

SEXUALITY AND HIV & AIDS IN AFRICA

Report of the 4th Africa Conference on
Sexual Health and Rights

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Addis Ababa, Ethiopia

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List of Abbreviations and Acronym

AU	African Union
CAMNAFAW	Cameroon National Association for Family Welfare
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CS	Concurrent session
CSO	Civil Society Organization(s)
ECA	(United Nations) Economic Commission for Africa
FGD	focus group discussion
FGM/C	female genital mutilation/ cutting
HSD	Human and Social Development Section of the Economic Commission for Africa
ICPD	International Conference for Population and Development
IEC	information education and communication
IPPF	International Planned Parenthood Foundation
LGBTQI	lesbian, gay, bisexual, transgender, queer, questioning and intersex
M2C	mother to child transmission (HIV)
MCP	multiple concurrent partners
MDG	Millennium Development Goal
MHC	maternal health care
MM	maternal mortality
MPoA	Maputo Plan of Action.
MSM	men who have sex with men
NGO	non-governmental organization
PAP	Pan-African Parliament
PHC	primary health care
PLWHA	people living with aids
PWD	people with disability
SADC	Southern Africa Development Cooperation
SGBV	sexual and gender based violence
SRH(R)	sexual and reproductive health (and rights)
SSA	sub-Saharan Africa
STD	sexually transmitted disease
SW	sex worker
UNFPA	United Nations Population Fund
WHO	World Health Organization
WSW	women who have sex with women

Executive Summary

“Sexuality and HIV & AIDS” was the theme of the 4th Africa Conference on Sexual Health and Rights held in Addis Ababa, Ethiopia from February 8th to 12th, 2010. The main objective of the Conference was to identify vulnerabilities and vulnerable people that are critical to SRHR and HIV/AIDS interventions. The Conference sought to introduce new insights to initiatives that will stem the spread of HIV and AIDS and map a course of action for SRHR.

A key expected outcome was a shift away from moral approaches and expansion of the discussion of sexuality from a rights based perspective. This shift is expected to help identify best practices in programming that can be used to improve SRHR in Africa.

Despite some progress in improving SRHR, delegates noted that the gains have not been universal and the pace has been too slow to enable Africa to meet its targets. Of emerging concern is unintentional dominance of SRHR messages that label sex dangerous and shameful – messages focusing on risky sexual behavior such as MCP, alcohol and drug use, unprotected sex, M2C transmission of HIV/AIDS, maternal mortality and FGM. Structural hindrances include limited access to comprehensive SRHR services, poverty and cultural factors. The net effect is an environment in which discussion of SRHR is difficult and remains phrased in the language of biological, demographic and epidemiological facts. Issues of desire, feelings, sexuality, sexual identity and self-respect are overlooked – the very issues that adolescents and young people in the age bracket most affected by HIV/AIDS struggle with. The persistence of unequal gender relations leaves women especially vulnerable.

Creating a new context for SRHR requires openness in addressing sex, sexuality and HIV/AIDS. In this fresh context there must be renewed impetus to reach people with information that goes beyond facts and addresses issues of real concern to men and women as they make choices affecting their SRHR. This shift requires that SRHR interventions be integrated with the HIV/AIDS responses and the unprecedented collaboration, communication and sharing of knowledge and information between stakeholders at all levels. It calls for recognition of the role of women as first response to HIV/AIDS. It also calls for investment in those who provide SRHR services including medical staff and support for the ascendant role of teachers in the lives of the young people.

Transformation of SRHR programmes has inherent challenges and will not be possible without structural reform. Consistent supplies and availability of properly trained and oriented staff at medical centers, (particularly those in rural areas) will ensure clients’ needs are addressed regardless of their sexual identity. Managing SRHR interventions with a focus on results in an open and accountable manner will also translate directly to services for communities. While the crisis in the global economy may negatively impact availability of funding for SRHR, resources such as the Global Fund remain under-utilized.

Over 800 participants attended the Conference contributing ideas and experiences to the plenary and concurrent sessions that met around a diversity of sub-themes. The Africa Federation for Sexual Health and Rights, the regional representative body of the World Association for Sexual Health, convened the meeting which was hosted by the International Planned Parenthood Federation – Africa Regional Office in collaboration with Action Health Incorporated (AHI), Nigeria and the Family Guidance Association of Ethiopia (FGAE).

Acknowledgements

This report brings together many contributions from the Government dignitaries, experts, participants, discussants, moderators, and organizers who attended the 4th Africa Conference on Sexual Health and Rights held in Addis Ababa, Ethiopia from February 8th to 12th, 2010. This Conference was convened under the auspices of the Africa Federation for Sexual Health and Rights, the regional representative body of the World Association for Sexual Health, and hosted by the International Planned Parenthood Federation – Africa Regional Office in collaboration with Action Health Incorporated (AHI), Nigeria and Family Guidance Association of Ethiopia.

Special thanks goes out to the Conference Committees who brought with them commitment to ensure the success of the conference, their passion for improving the reproductive health of men and women in Africa and their expertise and ideas for addressing Africa's challenges around the area of Sexuality is unmatched. Thanks are also due to the Government of the Federal Republic of Ethiopia providing a platform from which Participants were able to listen to and express their diverse opinions freely and openly.

We also owe significant gratitude to the sponsors of the conference for generously supporting the conference. This include the IPPFAR, Swedish/Norwegian Regional HIV&AIDS Team for Africa, The William and Flora Hewlett Foundation, The Global Fund, The African- Spanish Women's Network, The African Women's Development Fund, MacArthur Foundation, Urgent Action Fund, International Women's Health Coalition and NGO partners in Ethiopia.

Objectives and Expected Outcomes

The 4th Africa Conference on Sexual Health and Rights held in Addis Ababa, Ethiopia from February 8th to 12th, 2010 had three key objectives:

Objective I

To identify new, emerging and existing vulnerabilities and vulnerable and marginalized people that are critical to sexual health and rights and HIV and AIDS interventions using a sexuality and rights approach.

Objective II

To explore how the application of human rights framework to sexuality might provide new insights in developing interventions to reduce the spread of HIV and AIDS and provide a more comprehensive sexual health to all persons.

Objective III

To review and map out new and existing innovative strategies, programming and funding that best addresses the interlinkages between sexuality, sexual health/rights and HIV & AIDS for future SRHR and HIV & AIDS interventions.

Expected outcomes

A key expected outcome was to begin to shift interventions away from morality to the application of rights in identifying vulnerabilities to reduce the spread of HIV and AIDS. The Conference also sought to identify best practices, funding frameworks and programming that can advance the use of sexuality and sexual rights in interventions aimed at providing comprehensive sexual health, including the reduction and prevention of HIV and AIDS in Africa.

The 4th Africa Conference on Sexual Health and Right is part of a long-term process of building and fostering regional dialogue on sexual rights and health that leads to concrete action to influence policy particularly that of the African Union and its bodies. It follows three previous conferences: February 4th to 7th, 2008 held in Abuja, Nigeria; June 19th to 21st, 2006 in Nairobi, Kenya; and February 25th to 29th, 2004 in Johannesburg, South Africa.

Opening Ceremony

Guest of honour -

H.E. Mr. Girma Woldegiorgis, President of the Federal Democratic Republic of Ethiopia

Speakers -

Dr. Tedros Adhanom, Conference Patron Minister for Health of the Federal Democratic Republic of Ethiopia

Dr. Gill Greer, Director General - IPPF

Advocate Bience Gawanas, Commissioner for Social Affairs - African Union Commission
Dr. R. Adevokli, Chief HSD Section (on behalf of Mr. Abdoulie Janneh, UN Under-Secretary General and Executive Secretary, ECA)

Dr. Rosemary Coates, President - World Association for Sexual Health

Summary of Speeches

Dr. Tedros Adhanom spoke of the urgent need to accelerate integration of SRHR into Africa's HIV/AIDS response. In his message at the opening ceremony of the 4th Africa Conference on Sexual Health and Rights, Dr. Adhanom said fragmented approaches to family planning, antenatal care and safe delivery and AIDS as pursued to date have slowed the response and made it impossible to achieve universal health targets under the MDGs given the interconnected nature of health related MDGs. He said African men must also be targeted and encouraged to participate in SRHR as they are directly affected and affect their partners and others.

Dr. Gill Greer named sub-Saharan Africa's twin epidemics as HIV/AIDS and maternal mortality. Worldwide, HIV/AIDS has taken an African face with more of the new infections being recorded on the Continent than anywhere else. Meanwhile, a woman dies every minute as a result of pregnancy, childbirth and unsafe illegal abortion - the highest number being in Africa. SRHR must be given central attention for economic growth to be achieved and to avoid the needless loss of lives.

Advocate Bience Gawanas said the African Union has responded to these alarming trends with the launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa, CARMMA. This African-owned and led initiative has so far been launched in nine countries and others will launch this year. It is imperative that Member States now drive this campaign to reduce maternal mortality.

In a message read on his behalf by Dr Adevokli, Mr. Abdoulie Janneh said although there has been progress in improving SRHR, the gains are not widespread and the pace is too slow to enable Africa meet SRHR targets linked to MDGs. Hindrances include structural issues such as limited access to comprehensive SRH and HIV/AIDS services and sexuality education, medical staff shortages, poverty and cultural factors.

In her message Dr. Rosemary Coates said new interventions carrying positive messages that are culturally sensitive must embrace the definition of sexual health as a state of physical,

emotional, mental and social well-being related to sexuality - not just the absence of disease, dysfunction or disability. It was noted that many social and cultural norms restrict women's SRHR including dress codes, FGM/C, freedom of movement and association. Special interventions are also necessary for other vulnerable groups such as children living with HIV and sex workers. Achieving universal SRHR requires a positive and respectful approach to SRHR and sexuality including the possibility of having pleasurable and safe sex without coercion, discrimination or violence.

Day 1

Tuesday 9th February 2010

State of SRHR in Africa Focusing on Sexual Rights, FGM, HIV/AIDS and Maternal Mortality - PLENARY 1

Moderator –

Dr. Tedros Adhanom Ghebreyesus - Minister of Health, Government of the Federal Democratic Republic of Ethiopia

Speakers -

Dr. Jacqueline Sharpe, President - IPPF

Hon. Moussa Idriss Ndele, President - Pan-African Parliament

Mr. Ivan Camanor, Head - Liberia National AIDS Commission

Advocate Bience Gawanas, Commissioner for Social Affairs - African Union Commission

Issues Arising from Presentations

Dr. Jacqueline Sharpe noted that while some progress has been made in building awareness and advancing the state of SRHR issues internationally, many of the old challenges including the HIV/AIDS pandemic, maternal morbidity and mortality, unsafe abortion and lack of access to contraception and GBV persist. Over one third of the world's health problems are linked to sex and sexuality with most cases found in sub-Saharan Africa where the links between poverty and SRHR have been well documented.

Dr. Sharpe said the emerging trend towards the embodiment of draconian legislations that negate rights of minorities, women and their children will further stigmatize these issues and complicate initiatives to improve SRHR. Additional constraints include shrinking budgets and declining access to care and services - notably to the underserved.

Hon. Moussa Idriss Ndele outlined on-going regional efforts at the level of the Pan African Parliament, PAP to find ways of getting African governments to mainstream SRHR into public health using available regional instruments. He gave the example of the AU framework for the promotion of universal health adopted by African governments at the level of Heads of Government in 2006, includes SRHR. A major constraint to addressing SRHR issues is the resistance to discussion of sexual matters in most communities - even at policy level. The silence at policy level has effectively allowed HIV/AIDS to spread rapidly and the number of unwanted pregnancies to go unchecked.

Mr. Ivan Camanor described the poor state of SRHR and said it is now a leading cause of disease and death among African populations of child bearing age; HIV/AIDS is the largest contributor to this situation with 22.4 million African PLWHA. He said the imperative to scale up programs addressing HIV/AIDS is therefore urgent and cannot wait for development of new plans of actions and policy papers; what is required is new thinking and approaches rooted in CARMMA and MPoA in addition to recommitment of

resources. Mr. Camanor spoke of gaps in traditional approaches arguing for stronger linkages between SRHR interventions and human rights, social, cultural and economic factors that propel the spread of HIV/AIDS – factors such as access to services, access to land, inheritance practices, economic independence of individuals and communities, the cultural roots of harmful practices and the empowerment of women and men so they can make informed and independent decisions about SRHR. The education of girls remains one of the single most powerful interventions for achieving SRHR targets. Education also places women at an advantage for improving their economic status and correspondingly their negotiating power which has been shown to reduce risks of contracting HIV/AIDS.

