# Feminist Perspectives from Africa: Civil Society insights on the Implementation of the Addis Ababa Declaration on Population and Development

*Executive Summary*

FOS FEMINISTA

Established in 2013 during the International Conference on Population and Development (ICPD) Regional Conference for Africa,[1] the Addis Ababa Declaration on Population and Development (AADPD) provides region-specific guidance for addressing population and development issues in Africa beyond 2014, based on the commitments detailed in the ICPD Programme of Action (PoA). The declaration serves as a cornerstone for addressing population and development challenges across the continent, and very similar to the PoA, it strongly emphasizes gender. In the AADPD, commitments are categorized according to the following six pillars:

**1** dignity and equality;
**2** health;
**3** place and mobility;
**4** governance;
**5** data and statistics; and
**6** international cooperation and partnership.

Further, the AADPD underscores the importance of addressing the specific needs of marginalized groups, including women, youth, and persons with disabilities, in achieving the vision outlined in the ICPD PoA.

Since its establishment, five- and ten-year national government reviews of the AADPD have been hosted to evaluate progress, identify areas to improve implementation, and mobilize continued action. Civil society organization (CSO) involvement and alternative reporting are essential for ensuring accountability and driving progress at the country level. Alternative reports provide an essential non-governmental perspective on the implementation of these commitments. They also serve as advocacy tools to hold governments accountable to their obligations and thereby engender an improvement in the sociopolitical and economic circumstances of residents.

Fòs Feminista, along with its alliance partners and allies in the African region, recognized the importance of amplifying the voices and experiences of intersectional feminist organizations representing marginalized communities and ensuring they are heard and valued in international human rights processes. Towards this end, an alternative report was prepared that evaluates AADPD commitments and government action across 17 African countries (Table 1) through the lens of CSOs with a specific focus on pillars 1 (dignity and equality), 2 (health), and 6 (international cooperation and partnership).

***TABLE 1:*** *Countries included in the report.*

| NORTH AFRICA | WEST AFRICA | CENTRAL AFRICA | EAST AFRICA | SOUTHERN AFRICA |
|---|---|---|---|---|
| Egypt | Nigeria | DRC | Kenya | South Africa |
| Morocco | Cote D'Ivoire | Cameroon | Uganda | Botswana |
| | Burkina Faso | Angola | Tanzania | Mozambique |
| | | Rwanda* | Malawi | Zambia |

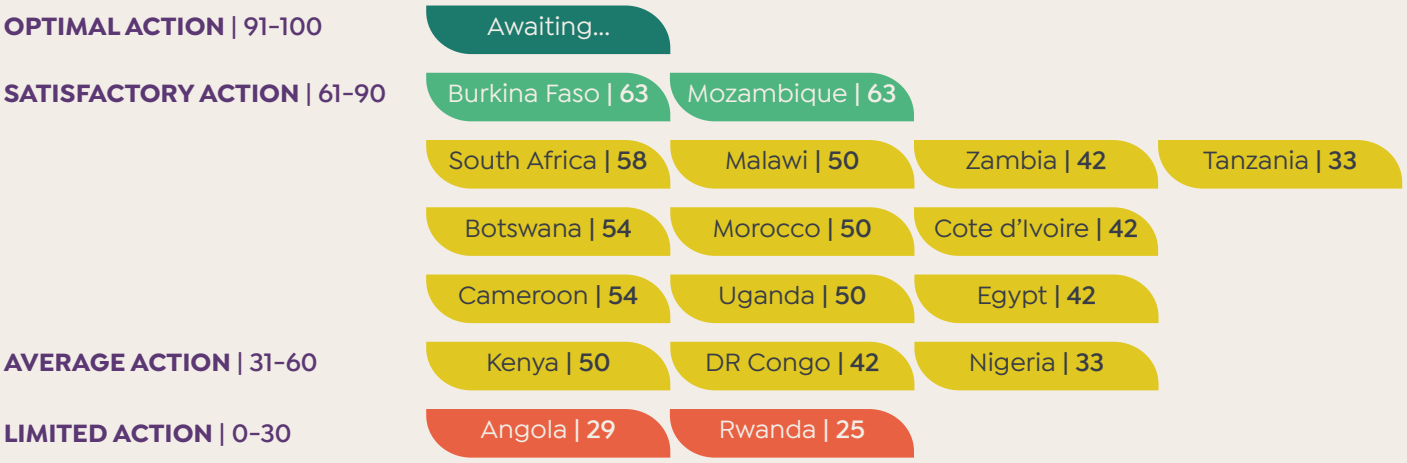
*Note: * Rwanda has incomplete data. Only Pillar 1 was considered for the country in this report.*

A mixed-method approach, combining quantitative and qualitative analysis, was used for this study. Data was collected through two questionnaires distributed at national gatherings attended by organizations with diverse representations, including marginalized communities, key populations, sex workers, adolescents, LGBTIQ+ individuals, and migrants. Participants discussed and agreed on ratings with justifications and provided recommendations. The analysis involved basic descriptive statistics and thematic analysis. Countries were rated on a scale of 0 to 100, with performance categorized into four levels: limited (below 31%), average (31–60%), satisfactory (61–90%), and optimal (91–100%).

## PILLAR 1
## DIGNITY AND EQUALITY

### POVERTY AND INEQUALITY

*FIGURE 1: Countries included in the report.*




#### SOUTHERN AFRICA

Botswana made significant progress in reducing poverty over the years through extensive infrastructure initiatives, robust healthcare, and comprehensive social inclusion policies, including provisions for refugees and people with disabilities (PWDs). However, extreme poverty remains a concern, especially in certain regions and among the most marginalized. Although Zambia presents a welcoming stance toward migrants entering the country, challenges remain in addressing trafficking. Shortcomings exist in policy implementation for PWDs. Mozambique has shown some progress but continues to face challenges in policy implementation and infrastructure development, particularly in rural and peri-urban areas, as well as migrant protection and integration. With a well-established social security system, South Africa faces systemic delays and contentious policies affecting migrants' rights. Though Malawi is actively developing policies for inclusivity, these are still hampered by political instability and overcrowded refugee camps.

#### WEST AFRICA

Nigeria has launched several initiatives to reduce the number of children outside formal schooling and address youth unemployment, notably exacerbated by the COVID-19 pandemic. Despite legislative efforts to protect rights and provide humanitarian aid, challenges such as internal displacement and extreme poverty hinder comprehensive success, coupled with a failure to protect migrants and support PWDs. Similarly, Burkina Faso struggles with effectively implementing laws and initiatives for disaster preparedness and inclusivity for PWDs, affected by poor execution of laws. In Côte d'Ivoire, multiple national programs seek to eradicate extreme poverty and enhance inclusivity. Yet, they suffer from ineffective coordination and lack tangible outcomes, especially in inclusive education.

