The renewal of the East and Southern African Ministerial Commitment on CSE and Adolescent SRHR in 2021 is a critical moment for political leaders across our region to safeguard adolescents and young people’s health and futures.

**Our Health Our Futures**

**Success Stories**

We recognise the 2013 ESA Ministerial Commitment has been instrumental in galvanising political leadership and catalysing changes in policy, law, and practice. Several countries have developed new CSE programmes and integrated these within school curricula. Most now have specific policies to guide the delivery of adolescent healthcare. These policies - such as the Family Planning and Adolescent Sexual Reproductive Health strategy in Rwanda, the Adolescent Sexual Reproductive Health Policy in Kenya, the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing in Tanzania and other national adolescent and young people’s sexual and reproductive health strategies in SADC countries - have pushed countries to improve the quality and coverage of services for adolescents and young people, enabling civil society to advocate for greater investment and persuade governments to include these activities in departmental work-plans. During the implementation of the ESA Commitment:

- **30%** fewer new HIV infections were recorded among adolescents and young people in the ESA Region;
- **86%** of the ESA countries have education sector policies that address school-related gender-based violence (SGBV) compared to only 23% in 2013, and many countries have introduced new legislation and policies to address gender-based violence (GBV) more widely;
- **76%** of the ESA countries in 2018 had a policy on pregnant learners’ retention and re-admission compared to only 24% in 2013;
- **86%** of the ESA countries have programmes and policies to mitigate child marriage and in some there have been landmark rulings against child marriage;
- **all 21 countries** are providing pre-service and/or in-service training programmes on the delivery of the adolescent/youth-friendly information and service.

Across the region, young people are now more routinely engaged in decision making, with Ministries of Health and Education adopting new mechanisms, such as Youth Advisory Councils.

**We Celebrate** the role that governments, civil society and youth-led organisations have played in expanding access to youth-friendly SRHR, HIV and GBV services, changing public perceptions around sexuality and life skills education and advocating for a more enabling policy and legal environment. We celebrate these important developments - and remind our political leaders that we could achieve much more by scaling up the many examples of best practice that have emerged from the original ESA Commitment.

**Unfinished Business**

We remain cognisant and mindful that significant gaps remain. Comprehensive knowledge of HIV prevention among adolescents and young people remains worryingly low, hovering at 40%, and rates of new HIV infections are not declining fast enough. Although new CSE programmes have been developed, critical topics such as contraception, age of consent, menstrual health management, drug use, mental wellbeing and sexual orientation, gender identity and expression (SOGIE) are often excluded, as are the needs of young people living with HIV, adolescents with disabilities, adolescents with mental health conditions, and the impacts of climate change and other emerging issues on young people. Out-of-school youth and those in rural or deprived areas face particular barriers, with very few countries catering specifically to their needs. Schools and teachers are often not sufficiently trained in CSE, or adequately funded to deliver it. Societal and political opposition to CSE is well-financed, co-ordinated and growing. Government leadership is needed to counter and withstand this pressure and ensure adolescents and young people can get the lifesaving information they need.

Although some countries have increased resourcing, financing for adolescent SRHR continues to be inadequate. It is still heavily reliant on international donors, and poor coordination between funders, government departments and implementers make it difficult to track implementation, as does poor transparency around budget allocations - including domestic financing.

While there have been important changes to laws and policies, the legal and policy environment remains hostile to young people’s SRHR and fuels stigma and discrimination towards those seeking care. Poor harmonisation of laws on age of consent, early and child marriage, and access to SRH services – including contraceptives, family planning and safe abortion - remain a huge challenge and make it difficult to link schools and community organisations with youth-friendly health services.

Social, cultural and gender norms further limit adolescents’ - especially girls’ - access to health services and information, and COVID-19 lockdowns, school closures and limited connectivity to online learning opportunities have further exacerbated these challenges. Most countries have witnessed alarming increases in school dropouts, teen pregnancies, new HIV infections, child marriage, GBV and poverty, at a time when health service closures have severely limited young people’s access to key commodities including contraceptives, HIV prevention commodities and antiretroviral treatment. The COVID-19 pandemic has also had a knock-on impact on young people’s wider mental health and psychosocial well-being and further restricted their livelihood opportunities.

We believe the renewal of the ESA Commitment presents a vital opportunity to address these longstanding gaps, to take stock of the challenging new context, and to outline a renewed and ambitious vision for young people’s health and futures.
With this Call to Action, we urge our governments to PROMOTE and PRIORITISE the following RECOMMENDATIONS during the negotiation process:

**MEANINGFUL PARTICIPATION OF ADOLESCENTS AND YOUNG PEOPLE**

- Youth participation must be embedded across the design and delivery of the ESA Commitment. New indicators and targets on meaningful youth participation must be included within the results framework, and EAC and SADC should commit to recruiting youth focal points who are closely connected to national youth movements and can oversee the implementation and evaluation of the Commitment. Countries should also create youth advisory councils to oversee day-to-day implementation of the Commitment, as well as allocating resources to support youth movements in promoting and advocating for the Commitment priorities, including their engagement in the design and delivery of adolescent HIV prevention and wider SRHR programmes.

**SCALE-UP OF SCIENTIFICALLY ACCURATE, INCREMENTAL, AGE APPROPRIATE, CULTURALLY SENSITIVE, CURRICULUM-BASED COMPREHENSIVE SEXUALITY EDUCATION**

- CSE should equip all adolescents and young people – both in and out-of-school youth – with the knowledge, skills, and values they need to make informed choices about their sexual and social relationships. The ESA Commitment must call for a review of current learning materials and curricula to ensure they reflect and contextualise international technical guidance and address a broad range of topics, including sexual and reproductive anatomy; puberty and menstruation; reproduction and contraception; pregnancy and childbirth; STIs and HIV; sexual orientation and gender identity; relationships and consent and wider health topics such as mental health, substance use, psychosocial support, climate change and other emerging issues.

