Sexual and Reproductive Health and Rights in Africa, Caribbean, Pacific: Data and Trends

The ACP Group of States consists of 79 African, Caribbean and Pacific countries and represents a population of over 900 million. Signed in 2000 by all ACP States – except Cuba – and the European Union (EU), the Cotonou Partnership Agreement (CPA) aims at reducing poverty, contributing to sustainable development, and gradually integrating ACP countries into the world economy. It also commits to making improvements in the social sector and calls for promoting Sexual and Reproductive Health and Rights (SRHR) in its articles 25 and 31. Moreover, the CPA aims at integrating 'population issues into development strategies in order to improve reproductive health, primary health care, family planning'.

An evaluation of the CPA from 2016 concluded that improved and more equitable access to basic services, including healthcare, were strong features of the partnership.[1] This led to improved child and maternal health and the fight against HIV/AIDS, among others. The evaluation also showed however that population growth was not given sufficient attention, contributing to further vulnerability of ACP countries.

The current CPA will give way in 2020 to a new partnership. Ongoing discussions aim at identifying a framework that is fit for purpose for the implementation of the 2030 Agenda and its 17 universal Sustainable Development Goals (SDGs). The CPA has had some success where it did focus on SRH and family planning (FP). This has contributed to a decline in maternal mortality. Nevertheless, more could be done. **The ACP region, especially sub-Saharan Africa, still faces major challenges in the area of health, FP and HIV/AIDS. Therefore the new framework should urgently continue and expand its focus on this sector.[2]**

MATERNAL AND CHILD MORTALITY

Worldwide, **830 WOMEN DIE EVERY DAY** due to complications during and following pregnancy and childbirth: **ONE WOMAN DIES EVERY TWO MINUTES.[3]**

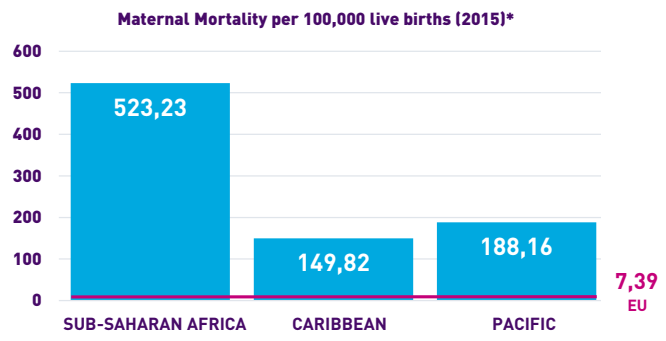
99% OF MATERNAL DEATHS OCCUR IN DEVELOPING COUNTRIES: of the 830 daily maternal deaths, 550 occur in sub-Saharan Africa (66.3%) and 180 in South Asia (21.8%), compared to 5 in developed countries (0.6%).[4]

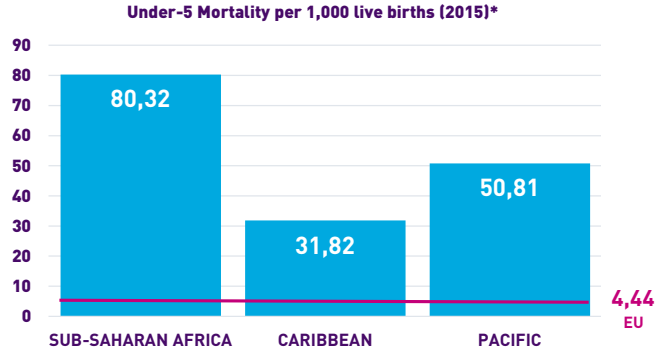
75% OF ALL MATERNAL DEATHS RESULT FROM COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH. Trained health workers could prevent, detect, and treat many of these during antenatal care visits. The World Health Organisation (WHO) recommends a minimum of 4 antenatal visits but **ONLY 40% OF WOMEN IN LOW-INCOME COUNTRIES RECEIVE 4 ANTENATAL VISITS IN ACP COUNTRIES.[5]**

The implementation of the WHO recommendations have partially contributed to a decrease by 44% of the global maternal mortality rate since 1990, which still remains far from the 75% reduction target under the Millennium Development Goals (MDG 5).[6]

IN THE ACP REGION, A WOMAN'S RISK OF DYING AS A CONSEQUENCE OF PREGNANCY IS THE GREATEST WORLDWIDE with an average of 1 death per 198 live births compared to 13,532 live births in the EU. Sub-Saharan Africa's maternal mortality ratio is the highest with an average of 1 death per 191 live births.[7]

Maternal mortality influences directly child mortality: motherless children are up to 10 times more likely to die within 2 years of their mother's death.[8] Newborn, or neonatal, deaths account for 45% of all deaths among children under five. **UNDER-5 MORTALITY IN ACP COUNTRIES IS 80 DEATHS PER 1,000 LIVE BIRTHS**, compared to the EU which accounts for about 4.5 deaths per 1,000 live births.[9]