## CENTRAL AFRICA

Cameroon's post–COVID-19 response efforts included several initiatives such as providing financial support to petty traders, increasing the minimum wage for certified workers, enhancing its National Humanitarian Plan,[2] and implementing early warning systems for epidemics. Challenges persist in inclusivity, notably in providing accessible educational and workplace environments for PWDs. In contrast, Angola faces significant challenges—enforcing accessibility laws is ineffective, facilities are inadequate, employment opportunities for PWDs are limited, and poverty reduction programs are hardly impactful due to their narrow scope and stagnant economic growth. The DRC is advancing strategies to eradicate poverty and promote inclusive growth through SDG implementation, mining code revisions for increased revenue, and legislative actions for gender equality. The Local Development Programme aims to enhance rural socioeconomic infrastructure. However, challenges such as clientelism, corruption, and incomplete implementation of disability rights initiatives continue to limit policy effectiveness.

## NORTH AFRICA

Egypt has launched strategies such as the National Strategy for the Empowerment of Egyptian Women,[3] but these often lack effective implementation and oversight, particularly in health policies that overlook key groups such as those living with HIV/AIDS. The country's handling of refugees, often called "guests," heavily relies on the UNHCR. Efforts to improve accessibility for PWDs are underway, yet progress is slow. Morocco strives to eradicate poverty and promote inclusive growth with notable improvements in education, healthcare, and migrant services. However, these efforts still do not fully support the most vulnerable migrants. While Morocco is committed to humanitarian efforts and supporting PWDs, their policies need further refinement to be fully effective.

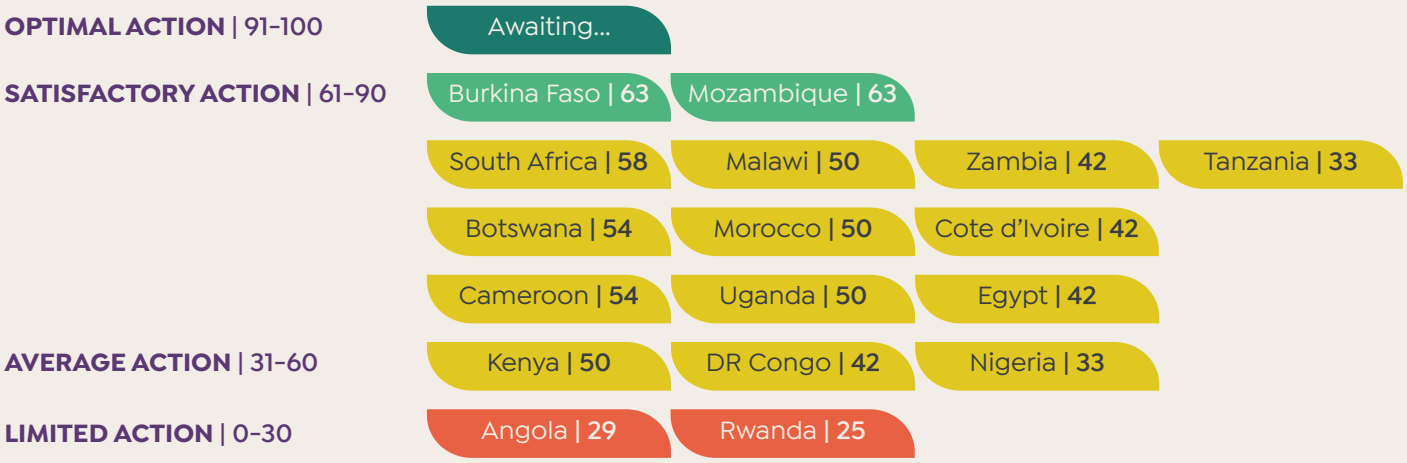
## EAST AFRICA

As the third-largest refugee-hosting country, Uganda supports refugees with policies such as the 2006 Refugee Act[4] and the 2017 Comprehensive Refugee Response Framework.[5] Despite this, funding shortfalls, corruption, and neglect of gender dynamics hinder effective support, particularly for refugees and PWDs who suffer from long-term poverty and lack of access to services. Kenya has solid policies for refugee rights and PWD services, but there is a massive gap between policy and execution, underscoring the need for better implementation and improved service accessibility. Rwanda and Tanzania are currently facing challenges in effectively supporting marginalized communities. In Rwanda, LGBTIQ+ individuals and sex workers face significant stigma, while in Tanzania, corruption impedes the delivery of programs aimed at aiding impoverished communities. Both countries need more robust support systems and policy execution to ensure fair access to services.


IMAGE | @Karynnesenna

## GENDER INEQUALITY: PROMOTING WOMEN AND YOUTH EMPOWERMENT

*FIGURE 2: AADPD Performance Score of 17 African States on Gender Inequality.*




### SOUTHERN AFRICA

Among African countries, Mozambique is in the lead in implementing significant legislative reforms aimed at preventing child, early, and forced marriage (CEFMU); enhancing women's rights by raising the minimum marriage age to 18, extending maternity leave, and improving women and youth inclusion in decision-making. However, rural areas still lag in addressing gender inequalities. South Africa and Botswana show a strong commitment to gender equality by adhering to international treaties and adopting national laws, such as Botswana's Domestic Violence Act[6] and South Africa's alignment with the Maputo Protocol[7] and CEDAW.[8] Both countries aim to integrate gender considerations more robustly into broader policies to tackle youth unemployment and ensure gender parity in decision-making. Botswana also promotes capacity-building programs for men and boys on gender transformative fatherhood. However, South Africa struggles with enforcing its commitments, evident in issues such as abortion laws and the criminalization of sex work. Malawi and Zambia face significant cultural and implementation barriers to gender equality, especially in leadership roles. Both are revising their policies and launching initiatives such as Malawi's youth tax payment scheme for youth empowerment. Zambia's policy enforcement is particularly weak in rural areas, where patrilineal customs and poor human rights execution hinder efforts to integrate women into the workforce and increase resource access.

### WEST AFRICA

Burkina Faso stands out in the region with robust reproductive health and women's empowerment initiatives, such as providing free family planning and implementing the National Accelerated Family Planning Plan and national guidelines for postpartum and post-abortion care. In contrast, Côte d'Ivoire struggles with enforcing gender equality policies and integrating women into leadership roles despite ratifying international protocols. Nigeria, while progressive in enacting laws against gender-based violence (GBV) and harmful practices, including female genital mutilation (FGM) and CEFMU, is hindered by deep-seated cultural norms and weak policy enforcement, making significant advancements challenging, especially in rural areas. Economic empowerment initiatives such as the Government Enterprise and Empowerment Program the National Women Empowerment Fund , and Youth Entrepreneurship Support in addition to the MenCare Nigeria campaign that engages men in gender equality, are in place but face substantial obstacles.[9, 10]

## CENTRAL AFRICA

While Cameroon is pushing for gender equality and women's rights through initiatives such as free primary education and gender desks at police stations, these measures often remain symbolic rather than offering solutions. It has introduced gender focal points in ministries, supported inclusivity for pregnant girls in schools, and provided free tuition for marginalized groups. Despite criminalizing harmful practices such as FGM and CEFMU and discussing violence against women (VAW) and tax-free sanitary products, significant gaps remain in equal pay and comprehensive youth empowerment policies. The DRC has advanced with its National Action Plan for Women, Peace, and Security and reformed its Family Code to empower married women.[11] Yet, the ongoing conflict has a significant impact on women, particularly in terms of sexual violence and economic hardship. Angola faces severe challenges in enforcing gender equality laws. Rising domestic violence, ineffective reporting mechanisms, and outdated legal allowances for child marriage at 15 years of age hinder progress. Despite efforts to boost female representation in governance, empowering rural and young women in leadership remains problematic.