Advocate Bience Gawanas said a complete paradigm shift is necessary to revitalize SRHR interventions including messaging, approaches, funding and management of programmes with renewed focus on young people. She said intervention through legislation is emerging as an effective mechanism for getting action from governments on SRHR; new initiatives will do well to address parliamentarians rather than public servants as has been the tradition. At programme level, it will be important to reposition FP within SRHR and HIV/AIDS interventions. It will also be important to deliberately address sensitive subjects such as sexual pleasure, sexual dysfunction and the role of sexual medicine within PHC. Revamping SRHR interventions will also require greater coordination and management of resources and focus on impact, outcomes, good governance, transparency and accountability within CSOs and government if Africa is to realize the MDGs.

Areas for Action

1. Use regional and continent wide instruments adopted by governments to support and advocate for action at national and local levels.
2. Remove the sharp disparity between the intention to act and the actual commitment of resources towards ensuring that action is taken. African governments must recommit themselves to the MPoA and in particular to:
 - A comprehensive SRHR package of services including SRHR education, contraception for both women and men and safe abortion.
 - Investment in equity that embraces
 - i. access to services for the poor, young people and rural, displaced and otherwise marginalized populations;
 - ii. protection of sexual rights as human rights to end GBV and foster gender equality and non-discrimination.
3. Lobby members of parliament for legislative reform.
4. Remove user fees for health care - especially sexual and reproductive health care.
5. Use human rights approaches to protect sexual rights; the central focus on health perspectives has in effect allowed erosion of some of the rights gains made to date.
6. Dismantle the secrecy surrounding sex and sexuality in order to open up the discussion of sensitive related topics with implication for SRHR.
7. Include men at all levels of interventions to address SRHR – even those that largely impact women only. Men wield a lot of power in sexual relations – the time, frequency, type of contraception including the use of condoms, and access to

information and services on reproductive health and in provision of security. Men must be informed what needs to be done and what their precise role is.

8. Integrate the needs of people in conflict and post-conflict situations in work on SRHR. War and conflict are the source of many sexual offences.

Emerging Issues

- Funding for SRHR should be managed for impact and outcomes and not only according to budget lines. This shift will also require effective review, monitoring and evaluation measures and flexibility to incorporate learning.
- Shifting donor priorities affect the impact of SRHR.
- Messaging at programme level must begin to embrace the discussion of sex and sexuality in ways that are relevant and meaningful to sexually active women and men.
- Findings of the Standing Committee on Health of the PAP show FGM/ C to be a complex phenomenon that requires a complex of responses.
- Action research is necessary to understand and document the beliefs, traditions, cultural and social underpinnings of harmful practices in the area of SRHR and inform the design of appropriate programmes. Research will also build understanding of the behavioral impacts of various social and economic factors with direct bearing on SRHR and particularly the spread of HIV/AIDS. Use of evidence based approaches can provide a basis for designing interventions that have desirable and sustainable outcomes.
- The interplay between various SRHR issues needs exploration. Information available from Liberia indicates that the presentation of an individual case of SRHR often masks the presence of other related SRHR issues; investigation of a GBV case will often be related to pregnancy and/or the incidence of HIV/AIDS which is in turn related to lack of access to services and limited information.
- It is important to recognize that interventions are not made in a vacuum; countries have challenges but also have programmes, experience and solutions.

Implementing the MPoA, a Key Factor to Achieving SRHR in Africa - PLENARY 2

Moderator –

Ms. Felicite Nsabimana Ndimira, Chairperson - IPPF Africa Region Board

Speakers –

Ms. Adrienne Germain, President - International Women Health Coalition

Dr. Kebede Kassa, Social Affairs Department - African Union, Commission

Dr. Chisale Mhango - Ministry of Health Malawi

Ms. Åsa Regner, Secretary General - RFSU/ The Swedish Association for Sexuality
Education

Ms. Lois Chingandu, Executive Director - SafAIDS

Ms. Antoinette Gosses, Women Deliver

Dr. Amany Asfour, President - Egyptian Business Women Association

Issues Arising from Presentations

Ms. Adrienne Germain opened the session establishing MPoA as a process that captures the commitments made in many processes by African leaders to improve SRHR. She said MPoA is built on the Millennium Development Goals. In having MPoA, Africa is the first continent to have a comprehensive regional SRHR policy and although it contains controversial provisions, the fact that Africa's leaders passed the MPoA is significant.

Dr. Kebede Kassa brought in the linkage between SRHR and sustainable development and said unless Africa invests in SRHR then economic growth will always be hampered. Key among priorities must be maternal mortality. Going forward it will also be important to assess and document what has been done and what needs to be done as a means to understanding why implementation of MPoA has been slow.

The presentation by Dr. Chisale Mhango summarized constraints to implementation of MPoA. These include: inadequate resource allocation for SRHR which has led to dependence on donor funding, different donor interests have also resulted in fragmented SRHR interventions. Other constraints include the lack of political will, poor integration of RH in health services, low standards of MHC and a lack of male involvement in SRHR issues among others.

Within the framework of MPoA achieving MDG 5, improving maternal health is critical to achieving MDG 6 which is to combat HIV/AIDS, malaria and other diseases. Jump-starting MPoA will also require that FP and SRHR services in general, are repositioned to serve young people. Dr. Mhango said that this will only be possible if governments recommit to MPoA; governments must meet the commitments they made in Abuja to devote 15 per cent of their GDP to SRHR. Governments should not look at it as expenditure but as an investment as improving SRHR is crucial to sustainable

development. It is also important to improve efficiencies as a lot of the money disbursed for HIV/AIDS is not reaching the people and communities for whom it is intended.

Ms. Åsa Regner spoke about the work RFSU is doing the goal of which is to complement the efforts of seven partner African governments as they work to achieve universal access to SRHR services. While there has been some change in attitudes to gender stereotypes, work in these countries done by RFSU shows that power structures still give men, governments, the church and doctors discretion over women's bodies where SRHR issues are concerned. Without a shift in power women will never have the voice or control of their bodies, their sexuality and their health and will continue to have their rights trampled on. Despite the illegality of abortion in most African countries, safe abortion is always available at a price regardless of regulation. Criminalization of abortion therefore continues to be a problem for the poor who are highly exposed to risks related to unsafe abortion. The debates on abortion thus have to expand from a health only perspective to a discussion on rights.

Ms. Lois Chingandu stressed the need for CSOs to partner with government. She said there is need to document best practices adding that South-to-South learning should be scaled up. User fees and service provider attitudes are areas that require attention as they can be major obstacles to accessing SRHR services.

There is still an unmet need for family planning. FP can be to maternal mortality what immunization has been for the dramatic decline in child mortality rates across the Continent. Complications from pregnancy and child birth currently rank as a leading cause of death among women of child-bearing age.

Ms. Antoinette Gosses said MPoA is a tool that should be implemented after having been adopted by African governments. She said MPoA provides a bold plan for addressing MM, strengthening health services and integrating HIV/AIDS interventions in PHC. MPoA also provides for reduced deaths from unsafe abortion, improving maternal health care and reaching young people with SRHR services.

Dr. Amany Asfour summarized this Session by calling for a shift from the rhetoric. She said all the policies, declarations of political will and commitment are in place. All that is needed now is for African governments to be continually held accountable for their MPoA commitments.

Areas for Action

1. The linkage between MPoA and the Maputo Protocol on Women's Rights must be stressed; women are not merely objects to be impacted by interventions but key actors in bringing change.
2. SRHR interventions must complement government efforts as this strengthens ownership and implementation of projects and processes.
3. Criminalization of traditional practices such as FGM/C, early marriage and other harmful traditions have a place in breaking the cycle and eliminating these practices has to be enforced. This must go hand in hand with IEC and advocacy as advocates of

FGM are often themselves victims and believe in the process. It is also important to emphasize positive traditional practices as there is a lot of valuable indigenous knowledge that Africa can share with the world about SRHR.

4. Opinion leaders, faith based organizations and religious leaders at national and local level must be engaged in the discussion of FGM/C and abortion.
5. Make the link between poverty and the incidence of abortion; many women including married women procure abortion because they cannot afford to raise more children.
6. Attention must be given to SRHR in conflict situations on a continuous basis and with consideration for the different circumstances pertaining in each country.
7. While the MPoA is a comprehensive document and tool, it should not be forgotten that it originates from older regional and international instruments that are better known and better understood and can be leveraged for change.
8. It is important to take stock of impediments faced so far in the implementation of MPoA and design a way forward. We must measure the benefits accruing to women and girls from interventions in SRHR to date and establish how much has been mobilized in terms of resources since 2008 when the MPOA came into force. Funding support is a critical pillar of success and must not be left to chance. Mobilization of resources is sometimes hampered by basics such as ignorance of the amount of money needed to address SRHR in Africa

Emerging Issues

- Revitalizing SRHR requires repositioning and re-organization of national and regional priorities for health. To begin with, FP should be repositioned in the development plans of African countries. National HIV/AIDS commissions should also invest in promoting SRHR, not just HIV/AIDS. SRHR services for young people must be repositioned within a rights based approach.
- Many agendas are competing for limited resources and the AU cannot support governments in mobilizing resources in this very competitive environment. Therefore it is important to foster public-private partnerships which will help raise money or donations in kind.
- Dissemination of MPoA faces significant hurdles that must be addressed if the message is to reach all parts of the continent; these include limitations of language, the vastness of the continent, problems of communication and transport.

Panel Discussion: Choice, Sexuality, Vulnerability and HIV & AIDS - PLENARY 3

Discussants –

Ms. Nike Esiet, Executive Director - Action Health Incorporated

Dr. Gill Greer, Director General - IPPF

Mr. Joel Gustave Nana, Executive Officer - African Men for Social Health and Rights

Dr. Chichi Undie, Associate - Population Council

Issues Arising from Presentations

Adolescents in Africa are being asked to make informed SRHR choices in an environment where they really do not have choice. Ms. Nike Esiet said young people can only exercise choice where they have access to comprehensive information and confidential services. Where choice is not offered then the risk of STD and unwanted pregnancies remains high.

Adolescent girls, especially out of school girls face particularly elevated risks. Notable characteristics of vulnerability of girls are those in the age bracket 10 to 14; girls living away from their parents; girls who head households or those forced into early marriage or relationships with partners who are more experienced. It is also important to recognize adolescent girls as sexually alive. Addressing them in this role requires a shift away from framing issues of SRHR within a vulnerability paradigm. This requires expanded understanding of the inter-relationship between desire, pleasure and agency in adolescents as a basis for empowering girls and young women to be able to negotiate safe sex.

In her presentation Dr Gill Greer said that marginalization results in an inability to exercise choice in SRHR. The many forms of marginalization faced by women whether by family, lack of choice, circumstance, the law and availability of a good health system often dictate how much control women and girls can actually exercise over their bodies. Dr. Greer singled out the particular vulnerability of young women and men living with HIV and AIDS and sex workers. Studies in eight African countries found 30 per cent of sex workers do not have redress to the law or protection from/by the police.

Mr. Joel Gustave Nana spoke of the difficulties of discussing and programming for non-conforming sexualities in Africa. He said 39 of Africa's 50 countries still criminalize same sex and non-conforming sexualities creating an environment in which sexual minorities are not reached with information and services. This is because they are deemed illegal and this leaves them without choice and at risk. MSM in low income countries are also 19 times more likely to contract HIV than men in the general population. In these countries, attacks on sexual minorities are common; legislation does not protect sexual minorities from hate crimes and exposes them to arbitrary arrest, blackmail and torture – sometimes at the hands of police officers who should be their protectors.

In her presentation Dr. Chichi Undie uncovered the shifting nature of choice in response to external factors and said this must also be understood when using the word ‘choice’. In every situation an individual finding themselves at choice will subject that choice to external perception, culture, legal and other restrictions, religion and economic realities among many other considerations. She said this “legitimized editing” highlights the reality that each situation often presents a multiplicity of choices and a multiplicity of possible actions. The choice of one individual can be the vulnerability of another. Who is exercising choice when a man refuses to have sex with his wife but has sex with other men? Understanding the interchange between choice, sexuality and vulnerability is crucial in understanding whose choice prevails under different circumstances and what implications this presents for sexualities, vulnerabilities and HIV/AIDS.

