



**HIGH LEVEL MEETING ON “SEXUAL AND REPRODUCTIVE  
HEALTH POLICIES IN AFRICA” FEBRUARY 27- MARCH 03  
2007, BARCELONA, SPAIN**

**STATEMENT BY H. E. ADV. BIENCE GAWANAS,  
AU COMMISSIONER FOR SOCIAL AFFAIRS,**

**27 MARCH 2007,  
BARCELONA, SPAIN**

**Honourable Chairperson  
Distinguished National Delegates  
Representatives of UN Agencies  
and other International Organizations  
Invited Guest and Participants  
Distinguished Organizers**

**Ladies and gentlemen,**

It is indeed, a singular honour and privilege for me to address this “High Level Meeting on ‘Sexual and Reproductive Health Policies in Africa’”. I bring with me warmest greetings from H. E. Prof Alpha Oumar Konaré, Chairperson of the African Union Commission. I would like to express my heartfelt appreciation to the organizers of this very important event, namely, the Spanish Agency for International Cooperation; the Spanish Interest Group on Population, Development, and Reproductive Health; and the Catalan Agency for Cooperation and Development. I also wish to thank the Government and People of Spain for the warm hospitality and the excellent facilities put at our disposal. I am particularly delighted to be in this very beautiful and sportive City of Barcelona where all hearts and minds of the sports family meet.

The African Union is extremely encouraged by the fact that the issues of sexual and reproductive health and rights are being given due recognition worldwide and that they are stimulating interest for enhanced collaboration among stakeholders, grassroots and development partners. As you all know, over a decade ago, at the Cairo International Conference on Population and Development (ICPD), the international community took a decisive step by adopting the ICPD Programmes of Action and pledged, among others, to address the challenges of reproductive health, with emphasis on the rights of women as well as men to decide on their own reproductive concerns – including the question of when and how many children to bring forth; the right to get adequate information about reproductive health and sexuality; and the right of consent before marriage as well as access to education and gender empowerment.

African countries not only did endorse the ICPD Programmes of Action, but also played an active role in shaping them through an African Common Position which was enshrined in the Dakar/Ngor Declaration of 1992; and after the adoption of the ICPD Programmes of Action in 1994, Africa embarked upon the implementation process of the goals and objectives of the PoAs. The 10 -Year Review of the ICPD/PoA in Africa suggested that a lot of progress has been made in promoting reproductive health on the continent. Indeed, the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa has several provisions on women's sexual and reproductive rights. The 2004 African Union Heads of State and Government Solemn Declaration on Gender Equality in Africa also promotes economic, legal and social measures to remedy reproductive health issues such as the HIV/AIDS pandemic and its consequences.

However, the 10 –Year Review also revealed that despite strong commitments and encouraging performances, the continent is still plagued by negative reproductive health conditions: a steady rise in HIV incidence and AIDS related causalities; high maternal morbidity and mortality; large number of unwanted pregnancies often resulting in unsafe abortion contributing to about 30 per cent of maternal mortality as well as to long-term disability among girls and women, including obstetric fistula; and growing mismatch between supply and demand for reproductive health services leading to a large proportion of unmet needs among couples who wish to use these services but lack access to them. Poverty and low literacy rates also prove to be major challenges.

### **Ladies and Gentlemen,**

It is in the backdrop of this situation that the African Union started a collaborative Project with the International Planned Parenthood Federation Africa Region and the UNFPA back in 2003 to review the reproductive health conditions in Africa in the context of ICPD + 10. Studies were conducted in the five sub-regions of the continent and experts and Ministers of Health, reviewed the findings at sub-regional fora. The

recommendations from these meetings provided the raw material for the elaboration of the ***Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR)***.

This Policy Framework was adopted by the Conference of African Ministers of Health in October 2005 and further endorsed by the 2006 Summit of the AU. The Ministers of Health also met in a Special Session in September 2006 to elaborate the Plan of Action (PoA) for the implementation of the Policy Framework. This latter has just been adopted and it is expected that Member States of the African Union, in close collaboration with development partners, will use the PoA to guide their actions and to measure their achievements in the field of reproductive health, and in harmony with neighbouring countries.

### **Ladies and Gentlemen,**

As you all know, the issue of sexual and reproductive health is embedded in social, cultural, political and cultural sensitivities. This is particularly the case in Africa, a continent endowed with rich cultural diversities, beliefs systems and normative values. Looking at this diversity and the connotations attached to sexual and reproductive issues, one would wonder as to how the Commission succeeded in stitching together the diverse stakeholders with their differing attitudes, ideologies and orientations toward reproduction, sexuality, and reproductive health and rights and achieve consensus to endorse the Policy Framework and the Plan of Action.

Indeed, this is a remarkable achievement for our continental organization with its emphasis on people-centred and people-driven programmes. The secret of our success lies in the fact that the initiative started from the grassroots, with the studies conducted in the sub-regions, and the various meetings held at different levels involving government experts, civil society organizations and the wider reproductive health community both within and outside Africa. In this regard, the shaping of the SRHR Policy Framework can be considered as ***bottom-up*** rather than a ***top-down*** approach. It was not

conceived out of the blue, by armchair experts. Instead, it is the result of empirically grounded, evidence-based, participatory exercises over a considerable period of time.

## **Ladies and Gentlemen,**

I would like to conclude by outlining some of the lessons we learnt, which I think would be of some value for this high level meeting:

- First, it proved necessary to build effective and mutually rewarding partnership with different stakeholders – we succeeded because we forged a very strong and not so tightly structured collaborative relationship with IPPF, UNFPA and other partners. This worked very well.
- Second, the process enabled us to appreciate the value of bottom-up, ***participatory approach*** and also the ***need for research*** to get first-hand, factual information. This proved to us that policies that are based on adequate evidence can convince decision-makers relatively more easily than those based on mere speculations.
- Third, the process has also helped us to refute the perception that Africa is too traditional and resistant to change. The fact that more than 90 per cent of the Member States endorsed the document testifies to the level of importance that African leaders attach to reproductive health as a development agenda for the continent;
- Fourth, we learnt a lot about the growing realization that HIV/AIDS and reproductive health are closely interlinked and that efforts to address one should also aim at addressing the other. This convergence in thinking and approach, was found to be highly timely and beneficial since it would avoid unnecessary duplication of efforts, competition for scarce resources and wastage of time; and

- Finally, we also realize that when Africa is determined to address her own problems in her own ways, there are partners committed to lend support – technical, financial and moral.

## **Ladies and Gentlemen,**

Once again, allow me to thank the organizers for giving me this opportunity to share the experience of the African Union in producing one of the first-ever continental policy framework on sexual and reproductive health. I believe that the successful implementation of the priority areas identified in the policy framework and in the Plan of Action will help Africa achieve the majority of the targets in the Millennium Development Goals (MDGs) since they are directly or indirectly related to HIV/AIDS, reproductive health (although this was not clearly articulated), population and development.

I therefore wish to urge all our development partners to support the AU Commission and African Member States in their efforts to translate commitments into action. This will enable Africa catch up with other development indicators.

I thank you for your kind attention.