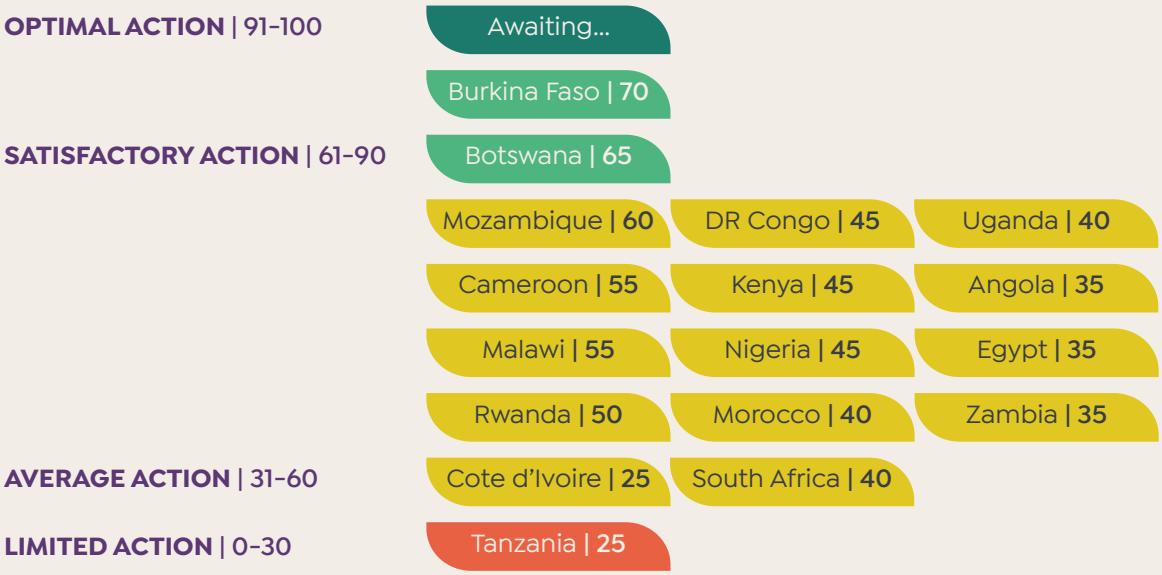
## NORTH AFRICA

In Egypt, government measures to combat discriminatory laws and practices include Vision 2030 and the National Strategy for the Empowerment of Egyptian Women.[12] However, critical issues, including delays in discussing amendments to the Personal Status Law, continue to restrict women's economic independence. Similar delays in the law on combating VAW highlight gaps in legislative action. Efforts to enhance women's economic participation are in place, particularly in rural areas, yet they lack effective action plans and monitoring. Despite increased representation of women in the Parliament, meaningful participation remains limited. Morocco has been active in aligning national laws with international commitments to gender equality and has initiated several legal reforms. However, developing and implementing policies promoting gender equality are partial and sometimes ineffective. Programs to increase women's participation in high-value production and engage men and boys in gender equality are in place but lack broad coverage and impactful execution. Partnerships with CSOs aim to support economic empowerment for women and youth, yet these efforts are sporadic and lack integration into national policies. Similarly, policies that increase women and youth participation in decision-making remain incomprehensive, limiting their overall effectiveness.

## EAST AFRICA

Both Kenya and Uganda show commitment through ratifying international treaties, comprehensive legal frameworks, and initiatives to empower women and mainstream gender in development plans. Kenya has established laws against practices such as FGM and strives to empower women economically, though gaps in gender-sensitive budgeting and effective policy implementation persist. Uganda emphasizes gender equality in its Vision 2040, supported by programs such as the Parish Development Model and legislative reforms to enhance women's rights to inheritance and workplace protections.[13] [14]Nonetheless, anti-rights and anti-gender groups advocating traditional heteronormative nuclear families with strict gender roles pose substantial challenges. Tanzania and Rwanda, while committed to gender equality on paper, face significant obstacles in practical application. Although Tanzania has taken steps to review discriminatory laws and improve women's participation in economic activities, it struggles with ineffective enforcement, cultural barriers, and limited access to services for rural women. Similarly, Rwanda faces issues with the dissemination and understanding of laws and cultural stereotypes. It lacks protective laws for vulnerable groups such as LGBTIQ+ individuals, hindering the effective realization of gender equality.

*FIGURE 3: AADPD Performance Score of 17 African States on Women's Rights and Gender-based Violence.*




## SOUTHERN AFRICA

Botswana stands out for its robust approach to women's rights and combating GBV, with significant legislative reforms such as the Children's Act of 2009 setting the minimum marriage age at 18 for both genders and offering substantial support for GBV survivors through legal aid and shelters. Yet, it struggles with implementing and enforcing laws consistently.[15] Mozambique has also increased the legal age of marriage from 16 to 18 years. Regardless, cultural norms and economic difficulties hinder the enforcement of this and other GBV laws, compounded by gaps such as the absence of specific laws against femicide and recognition for the LGBTIQ+ community. In Malawi, while the legal age of marriage is set at 18 years, its enforcement and other domestic violence laws are weak, reflecting a broader issue of poor implementation of human rights protections. Similarly, Zambia has laws against child marriage and GBV, but cultural beliefs and the lack of effective oversight compromise enforcement. The country's status as a Christian nation further complicates the acceptance and rights of LGBTIQ+ individuals and other minorities. In South Africa, the legal age of marriage varies across different acts, with the Recognition of Customary Marriages Act setting it at 18 and the Marriages Act allowing girls to marry at 15 years of age and boys at 18—a policy criticized as discriminatory.[16,17] Additionally, the Prevention and Combating of Hate Crimes and Hate Speech Bill, passed by Parliament, has yet to be signed into law by the President. This is despite the urgent need for its enactment, as hate crimes continue against black individuals, women, and queer people.[18]

## WEST AFRICA

Burkina Faso is recognized for its strong commitment to women's rights and addressing GBV through substantial legal frameworks and initiatives. The country has revised its Persons and Family Code and introduced the Public Health Code and Reproductive Health Act to enhance reproductive rights and combat harmful practices such as FGM/C (female genital mutilation or cutting).[19] With constitutional protections against violence toward women and children, Burkina Faso also provides legal assistance to minors and toll-free reporting mechanisms for rights violations. These efforts, reflecting a robust national strategy for preventing child marriage and upholding human rights, are supported by collaborations between the government, civil society, and religious leaders. Conversely, Nigeria, despite making legislative efforts to address issues such as child marriage, FGM/C, and GBV, struggles with enforcement due to cultural norms and resource limitations. Measures to combat discrimination and uphold equality are hindered by persistent barriers impacting marginalized

groups. While laws such as the Cybercrime Act and Anti-Discrimination Act aim to address these challenges, effective enforcement remains inadequate.[20,21] In Côte d'Ivoire, although new laws aim to curb CEFMU and FGM/C, the impact and effectiveness of awareness campaigns and measures against gender-based violence remain uncertain. Additionally, the lack of specific laws to protect certain rights and pervasive cultural resistance, especially concerning LGBTIQ+ acceptance, illustrate the ongoing struggle between traditional values and needed societal progress.

