

## **Giving Africa's present a future: the ESA Commitment**

As an African woman who has brought up three children, preventing HIV, keeping children safe from violence, and ensuring human rights for all are priorities my late husband and I held dear as parents and as professionals.

Over the past three decades, as an HIV/AIDS activist, a former United Nations (U.N.) official, and a former Minister of Health of Botswana, I have witnessed first-hand the impact of HIV on our continent, and the numerous efforts made by governments to prevent HIV.

The impact of HIV is particularly evident in the Eastern and Southern Africa (ESA) region where I live and work, hosting more than half of the people living with HIV globally. The majority of new HIV infections in this region occur among young people between the ages of 20-24 years, with adolescent girls and young women accounting for at least two-thirds of new infections. Less than half of all young people have the accurate knowledge to prevent HIV transmission, and AIDS is the leading cause of death among adolescents aged 10-19.

The ESA region displays one of the highest adolescent fertility rates in the world, with many of these pregnancies unplanned. More often than not, early and unintended pregnancies (EUP) result in countless girls facing stigma and ostracization that leads to expulsion from their schools and communities. Gender-based violence (GBV) is widespread, and includes child and forced marriages, a violation of human rights that keeps adolescent girls and young women from fulfilling their true potential.

In 2013, ministers of education and health representing 21 countries in the ESA region, committed to a set of targets, known as the ESA commitment, to work towards improved health outcomes for adolescents and young people to address HIV, EUP and GBV. It was a proud moment in my career, as I played a key role in garnering this commitment, imploring governments, young people and civil society to “reaffirm the rights of young people” and to take urgent action on issues that lie at the heart of this promise – “to make good quality comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services a reality for all.”

We are now in the final year of this landmark commitment, and U.N. assessments point to a mixed report card. While there has been progress at country level in institutionalizing the commitment, as at end-2018, only 14 of the 21 countries were offering CSE in schools.

Integration of CSE in the standard education curriculum, which we know yields wide and sustainable reach at low cost, was reported by less than half the countries, with national coverage in these countries ranging from 5%-100%. Quality monitoring and data quality remains a concern, as well as in ensuring that CSE is examinable in the commitment countries.

The focus on capacity building of teachers must be acknowledged, with a vast majority of countries implementing pre- and/or in-service CSE training. Many countries have also reported SRH training for teachers, in addition to the provision of SRH packages of adolescent youth friendly services. It is not yet clear, however, if these SRH services are

equitable, and whether the service package aligns with international standards.

Our collective efforts to eliminate HIV infections among adolescents and young people are bearing positive results, with a decline in the number of new infections in this group between 2013-2017. However, across all countries in the region, new infections are higher among young women and girls, as compared to men and boys, highlighting the need to improve the scope and scale of programming strategies targeting women and girls, a gap corroborated by the Global HIV Prevention Coalition.

GBV, including school-related gender-based violence, is widespread but countries have made progress in creating enabling policy environments to promote behaviour change. Also, there is progress in shifting socio-cultural norms and attitudes relating to GBV and child marriage, although they remain a major challenge in some countries.

The latest evidence from the U.N. shows that comprehensive sexuality education improves knowledge and attitudes related to the risk of pregnancy, HIV and other sexually transmitted infections (STIs). In fact, CSE provided in or out of schools leads to a delay in initiation of sexual intercourse, reduced risk taking, and an increase in condom use and contraceptive use. CSE also enables young people to reflect on social norms, cultural values and traditional beliefs, providing a foundation for healthy and respectful relationships with peers, adults and the wider community.

Our political leaders speak of the potential for Africa to reap the demographic dividend, as outlined in Vision 2063 of the African Union. The ESA commitment, and follow up actions by countries, has provided our region with a robust foundation to achieve this dividend and to address wider health and human rights issues affecting our young people of today.

If we are to reduce new HIV infections and teenage pregnancies, and to eliminate GBV, priorities for CSE scale-up in our region must include Ministers of Health and Education calling for and facilitating improved accountability, coordination and financing. Concerted efforts should be made to mainstream CSE into school curricula and pre-service teacher training, and CSE should be made mandatory and examinable in all countries in the region. It is also imperative that CSE scale-up strategies are costed, with allocation of adequate resources to support quality implementation and monitoring and evaluation.

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