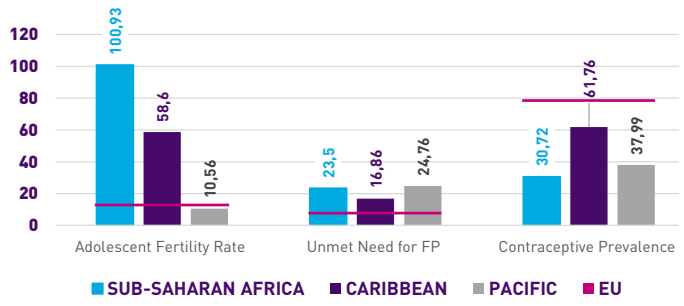


UNMET NEED FOR FAMILY PLANNING

IN 2015, 24% OF WOMEN OF REPRODUCTIVE AGE WHO WERE MARRIED OR IN-UNION STILL HAD AN UNMET NEED FOR FAMILY PLANNING. Approximately 225 million women in developing countries cannot avoid a pregnancy. Despite global efforts, increase in contraceptive use has barely kept up with population growth.[10] While ACP countries aim at harnessing the demographic dividend, efforts fall short due to lack of accessibility, equity, affordability, low prevalance and/or uptake of contraceptives.

The unmet need for FP impacts directly on women's and children's health. The WHO recommends a two-year span between each pregnancy to ensure the well-being of children and mothers; this is even more relevant for adolescents. **ADOLESCENT FERTILITY RATE IS HIGHER IN THE ACP REGIONS.** In Sub-Saharan Africa, the rate is almost 10 times bigger than in the EU. For physically immature women, unintended pregnancies directly impact their health. They are twice as likely to die during pregnancy or childbirth as older women. Adolescents have more difficulties to access contraceptives due to acceptability issues and lack of youth-friendly services. Decreasing the number of unintended pregnancies would be a cost-efficient way of saving lives and avoiding personal and social costs.

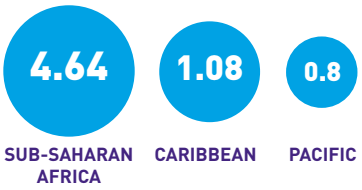
Adolescent Fertility Rate (births per 1,000 women ages 15-19), Unmet Need for Family Planning in %, Contraceptive Prevalence in % (2016)* [11]



HIV/AIDS PREVALENCE

In 2015, 36.7 million people were living with HIV worldwide. Sub-Saharan Africa remains the most affected region in the ACP, with nearly 1 in every 21 adults living with HIV: **70% OF WORLDWIDE HIV INFECTED PEOPLE LIVE IN SUB-SAHARAN AFRICA.**[12]

HIV Prevalence among adults aged 15-49, in % (2015)* [13]



WOMEN REPRESENT THE MAJORITY OF HIV INFECTED PEOPLE IN ACP COUNTRIES (56% vs EU 23%). Young women aged 15–24 years are at high risk of HIV infection, accounting for 20% of new HIV infections among adults in 2015, despite only representing 11% of the adult population.

In 2015, there were 1.8 million children under 15 living with HIV worldwide. **THE OVERWHELMING MAJORITY OF THESE CHILDREN LIVE IN ACP COUNTRIES.**

TAKE ACTION

To build on the CPA accomplishments, and enable further progress on SRHR and FP, ACP and EU decision-makers should

- Put youth -especially girls and young women- at the center of the future partnership. By investing in their health and self-determination ACP countries can cash in on the demographic dividend

- Ensure that the post-Cotonou framework includes specific and legally binding provisions addressing FP/SRHR-related objectives with a focus on access to health services and commodities

- Confirm that complementary partnerships, the Joint Africa-EU Strategy, also commits to FP/SRHR

- Guarantee that EU funding programmes support FP/SRHR progress, namely through:

Development Cooperation Instrument (DCI)
- Human development under the thematic Global Public Goods and Challenges Programme
- Civil Society Organisations / Local Authorities Programme
- Pan-African Programme

European Development Fund (EDF)
and its Intra-ACP envelop

- Encourage FP/SHRH priorities by an effective implementation of the Gender Action Plan II in ACP countries

- Safeguard open dialogue and cooperation with civil society, including health partners

1. EC evaluation on ACP-EU partnership, 2016
2. For a comparative analysis of the provisions of the CPA compared with some other frameworks, please go to: https://www.dsw.org/uploads/tx_aedswpublication/ACP_EU2.pdf
3. World Health Organisation; UNFPA
4. World Health Organization, Maternal Mortality, Factsheet n°348, 2014
5. WHO Maternal mortality Fact sheet, Updated November 2016
6. http://www.who.int/mediacentre/news/releases/2015/maternal-mortality/en/
7. World Health Organization, Global Health Observatory. Country statistics, 2012
8. http://www.womendeliver.org/assets/Infographic_MaternalHealth_FINAL.pdf
9. World Health Organization, Newborns: reducing mortality, Factsheet, January 2016
10. C2030E factsheet on FP2020
11. UNFPA, State of World Population, 2016
12. UNAIDS, Global Report: UNAIDS report on the global AIDS epidemic, 2013
13. UNAIDS, Global Statistics, Factsheet, 2016

* **METHODOLOGY:** all averages per sub-region (sub-Saharan Africa, Caribbean and Pacific) take the different population size of countries into account (total population, women, children). The calculation is based on data provided by international organisations (cf. sources mentioned in footnotes). In addition, the availability of data or updated data on the assessed indicators is limited for some countries.

Countdown 2030 EUROPE

IPPF European Network

DSW Deutsche Stiftung Weltbevölkerung youth car