## CENTRAL AFRICA

The DRC has enhanced legal protections for families by adopting Law No. 016/008 of 15 July 2016, which supplements and amends the Family Code.[22] Additionally, Law No. 15/013 of 1 August 2015 was enacted to detail the modalities for promoting women's rights and gender equality in line with constitutional efforts to eliminate discrimination against women. Despite these advancements, legislation aimed at addressing tribalism, racism, and xenophobia remains pending, highlighting ongoing challenges in the country's human rights landscape. While Cameroon's 2016 Penal Code criminalizes CEFMU and harmful practices such as FGM/C and breast ironing, specific GBV law is still pending, and deep-rooted discrimination continues to obstruct justice and gender equality.[23] On the other hand, Angola is caught between its laws against child marriage and domestic violence and the reality dictated by enduring traditional practices that continue to harm women and girls. Legal provisions allow child marriage under exceptions, reflecting a significant lag in cultural change despite formal commitments to gender equality.

## NORTH AFRICA

Egypt's performance in safeguarding human rights is notably poor due to lax enforcement of laws and ongoing societal challenges, particularly affecting women, girls, and marginalized communities. Although the legal age of marriage is set at 18 years, child and "seasonal marriages" persist due to cultural beliefs and poverty. Despite ratifying international conventions and establishing laws against practices such as FGM/C, Egypt struggles with enforcement and low reporting rates. Discrimination laws, including the 2018 Anti-Discrimination Law, fail to adequately protect the LGBTIQ+ community, which continues to face stigmatization. Similarly, in Morocco, efforts to strengthen human rights protections and combat GBV are hindered by weak enforcement mechanisms. While laws such as 103.13 address GBV, gaps in coverage leave many victims unprotected.[24] The government has initiated awareness campaigns targeting professionals and the public to promote human rights and combat discrimination. However, a general lack of awareness about hate crimes and the importance of reporting them underscores the need for more comprehensive strategies to effectively address human rights violations across the country.

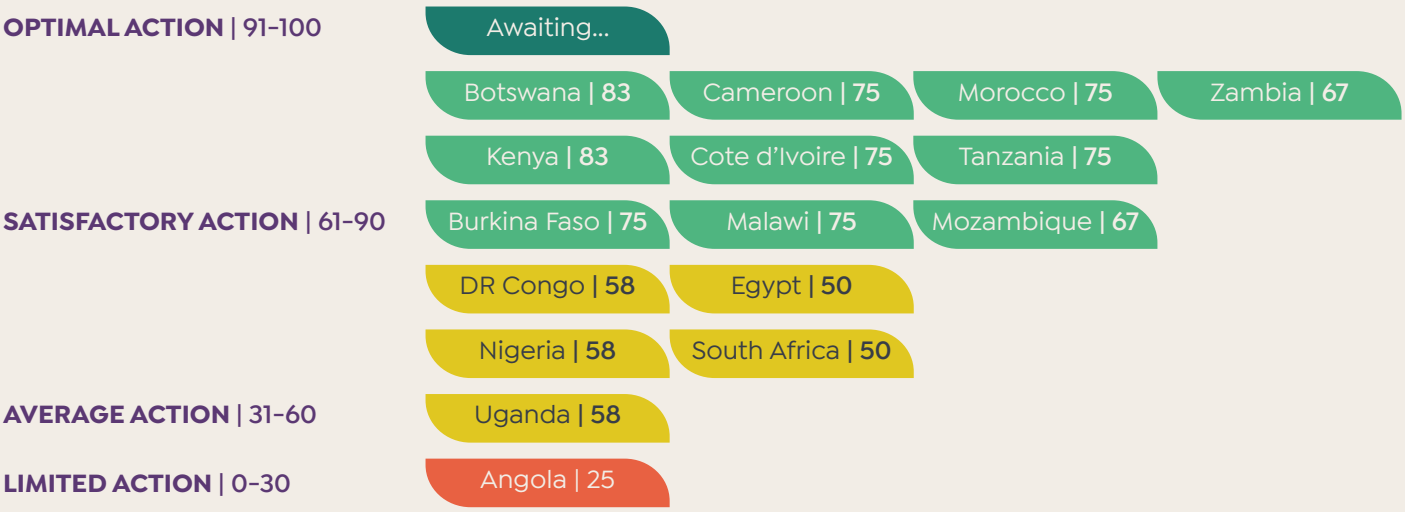
## EAST AFRICA

In Rwanda, justice and healthcare for GBV victims are inadequate, especially for female sex workers and PWDs who are mishandled and discriminated against by law enforcement personnel. The legal protection for LGBTIQ+ individuals is insufficient, restricting their access to services and justice. Conversely, Tanzania lags in gender equality, with entrenched cultural norms and weak policy implementation limiting women's rights, especially in rural areas. Despite having policies to combat child marriage, the absence of specific legislation for domestic and societal violence diminishes effective GBV response. While international human rights treaties have been ratified, translating these into effective local actions remains problematic, especially with ongoing discrimination and limited government support for LGBTIQ+ rights, reflected in shrinking the civic space of NGOs working on related issues. Uganda's efforts, such as the National Strategy to End Child Marriage and improved inheritance laws for women, are undercut by persistent social norms and weak law enforcement.[25] Furthermore, the recent enactment of the Anti-homosexuality Act, sharply deviating from international human rights norms, has escalated human rights concerns regarding criminalizing same-sex relations and increasing discrimination and violence against sexual and gender minorities.[26] Kenya, despite laws against FGM and child marriage, struggles with enforcement in rural regions. Inadequate training and support systems hinder initiatives against GBV. Although Kenya provides asylum based on sexual orientation, the protection against hate crimes is not effectively enforced, highlighting significant gaps in safeguarding the rights and dignity of all individuals.

