

Socio Economic and Cultural Initiatives for effective RH and HIV/AIDS Program Implementation

POLICY DIALOGUE ON REPRODUCTIVE HEALTH AND HIV/AIDS WITH AFRO-ARAB PARLIAMENTARIANS

August 3 – 4, 2009
Nairobi, Kenya

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*Women's health is so much more than a
medical issue: it is a cultural, political,
economic, and – above all –
an issue of social justice'*

Anne Firth Murray



Reproductive Health



Reproductive Health and the MDGs



- *“If you’re not an MDG, you’re not on the agenda. If you’re not a line item, you’re out of the game.”*



Women's Reproductive Risks

- HIV/AIDS – all encompassing
- Low use of condoms and other contraceptives
- STI linked with Cervical Cancer
- Unattended Childbirth
- ASRH
- *Unsafe abortions*

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Unsafe abortion: HUGELY neglected - Major cause of MM

- Globally 1 in 10 pregnancies ends in unsafe abortion
- 100 million abortions occur globally every year
- 20 million of these are unsafe .
- 68,000 women die annually globally from complications of unsafe abortion--- 40,000 in Africa alone
- 100 women die daily in Africa
- Unsafe abortion accounts 20-30% maternal deaths in Africa
- Globally 2 – 7 million women survive but sustain long term injuries
- *Tragic because these deaths and disabilities are totally preventable*



RH : An issue of Public Health Human Rights and Social Justice

1948: Universal Declaration of Human Rights

1994: ICPD

1995: Beijing – 4th World Conference on Women

1999: UN Special Assembly

CEDAW 1999:

neglect of health services that only women need is discriminatory and represents a deficit that governments must remedy

- *Poor, young and displaced women most affected*



Ipas's Mission

Ipas works around the world to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries.

We believe that women everywhere must have the opportunity to determine their futures, care for their families and manage their fertility.

We focus on the very neglected area of unsafe abortion
Comprehensive approach

Policy analysis and formulation , evidence based research,
training and services set up, technologies and information
dissemination

Ipas works in Asia , LAC, Europe, US and Africa



RH & Policy: Protocol to the AU Charter on the Rights of Women in Africa

Art. 14:

1. States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes:
 - a) the right to control their fertility;
 - b) the right to decide whether to have children, the number of children and the spacing of children;
 - g) the right to have family planning education etc
2. c) protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.



Status of Ratification of the Additional Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

Signed / Ratified =
27

- Angola
- Benin
- Burkina Faso
- Cape Verde
- Comoros
- Democratic Republic of Congo
- Djibouti
- Gambia
- Ghana
- Guinea-Bissau
- Lesotho
- Liberia
- Libya
- Mali
- Malawi
- Mauritania
- Mozambique
- Namibia
- Nigeria
- Rwanda
- Senegal
- Seychelles
- South Africa
- Tanzania
- Togo
- Zambia
- Zimbabwe

Signed / not
Ratified = 21

- Algeria
- Burundi
- Cameroon
- Central African Republic
- Chad
- Cote d' Ivoire
- Congo
- Equatorial Guinea
- Ethiopia
- Gabon
- Guinea
- Kenya
- Madagascar
- Mauritius
- Niger
- Sahrawi Arab Democratic Republic
- Sierra Leone
- Somalia
- Sudan
- Swaziland
- Uganda

Not signed / Not
Ratified = 5

- Botswana
- Egypt
- Eritrea
- Sao Tome and Principe
- Tunisia



Continental SRH Strategy- Maputo PoA

Continental Policy Framework on SRH&R

- Adopted: African Ministers of Health, October 2005,
- Endorsed by the African Union Heads of State , 2006.
- Addresses reproductive health and rights challenges

Maputo Plan of Action

- Adopted: Special Session of the AU Conference of Ministers of Health, Maputo, 2006
- Recognition that African countries not likely to achieve MDGs without improvements in SRH
- Objective: to provide roadmap for to operationalize SRHR agenda



Barriers to effective RH & HIV/AIDS programs

Religion Factors:

- Catholic neck-in-the-sand stand: NO to condoms NO to contraception
- 'Catholics against Population management & Development'??

Gender Inequalities:

- Persistent gender inequalities: phenomenon of HIV/AIDS passing RH programming
- HIV-AIDS has all the attention. It kills men as well.
- Low status of women
- Restricted RH choices for women



Barriers to effective implementation of RH/HIV programs -cont

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- Cultural /traditional beliefs & practices:
 - Sex and sexuality are taboo.
 - Just do it , don't talk about it!
- Socio-economic factors:
 - Lack of education and knowledge
 - Lack of physical and financial access
 - Poor economic status of women
- Health system deficiencies:
 - Poor infrastructure and services
 - Lack of skilled staff



Lack of Political Will to Act

Women are not dying because of diseases we cannot treat. They are dying because societies are yet to make the decision that their lives are worth saving.