Areas for Action

1. Lack of access to comprehensive information by young men and women requires intervention.
2. It is important to explore the linkages between livelihoods and agency and opportunities with microfinance.
3. There must be zero tolerance for absence of girls from school.
4. Programming must recognize the agency of adolescent girls in SRHR issues. If programming is done without this recognition girls will continue to be sexually active and programmes will continue to fail.
5. Approaches to negotiating power relationships between women and men must demonstrate that empowerment of women is not disempowerment of men; this is an important stepping stone in addressing the vulnerability of women and the risks this presents.
6. There is need for comprehensive sexuality education to build understanding that human beings do not fit neatly into one box. Stigma and discrimination keeps sexual minorities in hiding and perpetuates the risk to others in contracting HIV/AIDS and other STDs.

Emerging Issues

- Knowledge about the elevated SRHR related risks faced by adolescent girls is limited.
- There is need to better understand prejudice, perceptions, fears and resistance that characterize discussions around sexual minorities and to use this knowledge to expand the discourse.
- African countries should take a regional approach on issues of non-conforming sex and sexuality.
- Poor living conditions of those in crisis torn areas such as the refugee camps of Darfur, Sudan often exacerbates risks and increases vulnerability. Surveys conducted in Darfur indicate that 74 per cent of the population had never heard of HIV/AIDS indicating gaps in interventions.

Concurrent Sessions
Skills Building Workshop: ‘Analyzing Data on Reproductive Health with a Gender Lens’.

Moderator: Dr Shyam Thapa

The focus of this skill-building workshop was on analysis of survey data with specific reference to sexual and reproductive health of young people, 15-24. The main areas covered included the conceptual framework, outcome and explanatory measures, analysis of data, and the interpretation of results. The workshop was designed to be interactive and hands-on, providing participants with ample opportunity exchange of feedback and suggestions and discussion. The workshop was intermediate-level in that the participants were expected to have already acquired working knowledge of and some experience in basic-level statistics, research methods and the use of a data-analysis software package. The workshop was best suited for participants who had initiated a specific research and would benefit from on-site consultation and discussion on the conceptual framework and research design, the processing of data and interpretation of results.

Achieving Sexual Rights: A Mirage?

Moderator –Ms. Melat Tsadik

Mr. Malose Lang presented findings of a study showing that perceptions of gayness are well established in adolescent boys aged 12 to 15 and these shape and influence their choices and concept of becoming a man. Ms. Annette Schwalbe of the organization Art2Be presented the experiences of the LGBTQI community in Nairobi, Kenya in working to have their voices heard at personal, private and public levels as a prerequisite for claiming sexual rights. In his presentation, Prof. Kevan Wylie highlighted results of a large international study to assess the impact of knowledge about SRHR on wellbeing. The study showed that knowledge greatly helps sexual wellbeing and respondents from all 26 countries sampled (including 2 African countries) said they wanted more information about the emotional and relationship aspects of SRHR and not simply the biological facts often taught in sex education classes.

Areas for Action

1. Sex education needs of young people and adults alike must go beyond knowledge of the facts and encompass discussion on emotions and relationships.

Emerging Issues

- Legislation alone cannot change attitudes and behaviors towards LGBTI and more work is needed to understand the social perceptions and other factors that shape and entrench attitudes to LGBTQI.
- Homosexuality is perceived as a threat by adolescent boys aged group 12 to 15 in most African countries
- Without a voice sexual rights cannot be claimed or lived.

**Strengthening African Institutions and Capacity by Investing in Africa:
Taking the Principles of the Paris Declaration to the Civil Society -
PLENARY 4**

Moderator –

Ms. Yemeserach Belayneh - Packard Foundation

Speakers –

Mr. Tewodros Melesse, Regional Director - IPPF Africa Regional Office

Dr. Babatunde Ahonsi - Independent Consultant

Dr. Lesley Anne Foster, President and Chairperson of the Board - AMANITARE

Issues Arising from Presentations

Mr. Tewodros Melesse said south-to-south cooperation must be the driving force in strengthening African institutions and building capacity for the development of the continent, especially as regards the implementation of SRHR initiatives. South-to-south cooperation would also make it possible to hold African governments and CSOs to account and ensure that they remain answerable to Africans.

To this end, dependence on traditional donor funding must be avoided. Local CSOs cannot afford to simply craft messages, projects and programmes to get money from donors. In line with the Paris Declaration, he said African CSOs must concern themselves with country ownership, alignment with local development agendas, managing for development results and open, accountable and transparent governance. This would only be possible where there are strong leaders, networks and availability of resources at national and regional level.

Dr. Babatunde Ahonsi said both African countries and international donors have betrayed commitments made to hold each other accountable under the Paris Declaration. For example, the promise of increased funding for HIV/AIDS has seen enormous funding directed to re-medication of the sector even while leaders on the continent repeatedly ask for priority investment in preventative measures. He said in many countries projects funded by bilateral donors are channeled through international NGOs or action research institutions thus failing to build local capacity and perpetuating the fundamentally unequal relationship between international NGOs and local organizations where lack of capacity continues to be a problem even after 40 years of investment. Equally, the promise of better coordination and greater accountability on the part of governments and CSOs from the region has not been kept.

Dr. Ahonsi called for a complete turn-around of activities; CSOs must use the Paris Declaration to lobby for fair aid practice and to name-and-shame both African governments and donor governments that do not adhere to the principles of the Declaration. Beyond asserting the principles of the Paris Declaration and holding governments to account, Dr. Lesley Anne Foster stressed that it would be important for

African governments to challenge the current structure of aid and only accept aid that promotes local agendas. CSOs must then become more sophisticated and only accept such funding as meets the needs of their constituencies - otherwise SRHR goals will never be realized.

Areas for Action

1. International donors giving aid to Africa must support the implementation and formulation of local and national agendas rather than continuing to drive external agendas and pre-formed ideas.
2. African governments and CSOs must formulate and adhere to their agendas and not be swayed by donor interests.
3. The contribution made by communities to their own development and to their nations must no longer be overshadowed by governments, CSOs and donors in the discussion about development and aid. There is need to quantify the contribution made by communities and affirm the contribution of Africa to her own development.
4. The political nature of development language must be interrogated to remove disempowering phrases as one of the steps towards leveling the relationship between donors and beneficiaries and creating aid structures that work for the people of the continent.
5. Africans in Diaspora must also be engaged and addressed by capacity development interventions; some in Diaspora are already in a position to contribute to the continent and ways should be found to attract them back.

Emerging Issues

- CSOs must work to establish and uphold high standards of democracy and good governance within their own institutions if they are to hold donors and governments to account.
- There has been a growing tendency to make blanket criticism where cases of weak governance in civil society are encountered as if these are unique to the sector. There are credible, competent and committed CSOs. Private sector standards are not the panacea for capacity and governance issues within CSOs.
- Women are missing from the discourse around aid. This highlights the different ways and sectors in which power relations exist.
- Until the issue of reproductive health and human sexuality are politicized progress will remain slow.

Official launch in Africa of the IPPF Sexual Rights Declaration

Moderator –

Ms. Funmi Balogun, Gender, Rights and Sexuality Advisor, IPPF Africa Regional Office

Speakers –

Dr. Jacqueline Sharpe, President of IPPF

Mr. Eric Guemne, IPPF Africa Region Youth Representative

Ms. Seri Wendoh, IPPF, Central Office, London

Mr. Emmanuale Ngappe, Executive Director, CAMNAFAW

Summary of Speeches

Dr. Jacqueline Sharpe said the goal of launching *Sexual Rights: an IPPF declaration* is to have sexuality and sexual rights spoken about openly so that SRHR interventions are not hampered by secrecy, communal sensitivities, taboos and legislative restrictions. It is hoped that this will be universally achieved by the time the ICPD 2014 convenes. The Declaration is based on seven guiding principles that embrace sexuality as an important part of being human and affirm the expression of sexuality as integral to human rights. Although a global launch took place in 2009 the event marked its launch in Africa.

Mr. Eric Guemne called for rethinking of the messages on SRHR. He said many of the current messages ignore the fact that young people are sexual beings. Mr. Guemne also said that sexuality is a natural part of youth and being young, an age strongly associated with desire, feeling and the emergence of sexual identity. He emphasized the importance of recognizing sexual rights as equal and important to reproductive rights; SRHR approaches often address married young people and ignore the rest of this age bracket, thus creating a group of vulnerable people.

Africans appear to have moved away from discussion of sexuality and acceptance of sexual pleasure as a normal part of life. This is as seen from the open and natural references to the pleasure of sex in the early writings of Jomo Kenyatta. Ms. Seri Wendoh said today discussions on sex are shrouded in guilt, fear, morality, judgments and discrimination resulting in a generalized secrecy around the subject and marginalization of some groups who are silenced or forced into hiding. She cited women, young people, people living with disability, PLWHA, CSW, LGBTQI, trafficked people and domestic and migrant workers. Until the human rights of these groups are recognized they cannot be integrated fully into SRHR programmes and into society hence the importance of the Declaration. IPPF is therefore building an evidence base to showcase sexual rights violations and where these rights have been recognized. This is especially important in Africa because of the alarming HIV/AIDS statistics.

Mr. Emmanuale Ngappe used the experiences of his organization Cameroon National Association for Family Welfare - CAMNAFAW to highlight the unmet demand for SRHR services for sexual minorities. This is critical with all the difficulties of delivering services in a country such as Cameroon where homosexuality is illegal. He said criminalization of homosexuality has driven the community underground limiting their

access to reproductive health services. As an organization providing SRHR and HIV/AIDS services, CAMNAFAW implemented a program with the initial goal of reaching 1000 LGBTQI with information over three years. However, in the first 18 months they attended to 2073 LGBTQI clients highlighting the unmet demand.

This session was concluded with the formal launch presided over by Dr. Sharpe.

Day 2

Wednesday 10th February 2010

Co-Chair Lecture – Josina Machel

Board Member, International Women Health Coalition

Ms. Josina Machel's presentation focused on the failure of interventions to stop the spread of HIV/AIDS in Africa which she said has reached levels where 6000 African youth are newly infected each and every day. She said it is time to put faces to the statistics if any difference is to be made. The issues being discussed today are the same issues that were discussed 10 years ago and this lack of progress must not be allowed to continue. Among the issues she raised was the recognized influence of culture and traditions on sexuality and life in Africa yet interventions are invariably designed and based on modern science and new knowledge. She said it is important to engage the custodians of culture in different communities and practitioners if interventions are to succeed.

Ms. Machel also identified the lack of access to SRHR services and information as a critical failing of interventions to date. And in particular, she emphasized the lack of access to services for young people in the 15 to 24 year age bracket. She said access is not only about providing clinics but also creating an environment in which young people feel comfortable seeking services; medical facilities where staff are judgmental and critical in their attitude, approaches and words are as good as no service at all since young people will not use them.

SGBV, Sexuality and HIV/AIDS: Exploring the intersections - PLENARY 5

Moderator –

Ms. Nyaradzai Gumbonzvanda - General Secretary, World YWCA

Speakers -

Mr. Samuel Muchoki - National Museums of Kenya

Ms. Saida Ali, Executive Director - Young Women's Leadership Institute

Dr. Kole Shettima, Director Africa Office and Co-chair - Higher Education Initiative in Africa, MacArthur Foundation

Dr. Tonya Nyagiro, Director - Department of Gender Women and Health, WHO, Geneva

Issues Arising from Presentations

Mr. Samuel Muchoki presented the findings and recommendations of a study entitled Sexual Offenders “Rape Vocabulary”: Meaning and implications in the HIV/AIDS era. The study conducted in three maximum security prisons in Kenya drew from the narratives of 14 death row inmates all convicted on rape charges. All of the respondents blamed the victims for the rape incident citing their dress, seductive nature, drunkenness (the perception being that women who drink are promiscuous) and a secret desire for forced sex on the part of the women. The study noted 93.7% of the perpetrators did not use condoms during these rape incidents. The researcher concluded that culturally acquired vocabulary is an expression of communal attitudes that excuse and perpetuate GBV and recommended interventions that change attitudes and beliefs about sexual and gender based violence in society.