PILLAR 2
# HEALTH

## HIV/AIDS, MALARIA, AND OTHER INFECTIOUS DISEASES

***FIGURE 4:*** *AADPD Performance Score of 17 African States on HIV/AIDS, Malaria, and Other Infectious Diseases.*




### SOUTHERN AFRICA

Botswana is the most successful among the evaluated countries in responding to the HIV/AIDS epidemic by collaborating effectively with international partners and conducting comprehensive public education campaigns. Malawi, Mozambique, and Zambia also show satisfactory performance in this category. Malawi improved access to HIV treatment, though challenges remain concerning misinformation and misconceptions about HIV/AIDS. Mozambique's HIV-related campaigns helped raise awareness and reduce stigma. The country was recognized for integrating tuberculosis (TB) and HIV programming. In Zambia, a robust HIV intervention framework is in place, but the focus tends to lean heavily toward HIV/AIDS and TB, overshadowing other diseases. In South Africa, on the other hand, there was a shift from initial reluctance to more proactive measures in combating HIV, indicating an average level of action.

### WEST AFRICA

Côte d'Ivoire and Burkina Faso show satisfactory efforts in healthcare, with effective no-cost access to services for malaria, HIV, and tuberculosis, particularly for pregnant women and children under five. The country also conducted extensive HIV awareness campaigns and offered free testing nationwide. Burkina Faso established coordinating bodies to tackle HIV/AIDS, control TB, and manage other non-communicable diseases. Meanwhile, Nigeria showed average efforts due to challenges in implementing comprehensive and sustainable treatment and prevention services nationwide.

### CENTRAL AFRICA

Cameroon has made significant strides in improving healthcare through successful initiatives and programs implemented with international partners to enhance healthcare access. The DRC's performance has been average, constrained by limited resources and healthcare delivery issues. In Angola, despite hospitals being equipped with specialized units for communicable diseases, treatment and prevention efforts fail to be effective.

### NORTH AFRICA

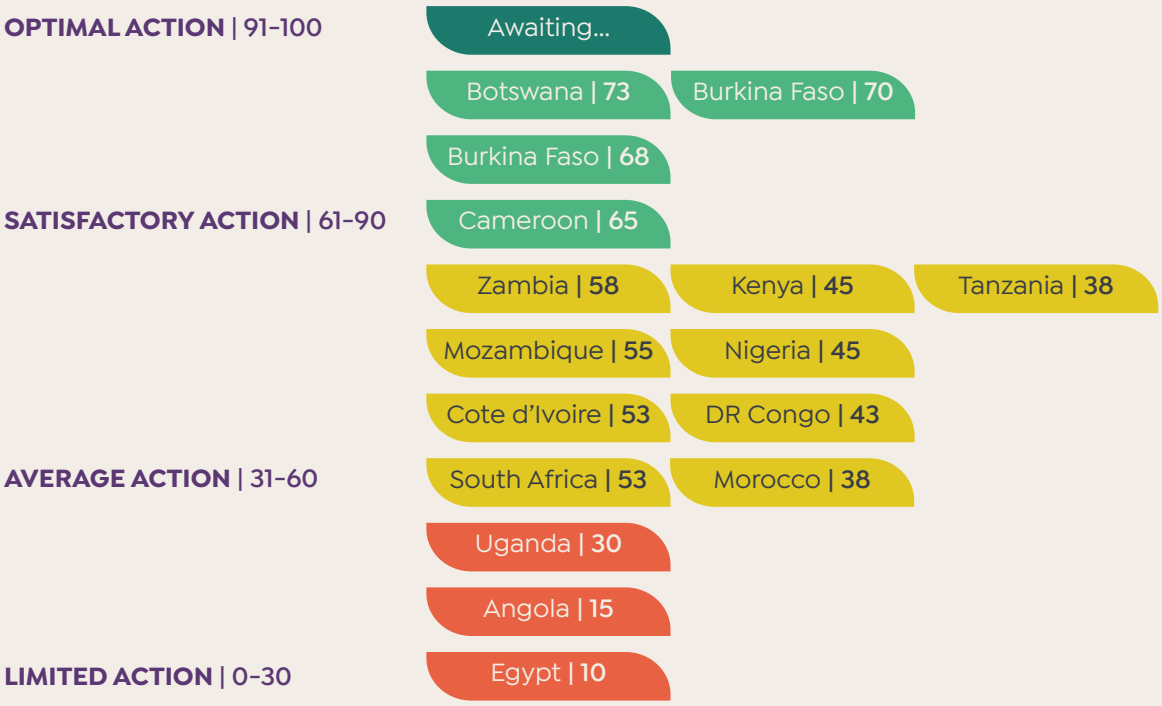
Morocco has made progress in health and disease prevention, benefiting from government investments facilitating access to affordable and accurate diagnostic tests for HIV, sexually transmitted infections (STIs), and other infections. On the other hand, Egypt's efforts are hindered by insufficient funding, lack of public awareness, social stigma, weak healthcare infrastructure, and a shortage of trained medical personnel.

## EAST AFRICA

Kenya's progress is highlighted by its comprehensive approach to combating diseases such as HIV/AIDS, TB, malaria, and polio. Tanzania's initiatives have a strong focus on eliminating mother-to-child transmission of HIV and proactive provision of affordable testing, information, and treatment for HIV, STIs, and other infections. Uganda's efforts are affected by its multi-faceted approach to public health challenges that were undermined by the criminalization of HIV transmission and harsh penalties for drug-related offenses, all of which have disproportionately impacted populations affected by HIV.

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

*FIGURE 5: AADPD Performance Score of 17 African States on Sexual and Reproductive Health and Rights.*




## SOUTHERN AFRICA

Malawi is making strides toward providing universal access to comprehensive sexual and reproductive health (SRH) services. Despite having supportive policies, the challenges include inadequate provision of safe abortion services, societal norms including toxic masculinity, and logistical issues such as the distance to clinics, which affect service effectiveness. On the other hand, Botswana has implemented significant outreach programs and partnerships to promote gender equality and eliminate discrimination in healthcare. While they have strong laws, such as the Penal Code and the Sexual Offences Act, to combat sexual violence, challenges include inconsistencies in the enforcement of these laws and in ensuring comprehensive accessibility to healthcare services. Zambia emphasizes peer-to-peer education to improve access to sexual and reproductive health and rights (SRHR) services, focusing on adolescents and youths. However, the country struggles with the enforcement of SRHR laws and policies due to discrimination in service delivery and significant gaps in comprehensive sexual education that impact the overall efficacy of interventions. In contrast, South Africa advocates for adolescent and youth-friendly services and has made some progress with initiatives such as the national framework on Comprehensive Termination of Pregnancy. However, challenges remain in effectively offering safe abortion access due to stigma and inadequate facilities, resistance to comprehensive sexuality education, and ongoing

funding and staffing issues in support centers for sexual violence survivors. Mozambique has launched several initiatives addressing SRH issues and GBV, such as platforms for accessing SRH information and reporting GBV cases. Despite these efforts, challenges include a lack of humanized care for women seeking unsafe abortions, the persistence of illicit charges by healthcare providers despite policies, and a general shortfall in policy support for artificial insemination for LBQT women.