- The Commitment must also support new mechanisms to monitor the implementation of CSE. For example, teachers and social workers must receive regular, compulsory training on SRHR topics, and governments should develop quality assurance tools and guidelines to supervise implementation of CSE programmes and guarantee quality at national and sub national levels. Young people must also be meaningfully engaged in these monitoring and evaluation activities. Ministries of Education should also work closely with teachers’ and parents’ unions and civil society to support CSE roll-out and delivery of these initiatives.

**UNIVERSAL ACCESS TO YOUTH-FRIENDLY SRHR SERVICES, INCLUDING HIV PREVENTION, TREATMENT AND CARE**

- To tackle the impact of COVID-19, the new ESA Commitment should call on countries to re-adjust their national and sub national HIV prevention targets to align with the new UNAIDS strategy which calls for 90% of adolescents aged 15–24-years-old to have access to youth-friendly SRH and HIV services by 2025. To achieve this and to deliver on other SRHR goals, governments should commit to a comprehensive package of information, services and commodities that is free and available in all health facilities, as well as in secondary schools, colleges and universities. Governments must also strengthen the referral mechanisms between schools and healthcare providers to better measure and track uptake of services by young people.

- The ESA commitment should also call on Ministries of Health to expedite the adoption of new technologies including HIV self-testing, long-acting PrEP and vaginal rings. Greater efforts must also be made to establish new accountability mechanisms - such as service spot-checks and community scorecards - to monitor the quality of services and reduce stigma and discrimination.

**A SUPPORTIVE AND ENABLING POLICY ENVIRONMENT FOR ADOLESCENTS’ SRHR**

- In the new ESA Commitment, countries must commit to reviewing and removing legal and policy barriers, including urgently clarifying and harmonising age-of-consent laws around sex, marriage and access to HIV testing and broader SRHR services – including contraception and safe abortion. Where progressive policies are in place, governments must invest in training and sensitisation with the justice, health, education and law enforcement sectors, with indicators to track implementation, especially at a subnational level.

- To address high rates of GBV, the ESA Commitment must pledge to bring healthcare providers, psychosocial support services, the legal sector, and law enforcement together to ensure programmes meet survivors’ needs. This must include the creation of mechanisms to track and report GBV and SGBV and should also include supporting CSE programmes that implement a gender transformative approach. Ministries of Health and Education should also intensify outreach to boys and young men, both to increase their uptake of services and to empower them in challenging harmful gender and social norms.

- Legislative change around child marriage is critical but governments must also offer solutions for those already married, including legal support to enable the dissolution of illegal marriages and incentives to help girls re-enter the education system.
The new ESA Commitment must be accompanied by a resource mobilisation strategy with clear financial indicators, reporting mechanisms and roles and responsibilities. Governments should commit to increasing direct funding for youth- and community-led organisations and introducing social contracting mechanisms to support this. They should also ensure that national Universal Health Coverage packages include youth-friendly SRHR and HIV services and should ensure greater budget transparency to ensure that health and education budgets include specific lines on areas outlined in the ESA commitment. ESA Countries should commit to improving domestic, regional, and global resource mobilisation and to institutionalising new or more effective Public Resource Management Systems.

The ESA Commitment is being renewed at a time of growing opposition to CSE and SRHR and must catalyse high-level political support. Presidential offices and government ministers can play a transformative leadership role, by strongly endorsing CSE and SRHR as key ways to protect the health and futures of young people, and by actively engaging with parents, teachers, parliamentarians, religious and traditional leaders and other gatekeepers to challenge inaccurate information, and scaling up sensitisation programmes to build their support for and involvement in these lifesaving approaches. They may also need to fund campaigns to counter the opposition and nurture champions who can speak out for CSE and SRHR, and commit to creating engaging digital and traditional media campaigns, which counter myths and disinformation around CSE, HIV and wider SRHR.

At a regional level, SADC and EAC will need resources to coordinate regular reporting on the Commitment. Stock-taking meetings should have high-level attendance from all relevant ministries, and reporting should be linked to the delivery of other commitments e.g. the SADC Regional Strategy on SRHR (2019-2030) and the upcoming EAC Sexual and Reproductive Health Rights Bill. Technical partners like UNESCO and UNFPA must also create opportunities for knowledge exchange and actively disseminate examples of regional best practices.

At national level all branches of government should have a strong sense of ownership of the ESA Commitment, supported by increased coordination and planning between ministries and with civil society. Financial and technical support should be provided to help countries improve data collection and disaggregation, and to strengthen accountability mechanisms, ensuring that these enable meaningful participation of civil society and youth-led organisations and incorporate evidence generated by civil society into the data collection process.

Finally, governments endorsing the new ESA Commitment should consider making it legally binding, as this would give parliaments a role in strengthening national accountability.

We reaffirm our commitment to collaborate with governments efforts to deliver on the new ESA Ministerial Commitment, alongside other health and development strategies. Now, more than ever, we need a strong ESA regional Commitment that can fully deliver on the promises made eight years ago and address new challenges, from the rising opposition to CSE to the colossal impacts of COVID-19. To endorse the Call to Action, please sign-up here: https://forms.gle/Q6aqwDVcsp3GWuOuM7