Ms. Saida Ali's presentation used case studies to discuss culture and FGM/C. She started by examining the language of FGM/C and said the manner in which violence/violation of women is framed or defined is also important, for example the reference to female genital mutilation versus female genital cutting or female circumcision. Four case studies drawn from the research study The Perfect Vagina: Female Genital Cutting and the female body as a tool of community identity underscored the influence of culture and tradition over women's decisions relating to sex, sexuality and practices such as FGM/C. FGM/ C confers community identity on women and this cannot be overlooked in interventions against the practice; it is very difficult for one woman or one family to go against culture as they are sure to face social censure and sanctions. The rejection of FGM/C is seen as rejection of cultural identity and often results in exclusion from the whole of community life for any woman who chooses this path. To address FGM/C as part of SGBV interventions it is first necessary to understand what the practice means within cultural structures and the history of the community.

Dr. Kole Shettima in his presentation explored the interaction between SGBV, sexual discrimination and HIV/AIDS and said boundaries between them do not exist. In his view, one is often the cause or consequence of the others and should not be analyzed in isolation. In light of this it is important to examine the complex factors that create and

influence the conditions for SGBV, discrimination and HIV/AIDS including factors such as masculinity and femininity, culture, sexism, religious discrimination and the unequal distribution of power between genders. This inter-relatedness presents many challenges, among them, the need for holistic responses in programming and funding that allows programming to respond to realities that are rarely simple narratives.

Physical and sexual violence are extremely common in women's lives regardless of which part of the world they live in. Presenting results from a large cross-sectional study on SGBV from regional and global levels, Dr. Tonya Nyagiro said the WHO study found that women's greatest risk of violence was from a partner. The Study also found that other forms of domestic violence are prevalent across different settings. Pregnancy is not necessarily a protected time. The study also showed that for many women their first sexual experience was forced. This was more so the case for younger women. The outcomes of partner abuse, sexual assault and child sexual abuse have many dimensions including: depression, obesity, pelvic inflammatory disease and suicidal tendencies. Dr. Nyagiro said leadership and political will is required to protect women and change behavior in men. In light of these findings, WHO is currently expanding its work to look at masculinities and male and female perceptions of SGBV.

Areas of Action

1. Understanding of the meanings of cultural structures and institutions is a crucial step in reclaiming women's agency and power.
2. The medicalization of FGM/C is a trend that requires study as it is a trend that is replacing the traditional practice in some areas.
3. It is necessary to intervene in the political economy of FGM/C which is a source of income for circumcisers and informs the bride price that is to be paid for a woman as a prerequisite for marriage.
4. Male perspectives (notably those of fathers on FGM/C) are missing from the discourse and should be brought into discussion and interventions. It is crucial to address masculinities in addressing the intersections of sexuality, HIV/AIDS and SGBV.
5. The study and discussion of SGBV must be broadened to bring in defilement of children which is of growing concern in many areas of the continent.
6. Despite years of talk women and girls still do not know their rights and require rights based education.
7. Strong recommendation must be made to African government to domesticate international and regional instruments on SRHR to make them available to women and girls.
8. Political leadership and political gain is necessary to protect women from SGBV.

Emerging Issues

- Many societies view the bodies of women as a locus of control and expression of culture.
- A criticism of the Sexual Offenders "Rape Vocabulary": Meaning and implications in the HIV/AIDS era study is that it did not address rapes of babies and defilement which do not fit the argument of the victims wanting sex.

- Addressing female agency in interventions against FGM/FGC is important. Ultimately, women will be central to eradicating the practice.
- To what extent should individual choice be allowed in the case of cultural practices such as FGM/C that are widely accepted as abhorrent and cruel?
- Motherhood as an institution is often overlooked in framing and intervening in SRHR issues.
- We need to stop doing vertical programmes and focus on advocacy and behavior change for both men and women to deal with SGBV.

Concurrent Sessions

Gender, Youth, Poverty and HIV/AIDS

Moderator – Ms. Eva Nordfjell, Sida HIV Team in Africa

The first paper presented by Mr. Patrice Sanon examined the impact of criminalization of HIV/AIDS in Burkina Faso and found that criminalization does not reduce the incidence of HIV/AIDS. He also found out that a HIV positive status does not equally oblige people to change their behavior. A second paper by Mr. J.M.N. Pitso presented the results of a study that explored the sexual, psychological and physical violence faced by SW who are between ages 10 to 24 in Botswana. It was discovered that sexual harassment, rape, battery, verbal abuse and name calling, extortion, domestic violence and childhood sexual abuse were pervasive. In his presentation of study findings Awraris Alemayehu Birkie showed that in Amhara Region of Ethiopia, addressing SRHR is complicated by the fact that 50 per cent of girls are married by the age of 15 and most adolescents especially girls are dissatisfied with these marriages. Thus, many girls run away to escape these unions and end up living in poverty around urban areas.

Areas for Action

1. IEC on SRHR issues must address men who have traditionally been left out of interventions targeting women, youth and children.
2. Men remain reluctant to go to VCT centre for HIV/AIDS test. Therefore, initiatives that encourage male testing must be encouraged.
3. Sexuality remains a taboo topic and interventions to break the silence must be part of any SRHR programme.
4. Organizations are emerging to help young sex workers in Botswana engage in collective bargaining and to have a voice.
5. It is important to shift the perception that underage girls are responsible for their actions – a reason often given by men who have sex with them.

Emerging Issues

- Much vulnerability results from gender inequality; addressing gender biases will address vulnerability.
- Sex workers who are underage face double jeopardy because they seek to remain in business; most do not report violence perpetrated against them for fear that it will hurt their business and turn off clients.

Sexuality, HIV and the Most Vulnerable persons

Moderator – Ms. Jennifer Wilen, International Women’s Health Coalition

Ms. Florence Mukasa from Uganda National Association of the Deaf noted that Uganda’s National Strategy Framework on HIV/AIDS has been applauded for the resulting reduction of HIV prevalence from 6-8 per cent in 2004 to date. However, the HIV prevalence has not gone down within the deaf community who now number almost 1 million. Discrimination is a major contributor to this situation. Parents of deaf children often think educating them is a waste of resources. More than 63 per cent of deaf people in Kampala are illiterate and the highest level of education in this group is primary seven. This is a great hindrance to reaching deaf people with literature about HIV and other socio-economic development issues. To this end, the Uganda National Association of the Deaf was formed as a non-profit organization that brings together different categories of deaf people, including those with multiple disabilities and advocates on their behalf.

Areas for Action

1. Sustained efforts to advocate for inclusion of deaf children and young people in education will open up access for the deaf to printed/ written information about HIV and AIDS.
2. HIV/AIDS programs must have specific initiatives targeting the deaf. Over 33 per cent of the deaf in Uganda are never reached by services due to lack of information, much of it coming from the radio. Other information sources are not targeting deaf people either.
3. Health personnel should be trained in sign language.
4. Available HIV/AIDS information notably the abundant radio messages, should be made available in sign language.

Emerging Issues

- Education is an important basis for any successful SRHR program.
- Deaf girls are often neglected when it comes to HIV/AIDS since reproductive health policies and programmes, decision makers, community leaders and even parents are reluctant to realize that deaf girls are sexually active and therefore need support.

Emerging Issues on Youth SRHR in Ethiopia with a Focus on Young Girls

Moderator – Yemeserach Belayneh

The David and Lucile Packard Foundation hosted the Bi-annual Grantees and Partners meeting on the topic of *Emerging Issues on Youth Sexual and Reproductive Health (YSRHR) in Ethiopia: Focus on the Young Girl*. More than one hundred and fifty grantees and representatives of partner organizations as well as participants of the 4th African Conference on Sexual Health and Rights attended the meeting. The objectives of the meeting were: (a) to identify and discuss emerging issues for increased vulnerability of young boys and girls to SRHR risks; (b) examine the current policy environment and government led initiatives in advancing YSRH in Ethiopia; and (c) to discuss the effects of socio-economic empowerment programs in improving RH of young people.

Areas for Action

1. The Ministry of Youth and the Ethiopian Youth Federation are very interested in working with the reproductive health community and have identified areas for partnership including FP/RH services in youth centers established by the Ministry of Youth, participation in rolling out the youth development package and provision of youth friendly services at public health facilities.
2. There is need to make YSRH intervention inclusive so that youth with disabilities, HIV+ youth, married youth, and others can get access to comprehensive RH information and services.
3. It is important to link YSRH interventions with personal development programs and vocational/skills training activities.

Emerging Issues

- An increasingly supportive policy environment exists in Ethiopia with different Government-led initiatives focusing on social and economic development of young people in Ethiopia.
- There is a tendency to overlook the RH needs of young people in special contexts, such as higher education institutions, construction sites, plantations and rural areas.

People Living with Disabilities, Sexuality and HIV/AIDS – PLENARY 6

Moderator -

Ms. Ekaete Umoh, Family Centred Initiatives for Challenged Persons

Speakers –

Ms. Toyin Aderemi

Ms. Nancy Nteere

Issues Arising from Presentations

Ms. Toyin Aderemi's study entitled HIV/AIDS Knowledge, Attitudes and Sexual Practices Among Intellectually Impaired and Mainstream Learners in Oyo State Nigeria, found wide disparity in the knowledge and attitudes of intellectually impaired learners as compared to their mainstream peers on issues of sexuality and HIV/AIDS. Intellectually impaired learners were significantly less likely to have learned about their own sexuality or to have heard about HIV/AIDS. HIV/AIDS messages targeted at their age group on television for example, were often too complicated and not direct enough to match the intellectual capacity of this group. Often the intellectually impaired are given no information at all until maturity or when there is clear evidence of sexual exposure. Ms. Aderemi said myths about disability and sexuality abound such as beliefs that people with disability are asexual, or too ill to have sex, or are intellectually impaired. This result in marginalization from SRHR interventions yet many people with disability are sexually active. The study sampled 600 students aged 12 to 19 years using both quantitative and qualitative data gathering methods.

Ms. Nancy Nteere presented results of a study entitled Sexuality and Disability in Kenya. Ms. Nteere said communal attitudes and perceptions of PWD are often the biggest disability and hurdle faced by PWD. This interferes with their fullest enjoyment of sexual, reproductive and health rights. Beyond attitudes, Ms. Nteere cited institutional barriers that actively bar PWD from participation in many areas of life as does exclusion from programmes addressing SRHR and in particular HIV/AIDS.

Disabled people have equal sexual desire as their non-disabled counterparts but many in society believe that PWD cannot be sexually attractive or active. Yet there are people who readily have sexual intercourse with them. Among PWD women again face unique challenges and discrimination. Healthcare providers have a general misconception that a woman with disability should not get pregnant as she will have complications in pregnancy and childbirth. Women who are visually impaired are often extremely vulnerable to SGBV as people assume that because a woman cannot see she cannot hear or feel.

Areas for Action

1. HIV/AIDS and other SRHR messages must be tailored to the needs of PWD. People with intellectual impairment require HIV/AIDS messages tailored to the way that

they learn and interact with information. There is need to train teachers on how to impart SRHR information to this group of learners.

2. Attitude change is a priority if PWD are to be integrated into the health systems and other structures. Myths about disability and sexuality must be debunked in order to shift the perception that PWD face lower risk of contracting HIV/AIDS and other STDs and infecting others.
3. Health care remains inaccessible to most PWD. Without facilities PWD cannot be integrated into SRHR programmes.
4. It is difficult for PWD to obtain condoms and other protective/ preventative methods as they lack negotiation skills for condom use.
5. PWD have lower risk perception and knowledge about the transmission of HIV/AIDS. Due to this, they have higher risky sexual behavior.
6. Parental and institutional neglect affects PWD's access to SRHR information and services.
7. HIV infection rates disproportionately high among PWD and they is need to integrate interventions against HIV/AIDS.

Emerging Issues

- Poverty is both an outcome and a cause of disability.
- The definition of disability is difficult to pin down.
- Services tend to be physically inaccessible to PWD and many hospitals are not wheelchair-friendly.
- Support attitude change sensitization for health care providers.
- Address gender based violence against PWD.