## WEST AFRICA

Burkina Faso demonstrates a strong commitment to healthcare and reproductive rights, with constitutional provisions supporting health rights and specific measures ensuring free healthcare for vulnerable groups. Comprehensive legal frameworks address VAW and sexual health rights violations. Notable progress includes universal access to family planning, integrated health services, and strategic efforts against early pregnancy and child marriage. Nonetheless, challenges include limited quality human resources, and poor technical infrastructure, compounded by threats such as security issues, climate change, natural disasters, and social instability. Nigeria is working to enhance access to SRH services but faces significant policy integration and service delivery challenges, especially in remote areas. Adolescents and young people are often overlooked in policy provisions, and legal issues around consent remain unresolved. Conflicting legislation and cultural norms restrict effective SRH service implementation, with restrictive abortion laws causing unsafe abortion complications. Efforts to promote comprehensive sexuality education are hindered by opposition from conservative groups, impacting effectiveness. Côte d'Ivoire is advancing SRH services for youth and adults but lacks a specific SRH law, with the pending legislation on SRHR stalled despite civil society advocacy. Safe abortion remains illegal, contributing to challenges in treating complications from unsafe procedures. While sexual education in schools is curtailed by cultural sensitivities, family planning initiatives are hampered by limited female autonomy over contraceptive choices. Efforts to integrate gender-based violence responses into SRH services are insufficient, despite government initiatives such as a GBV hotline and access to post-rape care.

## CENTRAL AFRICA

Leading in the region with advancements in SRHR, Cameroon is actively working toward universal health coverage. The country is implementing comprehensive abortion care and enhancing access to SRH services, particularly for adolescents, through collaborations with the Ministry of Public Health and Global Health Solutions. These initiatives are integrating data into health systems and extending services such as cervical cancer screening and post-abortion care despite challenges in reaching remote areas. Legal protections under the Maputo Protocol and national laws address child marriage and FGM/C. The country also focuses on eliminating the stigma around women's SRHR and improving access to comprehensive sexuality education (CSE) and family planning. Dedicated adolescent-friendly clinics and specialized units for GBV survivors show a multi-layered approach to SRHR, although challenges in service specificity and safe abortion access persist. With the significant involvement of international organizations such as the WHO, the DRC is enhancing SRH information and services for adolescents and young people. Although efforts lagged until recently, current initiatives aim to protect the SRH rights of women and girls, integrate SRH services into the healthcare system, and promote evidence-based policies for safe abortion and CSE. The country's legislative framework supports these efforts, with ongoing programs to combat sexual violence and incorporate GBV responses into SRH services. Despite these advancements, there is a continuous need for advocacy and effective implementation to navigate the SRH challenges facing the population. Angola's efforts are concentrated on reducing maternal and child mortality through targeted maternal and child centers and family planning programs. The country faces substantial challenges in educational outreach and the availability of family planning resources. Safe abortion remains largely illegal, posing significant risks for women needing care. The integration of sexual health, HIV/AIDS, and family planning services has been less effective, with limited reporting mechanisms for SRH issues. Services that do exist often fail to provide comprehensive care, highlighting systemic weaknesses and a lack of coordination across health, social action, and justice sectors.

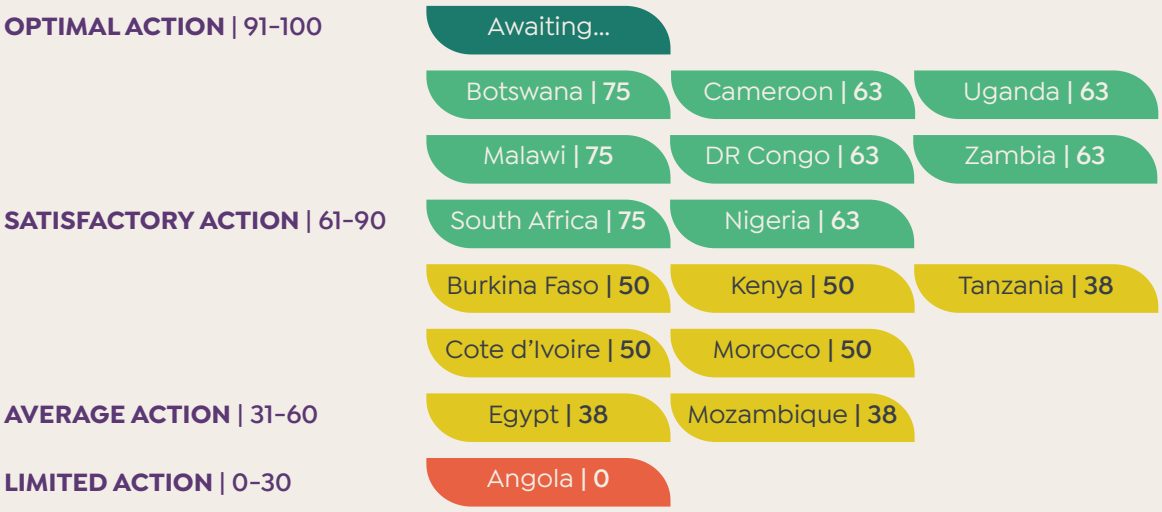
## NORTH AFRICA

Egypt's approach to SRHR is constrained by conservative societal norms, particularly affecting unmarried individuals and adolescents. Governmental SRHR services, often mistrusted and gender-biased, focus primarily on women for contraceptive use, excluding discussions on abortion rights. Despite laws against FGM/C and child marriage, effective solutions and awareness campaigns are insufficient. The education system fails to provide a comprehensive SRHR curriculum, focusing narrowly on family planning. This limited awareness contributes to population growth challenges. Religious and patriarchal norms further restrict family planning practices, with inadequate governmental efforts to engage men in shared responsibilities. Additionally, survivors of GBV struggle to access appropriate health services, especially in southern regions, with responses to GBV poorly integrated into broader SRHR or humanitarian programs. Morocco is advancing in integrating comprehensive SRH services into its primary healthcare system, offering family planning, maternal healthcare, and STI testing and treatment. The government is actively working to respect and protect SRHR through national laws and policies, although implementation varies. Efforts include developing policy frameworks to integrate SRH, HIV/AIDS, and family planning services and addressing unsafe abortions. CSE programs have begun but lack full comprehensiveness or cultural sensitivity. While steps have been taken to support fertility-related policies and the right to family planning, these efforts need broader implementation and effectiveness. Access disparities to reproductive health services persist, impacting informed decision-making. Services for men and boys are available but limited. While initiatives to integrate GBV responses into SRH services have started, they often lack depth, indicating a need for more robust integration to effectively meet the comprehensive needs of GBV survivors.

