight million unsafe abortions take place in Africa each year. The cases have been on a spiraling trajectory over the last three decades. This was mainly attributable to restrictive policies and statutes. For instance, in Zambia, for an abortion to take place legally, three medical practitioners are required to approve the procedure,, whereas two medical practitioners are required in Zimbabwe. The pattern is the same in other jurisdictions. Consequently, the existing legal framework was not permissive to facilitating safe abortions, leading to many unreported back-door abortions. Fourteen of the sixteen countries in the SADC region have limiting policies, with the result that many people engage in unsafe abortions. Further, only five countries in the SADC Region have abortion specific

laws. In this context, it is necessary to reform the laws in order to allow for reasonable medically safe abortions.

***Mr. President,***

Access to information on SRHR in the region is subdued. More often than not, this contributes to a low uptake of contraceptives and in turn, it increases the propensity for unwanted teen pregnancies. There is thus need to set up mobile health services and facilities, particularly in vulnerable and marginalised communities. Most of our youth are tech-savvy, meaning they are well informed about or proficient in the use of modern ICT technologies. Let's take advantage of this positive development to make use of digital technologies to raise awareness on SRHR issues.

***Mr. President,***

Empirical evidence has pointed out that individuals who get into early marriages exhibit signs of emotional trauma. Early marriages leave an indelible mark on young people, often culminating in feelings of resentment, anger and rejection. Abused youth are often isolated socially and emotionally. Others have suicidal tendencies. They end up being engulfed in a vicious cycle which further traumatizes and injures them, sometimes for life. Further to this, children born out of abusive relationships

and marriages are psychologically strained by the environments they grow up in.

Based on their deliberations, the HSDSP Committee recommends that the Plenary Assembly should:

- a) **Urge** SADC countries to update the SADC Regional Indicative Strategic Development Plan (RISDP 2020-2030) so that it encapsulates specific issues relating to SRHR issues. RISDP must be realigned to include the SADC SRHR Strategy in order to advance SRHR in driving the regional agenda;
- b) **Implore** countries to invest in psycho-social support using both traditional funding mechanisms such as the national budget and non-traditional sources of funding such as development partner support;
- c) **Recommend** that SADC Member States facilitate revision and effective execution of resource allocation frameworks including public finance management systems across the healthcare and education delivery systems. At least 20% of national budgets should be channelled to education in order to keep more girls in school;
- d) **Encourage** countries in the region to review and reform their laws in order to remove barriers to accessing contraceptives as well promote access to safe abortions;

- e) **Further Implore** countries to prioritise the rolling out of publicly funded insurance programmes that target the vulnerable, pursuant to the need to address catastrophic expenditure which is rampant in the region;
- f) **Further encourage** Parliaments in the SADC region to enhance budget and financial oversight so that there is prudential use of budgetary resources in all public sectors. Oversight techniques, specifically targeting procurement systems must be further enhanced to curb corruption in the public sector;
- g) **Request** member countries to strategically employ the use of digital technologies in raising awareness of SRHR issues, particularly in view of the fact that most of the teenagers are very proficient in the use of ICT Technologies;
- h) **Implore** countries to raise awareness on public laws relating to child marriages so that publicity must go beyond the statutory gazetting of statutes;
- i) **Appeal** to countries in the region to take steps to strengthen access to information by communities with the intention of influencing behavioural change relevant for the implementation of viable SRHR programmes; and
- j) **Direct** the Secretariat to develop a Plan of Action that will give momentum to the implementation of these recommendations.

**Mr. President,**



I wish to close by emphasizing that our children are our future. Let us protect them. Let us teach them well and let them lead the way. Let us give them a sense of pride to make it easier for them to realise their full potential. We must always remember that Parliaments hold the largest concentration of political power which can be positively harnessed for greater good in so far as protecting our societies is concerned. Therefore, as parliamentarians, we must commit ourselves firmly to the notion that we are the greatest defenders of our children and societies, and this must be reflected in the manner we conduct our business.

***Mr. President,***

As aptly observed by Dave Pelzer (1993) in his seminal book “*A Child's Courage to Survive*”, “childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul”. Through legislating for stiffer sanctions against child marriage, we will make the world a better place for children.

Let me further state that I share the sentiments of our legendary international figure, the late former President Nelson Mandela of South Africa, who once observed that the true character of a society is revealed in how it treats its children. I, therefore, implore all Parliamentarians to push for the protection of our children so that they can grow up in a peaceful and safe environment, free from the fear of being violated by those whose duty it must be to protect them.

With these few words, Mr President, I beg to move.

I thank you.