Concurrent Sessions

Demystifying Adolescent Sexuality: Growing up and sexual maturation in the context of HIV/AIDS in Africa

Moderator – Dr. Sarah Thomsen

Panelists -

Dr. Stella Nyanzi, Makerere University

Prof. Getnet Tadele, Medical Anthropologist

Dr. Harriet Birungi, The Population Council

Dr. Laetitia Sayi, Ministry of Education and Vocational Training, Tanzania

Dr. Elizabeth Mapella, Ministry of Health and Social Welfare, Tanzania

Ms. Ame Atsu David

Mr. Etsub Berhaneselassie, Save the Children, Ethiopia

Issues Arising from Presentations

Dr. Stella Nyanzi said a paradigm shift is needed in the SRHR environment to create the conditions in which to engage with adolescents and young people. She highlighted the incongruity of restrictive policy and legislative frameworks that refer to adolescent sexuality in language that suggests adolescent sex should be banned, prohibited, punished or controlled and SRHR programme managers and service providers who treat adolescents as innocent, naïve and needing protection from external corruption and from themselves. Dr. Nyanzi said SRHR interventions must embrace adolescents' perceptions of sex and sexuality centered on pleasure, desire, having a hot body and freedom.

Prof. Getnet Tadele spoke of the growing trend of sexual abuse of children. He said studies show that out of every 10 girls 6 will experience some form of sexual abuse before adulthood. Prof. Tadele said there is widespread perception in Ethiopia that sexual abuse is only sexual abuse where it results in severe consequences or physical harm for the victim such as in cases of rape or battery. Abuse taking the form of verbal harassment or unwanted physical contact is seen as tolerable.

The earliest generations of babies infected with HIV at birth is now maturing into adolescence and adulthood and with so much attention going to the care of pediatric HIV cases the number of surviving children can only rise. Dr. Harriet Birungi said despite this knowledge the life of adolescents infected with HIV at birth is rarely discussed. Large numbers of these children (67 per cent) have no biological parents and 60 per cent are excluded from education. Health services and programmes addressing PLWHA are organized around pediatric care, medication and management of HIV/AIDS and adult care. SRHR services do not target this group of adolescents many of whom are already single parents or will marry early.

Ms. Laetitia Sayi of the Ministry of Education and Vocational Training gave an overview of how Tanzania has incorporated SRHR and HIV/AIDS information and education into the national learning syllabus and into career subjects from primary school, through secondary school and teacher training. She said relevant messages were incorporated in

textbooks and manuals in English, Kiswahili and Braille made available. SRHR and HIV/AIDS training uses a four pronged approach encompassing teaching, school counseling, peer counseling and school committees that take the message from the school into the community.

Ms. Elizabeth Mapella of the Ministry of Health and Social Welfare in Tanzania also concurred that Tanzania is at the forefront of programming for adolescent SRHR from the age of 10 years. Health services are also structured to serve under 5s and adults. They are also working to ensure a positive legal and policy environment.

Ms. Ame Atsu David said sexuality is not about having sex but about belonging and mutual respect. Young people and adolescents dealing with their sexuality need adults they can trust not people who make judgments about them. Ms. David said adults need re-education to be comfortable with their own sexuality so they can be available to support their children in discussing sex and sexuality in a natural way.

In his presentation Mr. Etsub Berhaneselassie said to date most societies have treated sexuality as a very private and sensitive issue. Societal norms tell us to keep quiet about sexuality which is effect denies peoples' sexuality and distances people from sexual reality. The natural internal desire to express sexuality as each individual sees it based on education, gender, power relations, religion, upbringing and a host of other factors is suppressed. Cultural norms also force us to behave as if all members of society are homogenous. The result is sexuality education that is shrouded in fear, poor communication and secrecy and dealt with in a very shallow manner.

Areas for Action

1. It is important to deconstruct the notion that sexual abuse of boys does not exist. Issues of masculinities have been sidelined in disproportionate preference of femininities and women's SRHR.
2. Discussion of SRHR must go beyond the discussion of risks associated with sexual behaviors to open up discussion on pleasure and teach adolescents mutual respect.
3. SRHR service providers must be equipped to deal with the new generation of PLWHA who were infected at birth and are now reaching maturity.
4. A technical educational syllabus that does not answer the questions adolescents and young people want answers to can be as dangerous as no sex education. For example, there is wide spread knowledge among adolescents that pregnancy and prevention of STDs is possible with use of a condom but few know how to use a condom.
5. Sex education based on sexual rights can be used to break the silence and secrecy surrounding sex and change negative norm driven attitudes.
6. Teachers offer a vehicle for sustaining HIV/AIDS education in the education system rather than NGOs who intervene when funding is available and then leave.
7. Peer counseling should be structured and guided to allow students in school to discuss any subject they choose within their groups.

Emerging Issues

- Violence against women is directly linked to masculinity.

- Many governments continue to resist discussion of the use of condoms and new challenges of expanding the conversation about sex education and sexuality are emerging.
- How can religion be part of the solution rather than part of the problem of SRHR and HIV/AIDS programming?
- Sex education syllabuses still tend to focus on the biological, demographic, epidemiological facts about SRHR but nothing about the sexual identity, emotional impetus, self-respect and mutual respect which is what most young people struggle with. Young people must be involved in developing education strategies if the information delivered is to be relevant to them.
- About 1500 babies are born HIV positive each day in Africa. What is being put in place to address this?

Skills Building Session: Steps to Transforming Evaluation Practice for Social Change (A rights-based social justice approach to program planning, monitoring and evaluation)

Moderator - Jacqueline Hart

Over 100 participants crowded into the room for the STEPS (Steps to Transforming Evaluation Practice for Social Change) workshop. The participants were very engaged with the material, and there was a good deal of lively and intense discussion. The key issues discussed were: What does “rights-based” mean in practice? What does “social justice” mean? How do we put those concepts together? How do we bring these concepts to life in our interventions and make them meaningful? What are the implications of a rights-based social justice approach for how we think about program planning, monitoring and evaluation? How do we create an ethos and practice of program learning? How we “see” social problems, develop interventions, and assess our work is at stake, and these conceptualizations and findings shape where our resources to bring about social change get channeled.

I believe that the tremendously enthusiastic and substantive engagement of participants with the content of the workshop points to the critical need for, and interest in, thinking concretely about what a rights-based social justice approach means for our work. If we say that we are committed to and are utilizing a rights-based and/or social justice frame for our work, beyond rhetoric, how do we operationalize what that means? Part of what we discussed is how this may challenge the interventions we do over and over again, the strides we feel we’ve made, and forces us to take a moment to think critically. The discussion really brought to light that there is a lot of confusion, disagreement, and desire for clarity when it comes to understanding what we are supposed to be doing when we say rights based. I think that for people to even raise their hands and say “wait a minute what does rights-based mean anyway?” is huge and important, and we need to create

more spaces for this kind of open and honest critical thinking. The group seemed to agree that one fundamental aspect of a rights-based social justice frame means looking beyond the individual.

But how do we keep our eye on social context, recognizing for example that socioeconomic status is critical to SRHR issues, in the context of the reality that many organizations are best (or only) equipped to target individual people not societal institutions? How do we create a cycle of program learning (meaningful monitoring and evaluation) and meaningful accountability to the communities we serve, and funders, within a rights-based social justice perspective that is based on complexity, when we so often think about (or are asked to think about) and show impact in a (overly) simplified way? Or on a timeline that is unrealistic, or perhaps overly optimistic, for real social change? How can we all have reasonable expectations for the impact of our work? How can we learn from our work instead of seeing impact in terms of success or failure?

Book Launch : A Tapestry of Human Sexuality in Africa.

Speakers –

Dr. Rosemary Coates, President, World Association for Sexual Health

Ms. Liesl Theron, Director, Gender DynamiX

Mr. Stanley Mbugua Njoroge, Corporate Affairs Manager, Kenya Broadcasting Corporation

Ms. Mzikazi Nduna, PhD Candidate, University of Witwatersrand, South Africa and Visiting scholar, University of Alberta, Canada

The book *A Tapestry of Human Sexuality in Africa* was launched by Dr. Rosemary Coates. Discussions during the session to launch the Book highlighted that sexuality issues are not new to Africa although the variety of experiences and expressions of sexuality in Africa are not well researched or documented. The Book serves as a first step in documenting a cross section of emergent issues in SRHR from the Continent. It is a collection of writings by graduates of the Sexuality Leadership Development Fellowship, a capacity development platform convened each year for two weeks by the African Regional Sexuality Resource Centre in Nigeria.

Speakers during the session were all graduates of the programme. They spoke of a diversity of emerging issues including –

- The use of sex to self-medicate;
- Need for interventions to address inter-generational transfer of risk;
- A need for media to pay more attention to coverage of SRHR and to participate in setting the agenda on these issues; and
- The opportunity to explore various forms of sexual expression in Africa such as dance which is an obvious form of sexual expression across populations of African descent.

DEBATE: Is the Media Fuelling the Spread of HIV/AIDS in Africa?

Moderator –

Ms. Ronke Olawale

Debaters –

Ms. Nontyatyambo Makapela, The Treatment Action Campaign, South Africa

Mr. Joseph Sewedo Akoro, Executive Director, The Independent Project

Ms. Liesl Theron, Gender Dynamix

Issues Arising from Presentations

Debaters drew on their experiences from the field to make the case for and against the media role in sensationalizing issues of sexuality, sexual minorities and people living with HIV/AIDS with the resultant impact of fuelling the spread of HIV/AIDS in Africa. Given the nature of headline driven news it will always be sensationalized. It is, however, well recognized that the media have been instrumental partners in the transformation of attitudes and approaches to HIV/AIDS over the past 20 years. Media has informed audiences about the progress of the pandemic, its causes, the importance of condom use, drug availability and efficacy. However, there have been concerns that in some areas media has interfered.

Ms. Nontyatyambo Makapela said rather than fight the media her organization, the Treatment Action Campaign has worked closely with media to replace and displace erroneous information. They have also been involved in the continuous training of journalists.

Arguing that the media fuels HIV/AIDS spread in Africa, Joseph Akoro said the failure of media to consult organizations working with sexual minorities before reporting on issues has led to articles and reports that are not always factual, objective and in many cases harmful. These articles have presented homosexuals as people who fuel the spread of HIV/AIDS, for example. Consequently, this has fuelled crimes and violence against specific communities and individuals who do not conform to traditional sexual practices.

Ms. Liesl Theron also emphasized the need for partnership with media adding that often it is how the news is covered that is worrisome for not getting the facts right rather than the subject matter that is covered. For example, the very public way in which the case of South African athlete Caster Semenya fumbled with insinuations and allegations for many weeks before the media were able to deal substantially with the subject of intersex in a professional manner. Equally any mention of LGBTQI events tend to be illustrated with images of gay parades or other forms of extreme illustration that create a biased impression of LGBTQI.

In conclusion, media is clearly a two sided sword. It can in some cases fuel the spread of wrong information. In many other cases media has supported the successful dissemination of valuable information.

Areas for Action

1. Media come from the same largely patriarchal, prejudiced society as the rest of the public and require the same sensitization and IEC intervention as the wider community.
2. CSOs can support the specialized training of media on SRHR issues by ensuring they provide for this in their budgets. Many media practitioners are not well informed of issues of SRHR and HIV/AIDS.
3. In so far as is possible greater openness in addressing issues of sexual minorities is necessary; secrecy of organizations speaking for sexual minorities fuels media curiosity in a negative way.
4. The language used to express sexual identity may fuel media sensationalism, for example, MSM. The phrase does not capture the wider identity of this community.

Emerging Issues

- Media are partners in addressing SRHR issues.
- Media are important messengers in the social construction of gender, sexual identities and in addressing HIV/AIDS.
- Media must link up with expertise of specialized institutions to ensure that they have accurate information and the full background on issues that they do not understand.
- Media must be encouraged to research stories thoroughly.
- Sexual identity such as MSM and WSW must be explicitly stated so there is no doubt about it and no denial.

