



CONCEPT NOTE

RESEARCH CONFERENCE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN AFRICA

18th-19th November 2020, Entebbe, Uganda¹

<https://setsrhrconference.org/>

Theme: Leveraging Research and Training for Universal Coverage of Sexual and Reproductive Health and Rights in Africa

1. Introduction

The project “Strengthening Education and Training Capacity in Sexual and Reproductive Health and Rights” in Uganda (SET-SRHR) in conjunction with Makerere University School of Public Health (MakSPH), the International Institute of Social Studies of Erasmus University Rotterdam (ISS-EUR) and Rutgers will host a Regional Research Conference on Sexual and Reproductive Health and Rights (SRHR) in Entebbe, Uganda from 18th- 19th November, 2020.

The aim of the conference is to promote and strengthen the interconnectedness of research, training, policy and practice to contribute towards the attainment of universal access to SRHR in Africa. To that end, the conference will provide a platform to varied actors (researchers, trainers, policy makers, practitioners and advocates) to discuss and disseminate the outcomes of their programmes to larger audiences. In addition, the conference will provide opportunity for participants to reflect on innovations and lessons from the field and how these can help expand access to SRHR services to

¹ Should current COVID-19 related travel and social distancing restrictions persist through November, the conference will take place online or adopt a blend of in-person and online participation.

diverse groups of people in Africa. Finally, it will provide opportunity to strengthen partnerships and collaboration in the areas of SRHR research, training, policy making, programming and advocacy.

The conference will feature a broad range of sessions including high level panel discussions, key note speeches, abstract driven presentations and plenary sessions. Satellite presentations and exhibitions will provide opportunity for professional development and networking. Conference proceedings will be published and disseminated widely. Invited regional researchers will collaborate with Researchers from Uganda to write comparative papers for the second edited volume.

2. Background and Rationale

Twenty five years ago, the Cairo International Conference on Population and Development (ICPD) shone a spotlight on SRHR, terming it a human rights issue. Since then, Africa has made tremendous strides in addressing major SRHR challenges across the continent. Major policies and strategies have been developed; domestic funding and national leadership have improved; maternal, infant, child and adolescent morbidity and mortality have declined and there is an overall decline in fertility rates across the continent. These improvements are well summarised in the 2019 African Governance Report which notes that the trend in Africa is one where substantial progress has been recorded in many of the targets of both the continental and global goals related to child and maternal mortality, immunisation and treatment of communicable diseases such as malaria and HIV/AIDS (Mo Ibrahim Foundation, 2019).

Despite these advances, progress remains slow and uneven with Africa generally lagging behind other regions in almost all SRHR indicators. Africa is unlikely to attain its own SRHR continental goals set out in the Maputo Plan of Action² as well as the United Nations Sustainable Development Goals (SDG) related to health without making major improvements in all SRHR indicators³. Moreover, recent SRHR gains are likely to be eroded by the COVID-19 pandemic which has shifted focus and attention away from other health priorities. The closure of non-essential services and travel restrictions imposed by Governments have rendered access to vital SRHR services and commodities almost impossible as these are deemed non-essential (Guttmacher Institute, 2020). Family planning, antenatal care and deliveries at health facilities are all not readily accessible. In Uganda for instance, Civil Society advocacy groups have highlighted the risk of increased maternal morbidity and mortality because the COVID-19 response has not prioritized SRHR and respective programs and has created delays in accessing critical care that pregnant women need. The pandemic has therefore demonstrated the urgent need to strengthen health systems and enhance capacity for universal health provisioning because public health has no respect for individual status.

Africa's Total Fertility Rate (TFR) estimated at 4.77 children per woman in 2017 is one of the highest in the world and a key driver of high population growth rates, infant and child morbidity and mortality (WHO, 2019). Moreover, Sub-Saharan Africa leads the

² The Maputo Plan of Action 2016-2030 is the African Union Commission's Plan to achieve Universal Access to Comprehensive Sexual and Reproductive Health and Rights Services in Africa.

³ SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all.

world with regards to maternal mortality despite recording a 38% reduction in 2017 (ibid.). The continent's MMR estimated at 533 maternal deaths per 100,000 in 2017 was the highest in the world. Sub-Saharan Africa accounted for 66% of the 295,000 global maternal deaths in 2017. Fifteen out of sixteen countries with very high MMR were in Sub-Saharan Africa. South Sudan, Chad and Sierra Leone for instance recorded over 1000 deaths per 100,000 live births in the same year. Only three Sub-Saharan Africa nations had MMR of less than 70 deaths per 100,000 live births in 2017: Cape Verde, Mauritius, and Seychelles.

The risk of maternal mortality and complications in pregnancy and child birth is highest among adolescent compared to older women. A systematic literature review and meta-analysis of data from 52 studies from 24 African countries in 2018 concluded that nearly One- fifth of adolescents become pregnant in Africa (Kassa et. al, 2018). A pooled prevalence of adolescent pregnancy in Africa was 18.8% while that of Sub-Saharan Africa was 19.3% according to the review. East Africa had the highest prevalence at 21.5%. In Uganda, almost 28% of all maternal deaths occur in young women aged 15 – 24 years and adolescents aged 15-19 years contribute 17.6% of pregnancy related deaths (Ministry of Health, 2017). The high rates of teenage pregnancies and child birth highlights continued difficulty in accessing family planning information and services by young people as well as early marriages. More than a fourth of girls and women in Sub-Saharan Africa cannot access family planning services, fuelling unplanned pregnancies and maternal, infant and child morbidity and mortality (WHO, 2019).

The main direct causes of maternal deaths, accounting for up to 75 percent of cases in Africa, are preventable and include obstetric haemorrhage, sepsis, pregnancy-induced hypertension, obstructed labour and ruptured uterus, and unsafe abortion (Jamison et al., 2006). Evidence shows that many of these can be addressed through early and regular antenatal care attendance and delivery by trained personnel. Skilled attendance at birth in Africa is more than 25% below the expected 80%, whilst contraceptive prevalence rate and unmet need for family planning remain at 28% and 24% respectively and only 12% of pregnant women who need emergency obstetric care are receiving them (AUC, 2016).

Africa has a predominantly young population with Uganda as the second youngest country worldwide with 78 percent of the total population below 30 years of age. SRHR challenges are heightened for youth in Africa and include early sexual debut, unsafe abortions, STIs/HIV, and adolescents are the only age group with rising HIV infection rates. This has severe consequences for youth education and employment opportunities. Considering these demographics, it is critical that SRHR policy and services incorporate a range of rights enacted to include freedom from discrimination, contraceptive information and services, safe pregnancy and childbirth, abortion and post-abortion care, ample sexuality education, freedom from violence and HIV/AIDS. Although there are a range of SRHR policies and programs, they are not gender or age-sensitive.

Additionally, across the continent, there are sociocultural sensitivities around SRHR especially for young people as a topic in the policymaking arena in the face of strong opposition within social institutions including from religious and traditional leaders. A case in point is the controversy surrounding Uganda's Comprehensive Sexuality

Education Framework which has hampered its approval and roll out to the country's schools and training programmes. SRHR policy making therefore reflects the tension between deeply entrenched conservative values on the one hand and the reality on the other. This challenging policy context is compounded by the fact that funding for SRHR programs in most African countries is mainly from development partners and International Non-Government Organisations (INGOs). The much needed government leadership which is required to drive the SRHR agenda therefore remains weak and variable.

Indeed Africa will not attain Universal Health Coverage without making significant progress on SRHR related SDGs including major reduction in fertility, maternal mortality, addressing the unmet need for family planning and gender inequalities. Research and innovative practice are providing important pointers on specific areas to focus attention on for expanded access to health care. With support from development partners and International NGOs, many training institutions have designed and delivered new training programmes on SRHR whilst others have revised their training programmes and integrated aspects of SRHR into their curricula. As discussions on the nature of curricula and innovative trainings are on-going alongside policy and practice consensus, countries will be hard-pressed to work with significantly reduced resources as the global economy enters a period of great uncertainty and resources are redirected to deal with the impact of the COVID-19 pandemic. This will call for greater attention to evidence looking at what works and what doesn't as well as more rigorous use of evidence in tracking progress against national goals and targets.