Mahmoud Fathalla

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Opportunities for Implementation of RH & HIV/AIDS programs

- International/regional instruments in place/domestic policies etc developed
- No need to re-invent the wheel – knowledge and technologies all known and available and cheap
- Regional Political dispensations—help set the agenda
- Effective plans for resource mobilization at international and regional level
- Resources (albeit inadequate) available at national level



Examples of Effective Initiatives

- Human Rights--Tunisia –Respect for women’s rights
- Resources and integration into health services--Tunisia
- Evidence-based research -WHO Strategic Assessments on RH in several countries-improvements in CPR
- Improving Community based services –use of CBDs--Kenya
- Information – Education – Communication -- reproductive health is still a dream for millions of women because those with the power to make it a reality have not prioritized it
- Training of skilled personnel (task shifting) & deployment to reach underserved populations– Malawi , Mozambique
- Advocacy for development of realistic policies/legislation informed by reality on the ground: *South Africa, Ethiopia*

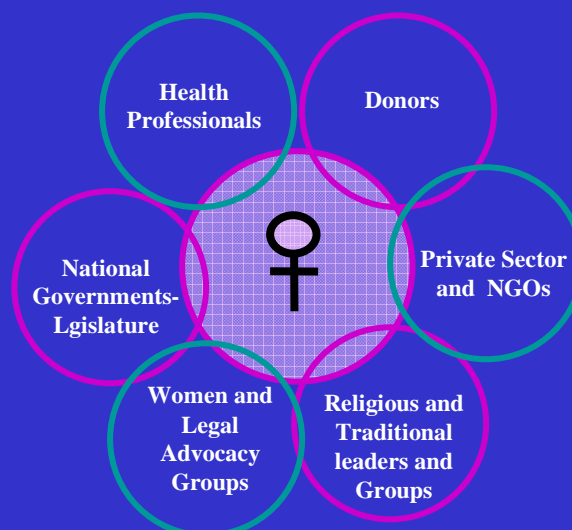


How do we Program for Effective RH?

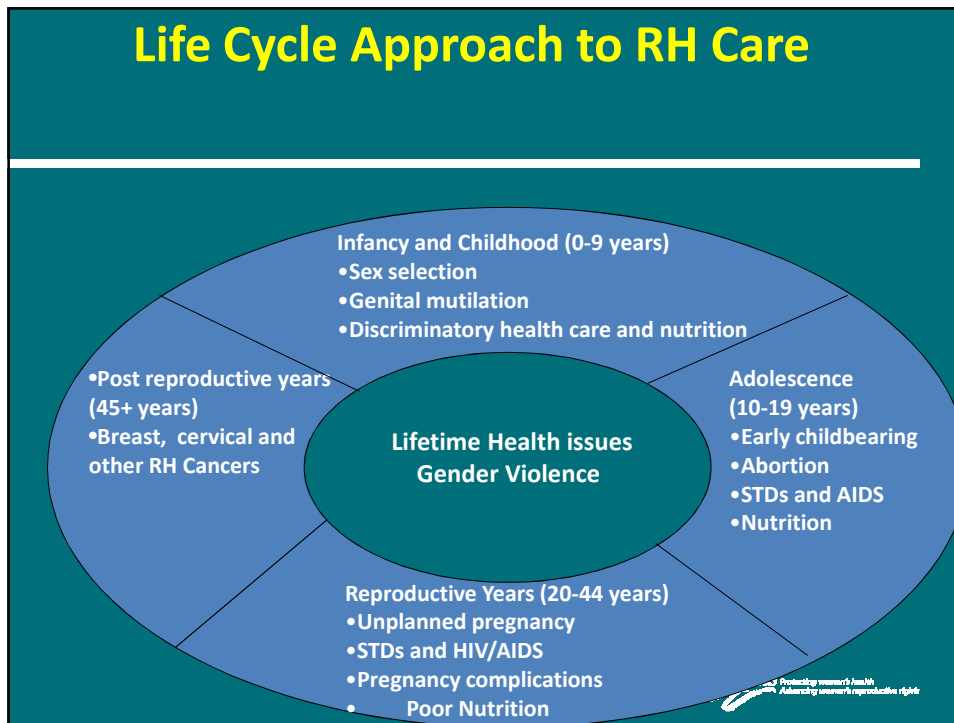
- National development plans and policies should include comprehensive RH programs
- More national resources should go into RH programs.
- Reduce dependence on Donors
- Conventional wisdom is RH services costly
- Invest in most cost effective interventions
- Create national awareness and engagement
- Multi- Sectoral approach - Ministries of Education, Gender, Women's affairs, even Roads etc
- Engage whole communities including men