Panel Discussion and Film Presentation – Courage and Hope: African teachers living with HIV/AIDS

Moderator –

Andy Seale, Senior Advisor for Sexual and Gender Diversity, Global Fund

Speakers –

Martin Mkong Ptoch, Kenya Network of Positive Teachers (KENPOTE)

Beldina Atieno, KENPOTE

Issues Arising from Presentations

Following screening of the documentary “Courage and Hope”, the speakers, both of whom are teachers living with HIV and who featured in the documentary, recounted how they became involved with the documentary and their experiences of living with HIV/AIDS. Both have come to terms with living with HIV/AIDS and recognize that HIV/AIDS is not a life sentence. Beldina Atieno said she had learned that with proper nutrition, health care and a good frame of mind she could live with the virus for a long time. But dealing with the stigma and discrimination associated with HIV and AIDS can kill she said. In 2008 she and Martin Ptoch formed the network of HIV positive teachers in Kenya to address stigma within the teaching community and demystify HIV/AIDS in schools as well as highlighting their needs. The Network (KENPOTE) Kenya Network of Positive Teachers is now recognized by the Teachers Service Commission, the body that deploys over 250,000 teachers throughout the country. The National AIDS Control Council through KENPOTE is also providing nutritional support to all HIV positive teachers who are open about their status. The speakers noted that since declaring their status and in airing the film, they have observed a greater interest in their work with organizations seeking to promote this in their countries.

Emerging Issues

- Denial remains the biggest obstacle to addressing HIV/AIDS among teachers as most teachers do not want to find out about or discuss their HIV status.
- Stigma associated with HIV is yet to be addressed in a meaningful way.

Day 3

Thursday 11th February 2010

Co-Chair Lecture – Dr. Musimbi Kanyoro

Director of the Population Program, The David and Lucile Packard Foundation

Moderator –

Mr. Malik Sawadogo, Pan-African Parliament

Dr. Musimbi Kanyoro gave her reflections on how money for SRHR can be better used. Much of the presentation focused on the gap in family planning. Dr. Kanyoro said life expectancy for a woman born in Malawi or Kenya is 40 years, half that of their Swedish counterparts while maternal mortality figures in Nigeria for example are more than 300 times those of the United States. The present state of affairs calls for a rethinking of SRHR approaches and long term investment in areas that are at the root cause of women's vulnerability.

Dr. Kanyoro spoke of the need to collectively increase women's access to power which impacts their access to family planning, prevention of unsafe abortion and care for post abortion. Understanding the effectiveness of family planning is urgent; she said strengthening family planning has the potential to reduce maternal mortality by up to 35 per cent. She said family planning is to maternal health what immunization is to child health. It enables women to be healthier, have healthier children and families and have more resources available to improve quality of life.

Areas for Action

1. Strengthen advocacy for resources to support family planning.
2. Enhance communication so that it reaches communities everywhere in Africa.
3. Make women's leadership visible and partner with women in national and regional leadership positions to take the SRHR agenda into these spaces. CSOs have been the driving force behind women's leadership.
4. Invest in the education, health and livelihoods of adolescent girls to reduce teenage pregnancy and improve their SRHR.

Emerging Issues

- Improving women's SRHR requires investment in areas beyond health systems.

Where is the Money for Sexuality, Sexual Rights & HIV/AIDS in Africa – PLENARY 7

Moderator -

Ambassador Nkoyo Toyo, Ambassador of the Federal Republic of Nigeria to Ethiopia

Lead Speaker –

Mr. Andy Seale, Senior Advisor for Sexual and Gender Diversity, Global Fund

Discussants -

Ms. Eva Maina, Head of Collaborative Initiatives, Urgent Action Fund – Africa
Mr. Hans Docter, Head of Development Cooperation, Netherlands Embassy, Ethiopia
Ms. Roselyn Musa, African Women Development Fund

Issues Arising from Presentations

The issue of money for SRHR work continues to challenge many in Africa and goes beyond simply identifying sources of money. Mr. Andy Seale gave an overview of the Global Fund mechanism which showed that although the Fund has been in operation since 2006 it remains underutilized.

He said the Global Fund is potentially a critical funding mechanism for work on sexuality and SRHR in Africa. Proposals submitted to the Global Fund are most commonly for interventions related to PMTCT, STIs, safe sex and sexual health and condom distribution (Not many submit proposals for family planning, post exposure prophylaxis or female condoms. To date the fund has approved proposals worth US \$20 billion and has disbursed US \$10 billion. Efforts are currently underway to address gaps in the Global Fund model and make it more accessible to Africa, He concluded by saying that hopefully it would be possible to broaden scope of issues to include work on socio-cultural practices that impact SRHR on the Continent.

Ms. Eva Maina suggested that the key question for funding SRHR may centre on the way in which sexuality is being addressed rather than where the money for SRHR is. By the end of 2009 homosexuality remained illegal in 39 African countries while abortion was legal only in Cape Verde, Tunisia and South Africa. This has been the case despite many years of advocacy and awareness creation. Given this background, she said proposals requesting funds from Urgent Action Fund to build awareness may fare worse than those seeking to protect activists. However, there are realities that make it difficult to fund LGBTQI including the fact that many organizations representing sexual minorities and addressing abortion work underground, are not registered and face reprisals for their work.

In the face of stigma and discrimination, myriad cultural and religious taboos and restrictions about addressing SRHR in Africa Mr. Hans Docter said courage, political will and sound methodologies were probably more necessary at this time than new resources. Mr. Docter said SRHR was a leading priority for the Netherlands in all its development

partnership efforts. Work towards Millennium Development Goal 5, that is, improving maternal health is ranked as the key MDG by the Netherlands government.

Ms. Roselyn Musa said money earmarked for SRHR is available although it does not address all areas. She said the greatest challenge facing donors is the ever increasing demand for funds even as contributions decline. This makes it more important for African CSOs to show interest in the issues that are important for the people of the continent and that make the biggest difference in their lives. Work towards Millennium Development Goal 5, is ranked as the key MDG by many bilateral funders such as the Netherlands government with ready support for this. It is also important to debunk the myths that making contraceptives and sex education accessible to young people and decriminalizing abortion would lead to an increase in the number of teenage pregnancies

Meanwhile the launch of the African Union Trust Fund for Women may be the first regional source of funding.

Areas for Action

1. African governments should participate in Conferences where thinking and agenda setting takes place. Many participants to the 4th Africa Conference on Sexual Health were funded by western donors and governments.
2. There must be honesty, transparency and openness in order to have strong partnership with the Global Fund. This requires good governance and a commitment to success both at the level of discussing and planning for SRHR interventions and in implementation.
3. Reporting by beneficiaries of grants is often substandard making it difficult for funders to assess success and continue funding. This has fed the reality of donor fatigue.
4. MDG5 is seen as key to unlocking other MDGs.
5. It is important to prioritize adolescent sexuality in programming and set aside taboos about addressing teenagers and their sexuality.
6. More awareness on emerging minority issues is necessary; even empathetic NGOs struggle to engage with these issues.

Emerging Issues

- Africans must begin to look for ways to fund their own development.
- A growing trend towards legislating against minorities and growth of religious fundamentalism and political conservatism all hinder the ability to address minority issues.
- The Global Fund mechanism favors large NGOs and locks out CBOs and organizations representing people with disability especially the deaf, dumb and blind. NGOs use the name of the disabled to raise money and yet funds never reach them.
- The Global Fund is expanding its approach to look beyond numbers; there is no need for heavy data to justify access to the Fund.
- The social norms that marginalize PLWHA, PWD, and LGBTQIs are present in CSOs, donor organizations and must be acknowledged, exposed and addressed.

Concurrent Sessions

Masculinities, Sexuality and HIV & AIDS

Moderator –
Mr. Mark Okunnu

Presentations during this concurrent session

Areas for Action

1. Women's rights organizations need to work in conjunction with male allies to address patriarchy as men wield tremendous control over promoting SRHR and tackling SGBV.
2. Call condoms 'male condom' and 'female condom' respectively rather than distinguishing the female condom alone.

Issues Arising from Presentations

- Men have been excluded in addressing patriarchy and its implications for SRHR.
- There are different manifestations of masculinities and a multi-pronged approach needs to be used to address them.
- There are few platforms available for men to get involved in promoting SRHR and curbing SGBV.
- Negative attitudes to condom use are influenced by flawed notions of masculinities, including use of female condoms. Flawed notions of masculinities include cases where men resort to sex and trophy hunting when they feel unable to demonstrate masculinity especially in economic ways.

Youth and SRHR/ Sexuality: What do young people know and act upon in Africa?

Moderator –
Mr. Emmanuel Etim, UNFPA

Andrew Ngwira presented results of a study conducted over eight years from 2000 to 2008 and targeting both in-school and out of school youth in Malawi. The study monitored interventions designed to change the attitudes of the people to contraceptive use and family planning at all levels. During the study period contraceptive use climbed from 12 per cent in 2000 to 28 per cent in 2006 and to 41.2 per cent in 2008. STI prevalence and teenage pregnancy also declined.

Study findings presented by Caroline Mackenzie offered a qualitative assessment of the knowledge, attitudes and practice of sexuality counseling among HIV and family planning service providers from three provinces in Kenya. The study found that both HIV and FP service providers lack the knowledge and training needed to adequately counsel their clients on matters of sex and sexuality. It also found biases in the service provider's treatment of clients of non-conforming sexuality.

The study conducted by Sarah Forde and Lidya Kasiwa is part of the SRHR programme of Moving the Goalposts (MTG). This is a girls' football and development programme that reaches 3,000 girls and young women primarily through their football league. In depth interviews were conducted with nine girls aged 14 to 16 over two years to document their experience of adolescence, different messages about their sexuality that reach them from peers, teachers, religious leaders and parents and their own actions in response to the community and their own sexual impulses.

Mr. Yehia Gado said about 1015 teenage students in three Egyptian metropolitan areas of Cairo, Alexandria and Sharkia were interviewed to assess their knowledge about their bodies, adolescence ,sexual development and sexuality. The results of the study revealed that teenage boys have some knowledge of their sexual development and maturity and sexual behavior while most teenage girls lack basic and essential knowledge on these matters. Many of the students knew a lot about HIV/AIDS and how it is transmitted but knew nothing about other STIs – possibly a reflection of media interest in HIV and AIDS.

Areas for Action

1. It is clear that youth led approaches enjoy better acceptance than approaches and interventions designed by adults. Adults can be trained to support these processes as in the case of Malawi where teachers were trained as supply keepers who hold the contraceptives for the peer health workers.
2. There is a gap between what policy makers say is happening and the reality of the poor health services provided.
3. Involvement of religious leaders in sex education is crucial as people trust religious leaders.

Emerging Issues

- Malawi has no restrictions in law or otherwise that limits distribution of contraception and family planning services although there are age guidelines.
- Social change takes a long time and is particularly lengthened where there are cultural and religious issues to work around.
- A disconnect exists between data and reality, for example, research has failed to capture the gap in quality of the service reaching teenage clients.
- Media is an effective tool for communication but may not be the communication tool with which to reach teenagers particularly in rural areas.
- It is important to share and disseminate widely innovations such as re-useable pads and the menstrual cups offered as a response to girls who struggle to protect themselves during menstruation.

Skills Building Workshop

Using the International technical Guidance on Sexuality Education to develop country specific action plans for education and health authorities

The *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* has recently been completed. The guidance, prepared under the overall coordination of UNESCO with support from UNAIDS, WHO, UNFPA and UNICEF, is an evidence-informed document that provides the rationale for sexuality education in volume 1 and outlines the basic minimum package of topics and learning objectives for sexuality education in volume 2. The companion volumes are meant to be used by education and health authorities at different stages of sexuality education programme development to assist with advocacy, planning, curriculum development, teacher training and monitoring and evaluation.

The main purpose of this workshop was (1) to familiarise the participants on the contents of the guidance document, (2) to identify the aspects of programme planning that countries need assistance with, and (3) to provide hands-on assistance in developing country-specific action plans, including effectiveness evaluation.

Redefining Feminism: No ifs, ands or buts

In West and Central Africa, feminism is regarded by many people, including women and young girls, as an ideology practiced exceptionally by women who have lost their sense of womanhood, as an act of frustration upheld by radical women usually seen as recalcitrants who refuse to be wives and mothers but rather prefer to be single with several sexual partners.

Feminism should not be regarded as an imposed ideology. Rather it is innate in everyone of us and is the principle which often guides our lives. It defines what we uphold as women and what we abhor as women; it defines how we want to better our lives; and it defines what we want to eliminate to improve our lives.

To nurture feminism in our minds and daily practices is to be able to question each ambiguous situation we come across and to be able to ask ourselves why we must make certain choices. Feminism develops in us the love for self, which is a prerequisite to have a good self esteem that every woman needs for a healthy life.