3. The Research Conference

The SRHR Regional Conference aims to promote and strengthen the interconnectedness of research, training, policy making, practice and advocacy evidence to expand universal access to SRHR in Africa. To that end, it will provide a platform for participants to discuss and disseminate evidence on what works and what doesn't work and how successful programmes can be expanded to reach different groups in society. Specifically, the conference aims to:

- To provide a platform for the SET SRHR and other researchers to disseminate their training, research, policy and practice engagement approaches and outcomes to a wider audience;
- To showcase innovations and successes in SRHR training, education, practices, research and policy engagements from other intervention programmes and projects across Africa;
- To strengthen partnerships and collaboration among policy makers and practitioners in the areas of maternal and adolescent health;
- To identify priority SRHR areas to inform policy and practice to improve universal SRHR services.

Sub-themes:

To achieve the above objectives, the conference will be structured around the following six sub themes:

- Innovations and approaches in SRHR service delivery including maternal and adolescent health;
- Socio-economic, cultural and religious systems and SRHR;
- Rights based approaches to Sexual and Reproductive Health;
- Governance of SRHR;

- Capacity building for effective SRHR programming (training and education, translating knowledge and skills into practice, curriculum development etc.); and
- SRHR in the context of COVID-19.

Each of the sub-themes will cover programmes in research, curricula, training modalities, policy engagement, practice and advocacy.

4. Conference Participants:

The conference will bring together about 100 distinguished researchers, academics, policy makers, media, practitioners and activists from across the African Region. Conference participants will include a sizable representation of the SET-SRHR Project in addition to the project sponsored and invited researchers. Conference participants will be drawn from the following broad categories:

- Academic institutions/researchers: Researchers drawn from schools of public health, departments of women and gender studies, and other relevant academic institutions in the region;
- Policy/decision makers: chairpersons of parliamentary health committees, SRHR units of ministries of health, selected representatives of ministries of gender, selected representatives of ministries of justice, Ministries of Education;
- SRHR Practitioners: representatives from civil society organisations, private sector providers;
- Representatives of development partners: representatives from selected UNFPA, UNICEF, UNWOMEN, UNAIDS, IOM, WHO country offices;
- Regional Organisations: African Union Commission Secretariat and the Secretariat of East African Community, the African Commission of Human and Peoples' Rights, Women in Law & Development in Africa, and the International Conference on the Great Lakes Region;
- SET-SRHR Project stakeholders: MakSPH, NITSD, RHU, Nascent RDO, selected Master Trainers/TOT, Researchers;
- Media houses;
- Representatives of women organisations and young people.

5. Conference Logistics

The conference will take place from 18th – 19th November 2020 in Entebbe, Uganda. The exact venue will be announced in due course. Participants will arrive on 17th November and depart on 20th November 2020. However, should current COVID 19 related travel and social distancing restrictions persist through November, then the conference will be held online or adopt a blend of in-person and online participation.

6. About the SET-SRHR Project

The SET- SRHR is a four-year project (2016-2020) funded by the Netherlands Universities' Foundation for International Cooperation (NUFFIC). The Project aims to strengthen SRHR education and training capacity and contributes towards sustainable demographic and human capital development and inclusive economic growth in Uganda. A consortium led by ISS-EUR in collaboration with Rutgers in the Netherlands, and MakSPH and NTISD in Uganda is implementing the project. Project outcomes and outputs are tracked around five key thematic strategies:

i) **Organizational Capacity** Enhancement to strengthen the institutional capacity of MakSPH and NTISD to deliver evidence based and innovative SRHR education and training. ii). Revision and development of an accredited standardized gender and age sensitive **Curriculum** and iii) **Curriculum Delivery** via a professional and an academic track targeting diverse pre and in-service frontline SRHR professionals at various levels; iv) **Research and documentation** - high-quality academic and policy relevant SRHR research v) A sustainable SRHR **Research Community of Practice – Utafiti na Kutenda** - A platform for diverse stakeholders to network and engage in evidence-based SRHR policy and discourse and action.



MAKERERE UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH



For sexual and
reproductive health
and rights



Nsamizi Training Institute of Social Development



nuffic
meet the world

The Netherlands Initiative for Capacity development
in Higher Education (NICHE)