Partnerships for improved RH services

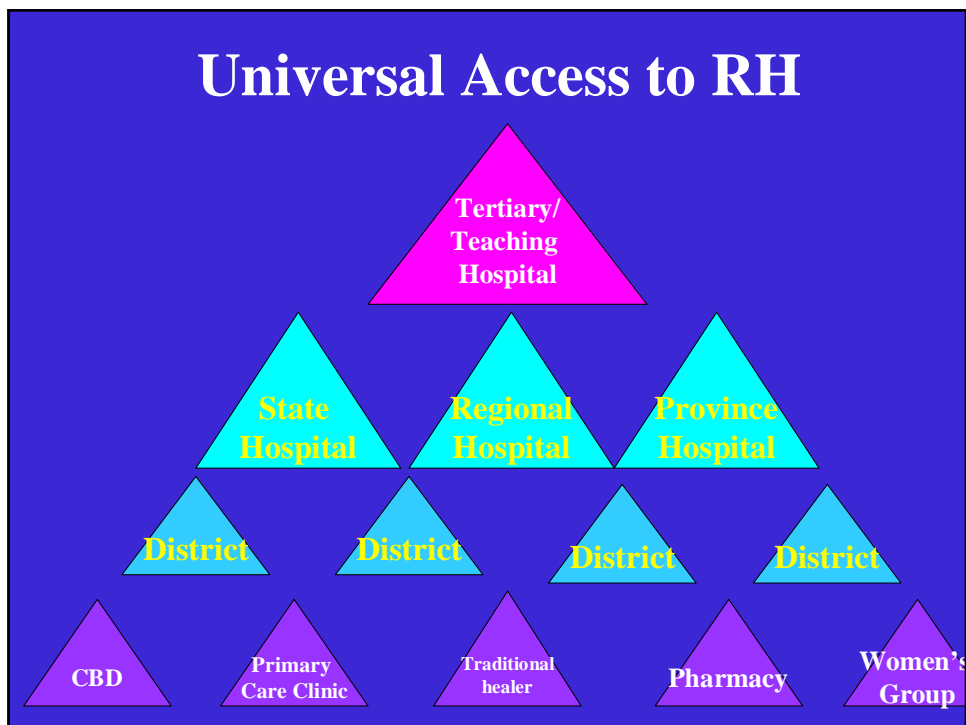


Life Cycle Approach to RH Care



Address Unsafe Abortion Directly

- Unsafe abortion should be properly recognized and addressed as a major cause of maternal death and morbidity
- We can eliminate 20 to 40% of unnecessary maternal deaths and RH morbidity including infertility
- Increase FP uptake to reduce unwanted pregnancies
- PREVENT unsafe abortions . Provide SAFE abortion
- Initiate services at decentralized level using appropriate technology- MVA , Medication Abortion
- REVIEW RESTRICTIVE COLONIAL ABORTION LAWS = SAVES LIVES



Train and Equip + Supplies

- Pre-service training
- Train midlevel providers
- Health system changes
- Remove Barriers to access
- Registration of appropriate RH technologies
- Appropriate technologies on national procurement list
- Tenders and bulk purchase of essential supplies
- Ensure functioning distribution channels

Need for *Political Commitment* to Address RH

Jeremy Shiffman--4 key factors

Existence of clear indicators showing that a problem exists
Presence of effective political champions to push the cause



Focusing events to raise widespread concern for the issue
Availability of policy alternatives to show problem is surmountable



Role of Parliamentarians

- Responsible for respecting Reproductive Rights of citizens.
- Bring RH issue up to highest political level
- Demand Government commitment and action – accountability for international/regional RH commitments
- Move agenda from rhetoric to action: bridge gap between conferencing and national action---
IMPLEMENT!!



Role of Parliamentarians -cont

Push for appropriate legislation & policies

- Demand accountability of Ministries of health and others.
- Request for Research – get acquainted with RH situation globally and in your countries
- Seek to identify relevant interventions and propose these.
- Ensure adequate financial allocation and investment in RH



The promotion of women's RH health is not just a good economic or development decision; it is the right thing to do.