## EAST AFRICA

Kenya is advancing in reproductive health through initiatives, including the National Reproductive Health Policy 2022–2032, aimed at catering to all citizens, especially marginalized groups. Additional programs, such as free sanitary pads to schoolgirls, demonstrate a commitment to reproductive health equity.[27] However, challenges such as restrictive abortion laws, inadequate CSE, and limited access to SRH services in rural and adolescent populations persist. The perception that reproductive health is mainly a women's issue continues, highlighting the need for greater male involvement. Efforts to combat GBV, including the 116 call centers and One-Stop centers, exist, yet integrating these responses into SRH programs fully remains a challenge. Tanzania collaborates with partners to improve reproductive health, including introducing guidelines for comprehensive post-abortion care. However, reluctance to fully embrace SRHR terminology reflects broader hesitations about including LGBTIQ+ aspects. Challenges in implementing safe and legal abortion rights remain despite international treaty obligations. Efforts to integrate reproductive health services are ongoing but face implementation barriers. While initiatives to improve family planning and address GBV are in place, challenges in integrating these services fully into broader health programs continue, alongside ongoing debates about the appropriateness of CSE programs. Uganda faces significant obstacles in providing universal SRHR access, with laws that discriminate against specific groups and a lack of comprehensive policies for young women and girls. Challenges include limited information dissemination, inadequate healthcare provider training, and restricted funding for SRHR services. Ambiguities in abortion laws and low contraceptive use further complicate access to necessary health services. Despite efforts to enhance SRHR through campaigns and youth-friendly services, gaps in CSE and support for GBV victims underscore the need for more effective and inclusive health strategies.

*FIGURE 6: AADPD Performance Score of 17 African States on Maternal Mortality.*




## SOUTHERN AFRICA

Botswana, Malawi, and South Africa have been at the forefront of efforts to improve maternal health. Their substantial investments in training and deploying skilled health personnel have led to a remarkable reduction in maternal mortality rates. These efforts ensured that qualified professionals attended births in Botswana. In Malawi, it increased access to skilled birth attendants, prenatal and postnatal care, family planning, and emergency obstetric care. In South Africa, these efforts included legislation on free health services for pregnant and breastfeeding women nationwide. Zambia was also acknowledged for implementing sensitization campaigns and establishing mother shelters. Conversely, Mozambique faced challenges with high rates of obstetric fistula, attributed to insufficient access to necessary obstetric health services.

## WEST AFRICA

Nigeria has shown progress in maternal and neonatal healthcare, evidenced by the decline in maternal and neonatal mortality rates per the Nigeria Demographic and Health Surveys from 2013 to 2018. Despite this, challenges such as infrastructural gaps and logistical issues slow improvement. In partnership with WHO and other stakeholders, the Nigerian government has initiated programs such as the Maternal and Perinatal Database for Quality, Equity, and Dignity to enhance care quality.[28] Collaboration is ongoing to prevent and provide comprehensive care for obstetric fistula. Meanwhile, Côte d'Ivoire and Burkina Faso demonstrate moderate progress in partnership with the UN Population Fund (UNPFA) and other initiatives to tackle high maternal mortality and enhance maternal health services.

## CENTRAL AFRICA

In DRC, substantial efforts are underway to improve maternal and neonatal health, including legislative reforms to regulate midwifery—the "Eboteli" project enhances emergency care access.[29] These initiatives are complemented by efforts to promote family planning and manage childbirth complications. In Cameroon, the government has focused on subsidizing healthcare services for pregnant women and newborns and collaborates with UNFPA to combat obstetric fistula, focusing on awareness and continuous medical support. However, in Angola, despite attempts to improve healthcare, challenges such as high stillbirth rates and insufficient healthcare infrastructure persist, indicating a need for enhanced healthcare delivery and accessibility.

### NORTH AFRICA

Egypt has developed strategies such as the National Population Strategy and the National Strategy for Sustainable Development, consequently improving skilled birth attendance and expanding emergency obstetric care. Nonetheless, addressing maternal health complexities and obstetric fistula remains a challenge, requiring sustained efforts and comprehensive approaches. Morocco has initiated policies to train healthcare workers and improve emergency care services. Yet disparities in service accessibility, particularly in rural areas, and limited awareness about obstetric fistula prevention and treatment underline the need for more effective and widespread health interventions.

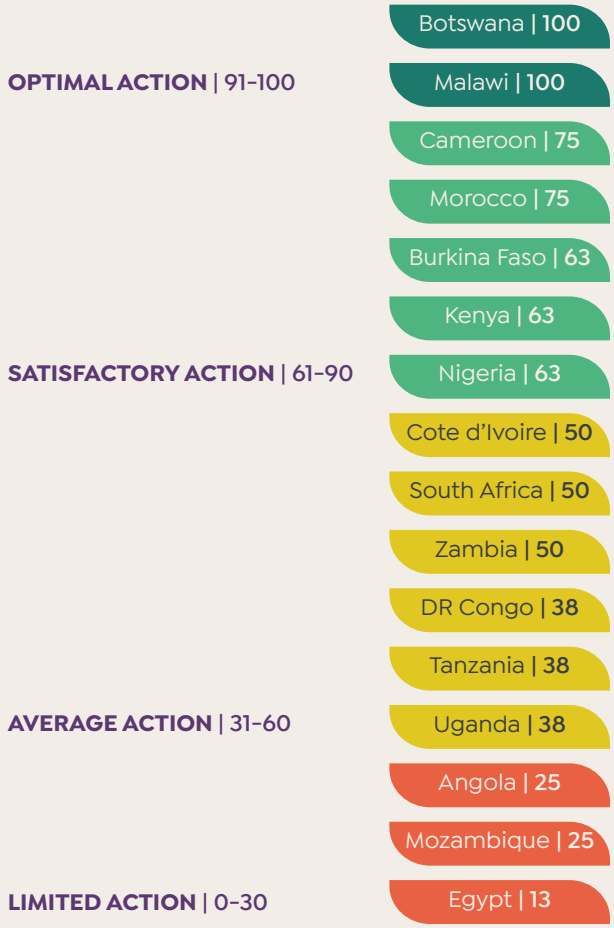
### EAST AFRICA

Kenya has implemented healthcare expansions to reduce maternal and neonatal mortality, focusing on facility-based services and skilled deliveries, yet struggles with high rates of maternal deaths due to unsafe pregnancies. Tanzania, facing one of the world's highest maternal mortality rates, has enhanced skilled birth attendance and launched initiatives such as fistula repair centers, though obstacles such as healthcare access in remote areas persist. On the other hand, Uganda has shown progress, reducing its maternal mortality rate significantly, yet it faces issues in postnatal care and medical accountability. There are ongoing challenges in healthcare service delivery, such as insufficient blood supplies for surgeries, highlighting areas that need attention despite overall improvements.