Youth feminism in Africa is a way forward to female autonomy, self reliance and attainment of the power to say no to unsafe and unwanted sex. Feminism will enable young girls to question their cultural practices and even mobilise to eliminate some harmful practices. Feminism should enable us young girls to fight against all forms of discrimination and violence against women by breaking the silence and denouncing all perpetrators.

This panel, made up of three self-identified young women from Cameroun and Nigeria, explored the myths surrounding feminism in Africa; described the challenges facing young self-identified feminists living in conservative societies; and encouraged women,

particularly young women, to reclaim and redefine feminism in a positive way. The session created a safe space for women attending the 4th African Conference on Sexual Health & Rights, and a forum to discuss and debate feminism and sisterhood today. The session was organized in a talk show format called “MOREMI talk-show”. Discussion ranged from the definition of feminism, to exposing myths and identifying the challenges young women feminists face in their fight for equality. Many stories were shared in the spirit of sisterhood and solidarity.

Issues Arising

1. Feminism provides a space for sharing and strategizing for an end to patriarchy and strengthening the bond of sisterhood.

Criminalization of Same Sex Union in Africa – Implications for sexuality and HIV/AIDS – PLENARY 8

Moderator -
Sylvia Tamale

Speakers –
Mr. David Kuria, Director, Gay Lesbian Coalition of Kenya
Mr. Victor Zowodo, International Gay Lesbian Coalition
Mr. Anthony Obidike, House of Rainbow, Nigeria

Issues Arising from Presentations

The presentation made by Mr. David Kuria demonstrated how legislation and penalties against same sex unions and minority sexualities vary in their specificity and criminal severity in different countries. He said they are present in 39 countries and punishment ranges from 5 years imprisonment to life. In Africa, only South Africa has a constitution that upholds LGBTI rights and recognizes same sex marriage, but there are many hate crimes against LGBTI people.

The existence of these laws exposes LGBTQI to discrimination and has driven sexual minorities further into the shadows where they remain invisible, unable and unwilling to access SRHR services. Arrest and detention of sexual minorities is assumed to be a measure of the success of these laws yet criminalization leads to blackmail, persecution and violence and reduces health seeking behavior. It is clearly not possible to win the war against HIV/AIDS while advancing the exclusion of LGBTQI. There is a basic human rights imperative as well as a health imperative for demanding enforcement of the rights of LGBTQI.

Mr. Victor Zowodo traced existing sodomy laws in African countries to colonialism; colonialists from whom these laws were inherited have since repealed the laws from their own books. Islamic law has also influenced legislation; in places such as Sudan and Northern Nigeria where Sharia law is practiced, the penalty for same sex unions is death. In Burundi, Uganda, Rwanda and Nigeria there are now efforts underway to enact even harsher laws. In most countries the instrument of oppression of sexual minorities is directly or indirectly religion creating an environment in which the regular violation of the human rights of sexual minorities - including rights to liberty and security, privacy, work, freedom of movement and association, and to receive and impart information - is normal. NGO staff who work with LGBTQI groups are often harassed and detained. Since legislation sets the pace for policy, it is no surprise that most health policies exclude LGBTQI from SRHR and HIV/AIDS interventions (except in Malawi where MSM is weakly referenced in policy). Criminalization is outdated and unnecessary.

Mr. Anthony Obidike said the state of legislation forces sexual minorities to hide behind phony relationships where they put others at risk. He said many lead multiple lives – pretending to be heterosexual, getting married and having children while they have

homosexual or other relationships on the side. Inaccurate and unethical media reporting simply fuels the situation.

Areas for Action

1. There is need for advocacy to decriminalize outdated sodomy laws and same sex unions. Laws – whether proposed or existing - that dehumanize an individual must be strongly condemned.
2. Comprehensive research to understand the impacts of criminalization of same sex unions on SRHR is necessary.
3. Governments must institute policy reforms to ensure that no individual is left out of SRHR and HIV/AIDS interventions because of their sexuality. NGOs should advocate for these reforms and support their drafting.
4. Prejudicial references to sexual minorities should be removed from teachers' language and education materials.
5. Health care providers have negative attitudes to LGBTI persons and this affects their provision of services.
6. Media must adhere to ethical reporting standards that protect the rights and privacy of the individual. Training and awareness creation among media practitioners will support proper reporting.

Emerging Issues

- The nexus of religion, culture, social attitudes and legislation creates an extremely disempowering environment for sexual rights advocacy and needs to be better understood.
- Advocacy for the rights of sexual minorities must begin by understanding what governments are afraid of and what they hope to achieve through repressive legislation.
- Although the church has on the whole been negative towards LGBTQI rights, in 2009 Pope Benedict opposed violence against gay and lesbian people and condemned discriminatory legislation against them.

Concurrent Sessions

Sexuality, HIV and AIDS: Lessons from Ethiopia

Moderator –*Mr. Fisseha Mekonnen*

A study was undertaken to determine the prevalence of HIV infection among Dire Dawa University (Ethiopia) students and identify risk factors for HIV sero-positivity. The study found this group of young people face high risks of exposure to the virus and concluded that students should be reached while in high school with information on how to protect themselves against HIV/AIDS. In her paper Dr. Annabel Erulkar focused on social exclusion and early unwanted sexual initiation. This study looked at early unwanted sexual initiation in 1837 out of school adolescent girls in low income neighbourhoods in urban areas of Ethiopia. 23 % were found to be sexually experienced and 6 % had first sex before the age of 15. The study found social exclusion manifested as lack of friends and support networks, doubled the risk of early forced sex. It was recommended to invest in programs that build the social capital and inclusion of girls and enable them to stay in school.

Areas for Action

1. Results of such studies must be used to inform government policy and CSO programming as soon as possible. Action must be sought from the highest level possible.
2. Rapid assessments should be used as a valuable tool for directing programme interventions.
3. Universities must act to ensure students have adequate knowledge and services with which to protect them.

Emerging Issues

- No child should be in domestic work. While child labour is banned in Ethiopia the realities of poverty keep many young girls in domestic work and other petty jobs, increasing their vulnerability to early forced sexual debut and social exclusion.
- While the first study indicates the usefulness of providing HIV/AIDS awareness and sex and sexuality education before students reach University the optimum age for intervention is still not clear.
- The research findings from Dire Dawa University suggest that the problem is with behavior and not with knowledge. Interventions that address perceived knowledge gaps probably may not work. It is also however noted that separate studies have shown that repeated exposure to knowledge can bring behavior change.

Sexual Rights, the Law and Legal Reforms

Moderator –Hon. Rachel Shebesh

Juan Nel presented the findings of a study on emerging lesbian, gay, bisexual and transgender communities in South Africa and how they are generally perceived and treated by mainstream society, focusing on the North West Province. Barbara Nyangairi shared her findings of a study on migrant women in sex work, including the ways in which women define their own roles and assert their agency. Akina Mama wa Afrika and sex worker activists working with them, Daisy and Dottie, called for an end to judgment and assumptions about sex workers and recognition of sex worker rights.

Areas for Action

1. Organizations working with sex workers must embrace rights based approaches rather than the patronizing approach of “rescuing” sex workers.

Issues Arising

- Only those who are marginalized by the law can truly share experiences of marginalization by the law and infringement of their sexual rights. It is important to seek first hand narratives when assessing the state of sexual rights, the law and legal reform. For example sex workers should tell their own stories and not have them told by organizations that work with them.

Skills Building Session:

It’s all One Curriculum: Integrating Gender and Rights into Sexuality and HIV & AIDS Education.

A panel of three experts in comprehensive sexuality education from Cameroon and Nigeria discussed the need for comprehensive sexuality education among young people; shared a resource that promotes approaches to comprehensive sexuality education; and presented a curriculum that is being scaled up for national adoption and implementation in Cameroon.

A broad-based national situational analysis of sexual rights and health policy in Nigeria was conducted by the International Centre for Reproductive Health and Sexual Rights (INCREASE). This analysis provided a “snap shot” of sexual rights and health policy in Nigeria focusing on four areas: legal system, judiciary and legal procedures; law enforcement training and services; health policy and guidelines; and community-level knowledge, attitudes and experiences. Preliminary findings showed lack of access to information on sexual rights and health among young people at the community-level, and the importance of this to Nigerians. INCREASE presented the situational analysis results and how they were used to advocate for programs and implementation of existing policies that support sexual rights and health in Nigeria and for new policies that address gaps.

Girls' Power Initiative (GPI) in Nigeria presented It's All One Curriculum, a resource for curriculum developers, educators, and policymakers, that draws on evidence-based analyses to promote approaches to sexuality education that emphasize gender equality and rights and encourage young people's critical thinking skills. GPI joined with six other organizations, including the Population Council and the International Planned Parenthood Federation, developed this resource. The goal of this resource is to help reframe sexuality and HIV education, in accordance with the UN Millennium Development Goals, to place gender equality and human rights front and center. Ultimately such a paradigm shift is not merely a lofty ideal; it is a global health imperative.

Skills Building Session:

'Photovoice': A Visual Participatory Methodology – A tool in Engaging Marginalized Groups in Voicing and Analyzing Issues that Affect Their Lives and Taking Action.

Facilitators –Ms. Claudia Mitchell and Ms. Naydene de Lange

The workshop *Photovoice: A visual participatory methodology* emphasized the use of “photovoice” as a tool for engaging marginalized groups in voicing and analyzing issues that affect their lives and then taking action to engage with them. The workshop attracted approximately 25 participants. Some of the audience participants had exposure to the use of visual in their work or research activities. Some had, for example, used cameras in their work, but had little idea – beyond the process itself – of how the visual products could be translated into data. During the workshop participants were divided into small groups and provided with a series of questions to be used as tools for analysis. These groups were requested to apply these analytical questions to a series of photos dealing with HIV & AIDS and sexuality in an Ethiopian context.

The workshop emphasized the interpretive process as an important area of research development, especially useful to researchers working with visual data in the context of HIV/AIDS and sexuality. Many participants felt that it should be incorporated into future projects. The nature of this interpretive inquiry also itself lends itself to research beyond analysis of photographs and can be applied to other qualitative data.

Day 4
Friday 12th February 2010

Book Launch: Happy, Healthy and Hot!

Speakers –

Ms. Temitayo Odeyemi

Mr. Andy Seale, Global Fund, UNAIDS

This short session was used to launch the IPPF resource, *Happy, Healthy and Hot!* The Book is a short guide written for young people living with HIV to help them understand their rights, and live healthy, happy and sexually fulfilling lives. It answers questions about sex and sexuality that young people living in this time of HIV/AIDS must confront. In her presentation Ms. Temitayo, a young woman living with HIV described how she became infected with HIV after she was raped as a teenager. She described the guilt and fear that kept her from sharing the experience with her parents and family and the sense of self-hatred and isolation that enveloped her life for years after she was diagnosed HIV positive. She said it had been a struggle to reconnect with her sexuality – a gift she believed she no longer had a right to after becoming infected with HIV. As a young person living with HIV/AIDS she said secrecy is the biggest killer, Disclosure and going public has enabled her to build trust and relationships again.

Many of the questions she faced on her own are answered in the book *Happy, Healthy, and Hot!* Which she recommended to others.

Mr. Andy Seale said Ms Temitayo personified the stigma, discrimination and confusion faced by young people who are living with HIV/AIDS. To support them IPPF has also published positive prevention guidelines on its website. Her case also highlights the strong linkage between sexual violence and HIV/AIDS that should not be overlooked in SRHR programming.

Exploring Positive Sexuality, Sexual Health and Pleasure within the Context of HIV and AIDS – PLENARY 9

Moderator –

Ms. Dorothy Ake n 'ova, INCREASE

Speakers –

Ms. Mzikazi Nduna, , PhD Candidate, University of Witwatersrand, South Africa and Visiting scholar, University of Alberta, Canada

*Ms. Rayhana Rassool, **Regional Project Manager – Soul City Institute***

Ms. Jedidah Maina, Trust for Indigenous Culture and Health, TICAH

Discussant -

Ms. Nontyatyambo Makapela, Treatment Action Campaign

Mr. Ifeanyi Kelly Orazulike, International Center for Advocacy on the Right to Health, ICARH

Issues Arising from Presentations and Responses

The question of sex for pleasure was put on the table during this session. In her presentation of research findings of a study entitled The Association between Depression and Risky Sexual Behaviors in Heterosexual Men and Women in the Eastern Cape, South Africa, a member of the research team Ms. Mzikazi Nduna said they had sought to establish whether depression at the baseline could be a predictor of risky social behavior later in life. The study found strong association between depression and risky sexual behavior among youth aged 15 to 26 years old. Depressed youth were more likely to give into peer pressure to have sex and to resist condom use. She noted that most African countries do not have mental health services for young people.