## PILLAR 6
## INTERNATIONAL COOPERATION AND PARTNERSHIP

### PARTNERSHIP AND CIVIL SOCIETY

***FIGURE 7:*** *AADPD Performance Score of 17 African States on Partnership and Civil Society.*




### SOUTHERN AFRICA

Malawi and Botswana outperform all 17 countries in establishing successful partnerships that streamline health initiatives and foster inclusive governance. Malawi's Health Sector Strategic Plan emphasizes coordinated action among partners, enhancing the effectiveness of its health programs. Similarly, Botswana supports its CSOs with grants and dialogues, ensuring active participation in policy development. Conversely, Zambia and South Africa display mixed results in partnership effectiveness—Zambia struggles with genuine engagement of grassroots organizations, while South Africa shows varying degrees of government responsiveness despite some successful collaborations on SRHR projects. Regardless of some level of government collaboration, Mozambique faces challenges such as restrictive laws impacting CSOs, indicating a need for enhanced support and training for grassroots partnerships.

IMAGE | @Karynnesenna

## WEST AFRICA

In Burkina Faso, significant steps have been taken to enhance cooperation with CSOs by implementing the National Strategy for Development Cooperation and creating a permanent NGO secretariat. Similarly, Nigeria has focused on improving transparency, combating corruption within the government, and fostering ongoing collaborations between the government and CSOs in policy formulation and implementation. Likewise, Côte d'Ivoire has shown some progress in involving CSOs in program implementation, yet the inclusion of these organizations in decision-making remains limited.

## CENTRAL AFRICA

Cameroon is advancing in fostering partnerships in Central Africa, though the involvement of youth and women remains limited in policy processes. The DRC has established legal frameworks for public-private partnerships to enhance entrepreneurship, yet the effectiveness of these collaborations in promoting sustainable development and accountability is still questionable. Angola has increased public consultations on various initiatives but continues to struggle with genuinely integrating citizen input into governmental decision-making, indicating a need for more effective public engagement.

## NORTH AFRICA

In Morocco, significant progress has been made in fostering collaborations between government and CSOs at local, national, and international levels, with CSOs actively involved in all phases of population and development initiatives. Conversely, Egypt has shown limited progress in engaging CSOs, often excluding them from consultation and decision-making forums.

## EAST AFRICA

While Kenya performed better than the other surveyed East African countries on partnership and civil society, the relationship between the government and CSOs is marked by instability; government collaboration with CSOs is often unstable and selective, relying on the goodwill of individual officials and expecting CSOs to align with government agendas. Implementing the Public Benefits Organizations (PBO) Act is inconsistent, with authorities mixing outdated laws.[30] In SRH, the government's partnerships with CSOs are limited, particularly regarding CSE, safe abortion, and LGBTIQ+ inclusion, often favoring conservative and religious groups over CSOs. In Tanzania and Uganda, there is shrinking civic space highlighted by the closure of organizations perceived to support LGBTIQ+ initiatives. Other exclusionary government actions that undermine commitments to SRHR highlight concerns about the genuine inclusion and impact of CSO contributions in these countries.

# RECOMMENDATIONS

**1. ENSURE ACCOUNTABILITY FOR CONTINENTAL AGREEMENTS AND PROTOCOLS:** Implement robust mechanisms to ensure adherence to and accountability for continental agreements, such as the Abuja Declaration and the Maputo Protocol.

**2. DRIVE EFFECTIVE INTRA AND INTER-AGENCY COLLABORATION:** Address the fragmentation across various ministries and agencies to enhance the coherent and effective implementation of the ICPD Program of Action. This approach should extend to partnerships with private and civil society sectors, ensuring more unified and impactful actions.

**3. TRANSLATE POLICY TO PRACTICE AND CONCRETE RESULTS FOR ALL:** Focus on converting policies into actionable results. Many African nations develop commendable laws and policies which, however, often fail in implementation due to inadequate system support and resource allocation.

**4. SECURE AND EXPAND PARTNERSHIP AND COLLABORATION WITH CIVIL SOCIETY, INCLUDING FEMINIST, WOMEN'S RIGHTS, AND YOUTH ORGANIZATION:** Actively involve feminist, women's rights, and youth organizations in policy-making processes. This inclusion ensures that the policies developed are truly reflective of and responsive to the diverse needs of the population.

**5. FACILITATE PRIVATE SECTOR ENGAGEMENT THAT RESPECT HUMAN RIGHTS AND PROTECT THE PLANET:** Engage the private sector in the ICPD Program of Action within a strict human rights framework, ensuring that their involvement does not compromise the welfare of communities or the environment.

**6. SCALE AND SUSTAIN NATIONAL FINANCING FOR POPULATION AND DEVELOPMENT:** Commit to sustainable national financing for population and development initiatives, reducing reliance on conditional, external aid which often sidelines the needs of marginalized communities.

**7. ELIMINATION TAXATION THAT LIMITS AVAILABILITY AND ACCESS TO SRHR COMMODITIES:** Eliminate taxation on essential sexual and reproductive health and rights (SRHR) commodities to enhance accessibility and affordability, especially for those in low-income situations.

**8. REJECT GLOBAL ECONOMIC STRUCTURES AND FINANCING MECHANISMS THAT LIMIT ABILITY TO FINANCE THE ICPD AGENDA:** address global economic policies that hinder the ability to finance the ICPD agenda effectively, including imposed austerity measures and unfair trade agreements that prioritize profits over public health needs.

**9. END CORRUPTION AND SET-UP MECHANISM TO CURB ILLICIT FINANCIAL FLOWS:** Implement strict measures to curb corruption and illicit financial flows which drain essential resources from public health and development sectors.

**10. SCALE UP INVESTMENT IN NATIONAL SYSTEMS TO SUPPORT THE COLLECTION AND USE OF DATA AND EVIDENCE:** Invest in improving data systems to support effective policy-making and program implementation, focusing on capturing comprehensive and accurate data across all indicators.

**11. CURB THE INTERFERENCE OF THE ANTI-RIGHT AND ANTI-GENDER MOVEMENTS IN AFRICA'S PROGRESS ON POPULATION AND DEVELOPMENT:** Actively oppose anti-rights and anti-gender movements that threaten to undermine the progress on population and development initiatives, ensuring that all partnerships and collaborations support comprehensive human rights.

**12. END THE ATTACK ON HUMAN RIGHTS. RECOGNIZE AND UPHOLD THE RIGHTS OF ALL AFRICANS TO LIVE A LIFE OF DIGNITY AND RESPECT:** Ensure that all Africans, regardless of their background or identity, are respected and have their human rights upheld, particularly in contexts where traditional and cultural norms challenge these rights.

**13. STRENGTHEN HEALTH SYSTEMS AND INFRASTRUCTURES TO WITHSTAND CRISIS SITUATIONS AND MITIGATE ITS IMPACT ON INDIVIDUALS AND COMMUNITIES:** Build robust health infrastructure capable of withstanding crises, ensuring continuous and reliable access to essential health services, especially SRHR, during times of conflict or climate-induced challenges.

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