A short documentary film brought out the role of sexual dissatisfaction. The Role of Sexual Dissatisfaction as a factor in Multiple Concurrent Partnerships, MCP, a research study by Ms. Rayhana Rassool, took its cue from SADC findings that identified MCP along with low condom use as key drivers of the AIDS pandemic in the Southern Africa region. For purposes of the study Ms. Rassool defined MCP as two or more partnerships overlapping in time. The study found sexual dissatisfaction and lack of communication to be drivers of MCP adding that very little research has been done on the subject in South Africa.

Jedidah Maina shared experiences drawn from the work of the Trust for Indigenous Culture and Health, TICAH where on-going work under a peer sexuality program entitled “Our Positive Bodies, Ourselves” aims to build knowledge, de-stigmatize sex and encourage awareness to support young men and women in the enjoyment of healthy pleasurable sex lives. Currently health service providers and HIV/AIDS counselors tend to turn negative, even discouraging discussions on sex and sexuality as soon as they are confronted by someone who has tested HIV positive. At TICAH the message that sex can

be safe and sweet for all is actively promoted and PLWHA learn about abstinence tools, sex toys and are able to ask all the questions they are unable to ask a doctor or counselor.

Discussants

Ifeanyi Kelly Orazulike said more attention need to be paid to sexuality and intimacy as these are at the centre of risk and risky behavior that fuel the spread of AIDS. Explicit focus on sexual desires, arousal, functioning, pleasure and anxieties will facilitate the design of more practical interventions in countering HIV/AIDS.

Nontyatambo Makapela said information is the best protection for both PLWHA and those who are not infected; information on available treatment, the different protection needs for heterosexuals, homosexuals and lesbians etc., sexual positions and alternatives to penetrative sex will allow real choice where sex and sexuality is concerned.

This requires a shift in thinking to see sex as pleasure rather than sex as danger and to begin to unravel the impulses for specific sexual behavior.

Areas for Action

1. Messages on sexuality must be packaged very carefully for rural areas but without losing sight of the fact that everyone has a right to pleasure.
2. Care must be taken not to collapse the definition of depression with frustration and to define standards for measuring depression in research.

Emerging Issues

- Separate studies show depression kills the desire for sex. The diagnosis of depression should be standardized in these studies.
- The rural population in much of Africa generally has a lower education and awareness. How will they be reached with messages on sexuality?
- How can sexual dissatisfaction be avoided in marriage as a measure for avoiding MCP?

What is the Way Forward for SRHR, HIV and Sexuality Integration in Africa? – PLENARY 10

Speakers –

Dr. Florence Tumasang, General Secretary SWAA

Ms. Dinasas Abdella, PhD student

Issues Arising from Presentations

Bringing together the emerging issues and lessons of the Conference, Dr. Florence Tumasang and Ms. Dinasas Abdella summarized expectations of stakeholders in the SRHR sector.

Expectations of Governments, African CSOs and Regional bodies:-

- That existing international and regional instruments including ICPD and MPoA will be given greater focus and used to improve SRHR on the continent;
- That there will be greater collaboration between all actors;
- That governments will bring services closer to communities;
- That government and CSOs will renew the impetus to educate the African population about risky sexual behavior and practices including MCP, unprotected sex, FGM, alcohol and drug use, M2C
- That all actors will work to improve the status of women and empower them to access and use information;
- Support government and organizations at all levels to document and share experiences of best practice.
- CSOs will support governments with knowledge and information from the grassroots. To ensure that information from the health information system matches reality on the ground.
- CSOs will monitor and evaluate the impact of SRHR interventions.
- Regional bodies can play a role in supporting the coordination of CSOs.

Institutional challenges:-

- At District level – There is need to define a role for this level;
- At facility level –
 - An enabling mechanism for the consistent flow of supplies is necessary. Explore information technologies towards a spatial management system.
 - Training and retraining of all medical staff without favor to ensure they are competent and able to address SRHR need of all clients.
 - Improvement of staffing levels for health centers that are poorly resourced.
- Reaching women with support and training to enable them better fill their role as the primary care givers and first response to HIV/AIDS.
- The education sector does not feel responsible for SRHR education and should be made more accountable.

Competition from the North:-

- The global financial crisis (and related food and energy crises) may have direct negative impacts on availability of funding for SRHR.

Human Resource Drain:-

- Strategies are necessary to counter the movement of Africa's human resource out of the continent. If the issue is not confronted health centers will remain empty.
- Teachers are a first point of referral for many students. A lot of attention must go to teachers to equip them with accurate information.

Financial challenges:-

- Need to strengthen management of funds at all levels.

Closing Ceremony

Special Guest of Honour –

Dr. Tedros Adhanom, Patron of the Conference, Minister of Health Ethiopia

Speakers –

Prof. Said Azim, Convenor 5th Africa Conference on Sexual Health and Rights (2012) & Chair, Section on Human Sexuality, Cairo University

Dr. Uwem Esiet, Convenor 3rd Africa Conference on Sexual Health and Rights & President, African Federation for Sexual Health and Rights

Prof. Said Azim introduced the 5th Africa Conference on Sexual Health and Rights to be held in Cairo, Egypt from 7th to 12th February 2012. The theme of the Conference is “Human Sexuality and Cultural Diversity”. The Conference will focus attention on how ethnic and cultural factors affect practices and expression of sexual behavior in different societies. Prof. Azim presented a virtual tour of the Conference venue.

Closing remarks

In his closing message Dr. Tedros Adhanom said the 4th Africa Conference on Sexual Health and Rights had been the most widely attended of the series of Conferences held to date bringing together diverse groups and indicating growing interest in the theme. Dr. Adhanom said continuing engagement with the issues is vital, notably in efforts to address the AIDS pandemic. He said Ethiopia had begun to make vital health services available to the most vulnerable including those living with AIDS. He said African solutions must be found for this fundamentally African problem that HIV/AIDS has become.

On the sensitive issues of sexual minorities and abortion the Minister said the Conference brought these taboo subjects out into the open. He said this was the only way to promote understanding and build consensus on such sticky issues.

The Convenor of the Conference Dr. Uwem Esiet called on the Pan African Parliament and the African Union to always be guided by respect for human rights and dignity in addressing SRHR issues. He asked for expanded investment in collection of evidence to support interventions and forging partnerships. He ended with a call to participants not to lose the momentum until a sexually healthy continent is achieved.

Annexes

Call to Action presented at the Closing Ceremony

Over 700 representatives of governments including members of parliament, Civil Society Organisations, development partners including UN Agencies, bilateral and multilateral donors attended the 4th Africa Conference on Sexual Health and Rights in Addis Ababa, Ethiopia where the interrelationship between sexuality, sexual and reproductive health and rights and HIV/ AIDS were examined. This “Call to Action” is grounded on key observations, research evidence and demonstrated good practices presented at the Conference based on the work of sexual and reproductive health practitioners, advocates and service providers from across Africa and the world working within the human rights framework and ethical principles of choice, privacy, respect, responsibility, equality and non discrimination.

Participants shared knowledge and understanding as they seek to continue the momentum towards nondiscriminatory policy and program approaches to sexuality, gender equality and HIV/AIDS programming were highlighted.

Special attention was given to sexuality and gender relations as core dimensions of being human, and to their vital importance in human development, especially during adolescence and young adulthood.

It was observed that there was the need to commit to broader and more meaningful participation of young people, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex people (LGBTQI), People Living with HIV and AIDS (PLWHA), sex workers, people with disabilities and others in future conferences.

It was also observed that there has been a positive shift in thinking around sexual and reproductive health and rights in the recent years with increased focus on sexuality particularly of key vulnerable groups in Africa.

It was further observed that there is an increasingly open and evidence-informed dialogue on sexuality, sexual health, equality between women and men and sexual rights in Africa over the last several years, and agree to foster continued conversation based on insights from all concerned communities, programmatic experience and research.

It is recognized that, it is imperative to discuss sexuality and gender to protect the human rights as well as to ensure sexual and reproductive health of all.

It was noted that various Governments, African Union, Civil Society Organisations, development partners, including the UN, bilateral and multilateral donors have made significant contributions towards addressing issues of sexuality, sexual and reproductive health and rights, and HIV/AIDS in Africa, including the ICPD, Maputo Plan of Action, the Abuja Declaration, the Paris Declaration and MDGs. Of particular, commendation is the African Union for the recent launch of the Campaign Against Reduction of Maternal Mortality in Africa (CARMMA).

Despite all the gains made so far, there are still concerns that the poor status of sexual and reproductive health in Africa as characterised by the high unmet need for contraceptives and emergency obstetric care, high maternal mortality rates, unsafe abortions, high fertility rates and increasing new HIV infections especially among vulnerable and marginalised groups, including LGBTQI, people living with disabilities, young people, in particular, women and girls.

Of further concern is lack of consensus in Africa about how to approach integration of rights based sexuality programming within exiting sexual and reproductive health and rights programmes including HIV/AIDS.

In order to enhance commitment to issues of sexuality, sexual and reproductive health and rights including HIV/AIDS urge

Governments and Parliamentarians

1. Accelerate implementation of the ICPD, the Maputo Plan of Action and renewed commitment by African governments to the CARMMA.
2. Allocate 15% of country GDP to the health sector, and prioritize integrated sexual and reproductive health services for all—including adolescents and young people, sexual minorities, sex workers, People with disabilities and PLWHA—that are nonjudgmental, respectful, and tailored to the specific needs of individuals.
3. Increase resources for SRHR and HIV/AIDS programmes to expand facilities, ensure SRHR commodity security, provide appropriate and rights based training and skills for health professionals.
4. Expand provision of information and education on sexuality, reproduction and HIV/AIDS that is gender-specific and accessible: in schools, for women, men, young people and other vulnerable populations – sexual minorities, people with disabilities, sex workers, PLWHAS, in slums and rural populations who are often underserved.
5. Expand access to sexual and reproductive health information and services for the most vulnerable persons including those in conflict areas, the poorest and young people through tailored interventions, training for service providers and embracing human rights based approach.
6. Rescind laws, policies and practices that criminalize same sex activities, sex work, abortion, and HIV transmission as these laws undermine other fundamental human rights of all persons, and continue to fuel the HIV/AIDS epidemic.

Civil Society Organisations

7. Commit to promoting transformative programming that engages men in the promotion of sexual and reproductive health and rights and challenging the current construction of masculinity that puts men and women at risk of HIV/AIDS.
8. Initiate programs, public campaigns, and other initiatives that engage men in working for the empowerment of women, gender equality, and to end violence against women.
9. Initiate programs, public campaigns, and other initiatives that engage men in working for the empowerment of women, gender equality, and to end violence against women.
10. Continue multifaceted efforts to mobilize alliances with and among key communities for both strong policies and programs; increase knowledge and understanding among

the public and the media of sexuality, sexual diversities, harmful traditional practices, inequalities between women and men, as well as attention to the positive dimensions of sexuality and sex.

11. Create and promote, in partnership with young people, programs that provide leadership opportunities; comprehensive and accurate information in multiple and accessible formats (print, electronic, Braille, closed captioned, sign language) on sexuality, gender and human rights; and develop their decision-making capacity and agency.
12. Support continuing the discourse through experience sharing and capacity building on sexuality, sexual and reproductive health/rights and HIV/AIDS.

Development Partners

13. Harmonize, align and coordinate resources behind robust national health plans for a more effective use of domestic and external resources, maximizing management for results and mutual accountability.
14. Increase resources to African NGOs to build their capacity to respond to the need to integrate sexuality into sexual and reproductive health and rights programmes as well as services, using the Paris Declaration Model.

AFSHR urges everyone to monitor and report on the implementation of this ‘Call to Action’ as we lead up to the 5th Africa Conference on Sexual Health and Rights in Cairo, Egypt in 2012.