

FIRST WEBINAR ON



Adolescent, Youth & HIV

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Sexual and Reproductive Health and Rights – Africa Region Overview



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WHO / AFRO**

Key elements of Sexual and Reproductive Health

Programme Elements

- 1. Modern contraceptives (Family Planning and Counselling)**
- 2. Pre-natal care, safe delivery and post-natal care**
- 3. Reproductive Tract Infections, Sexually transmitted infections and HIV**
- 4. HIV prevention, care and support and treatment**
- 5. Comprehensive Sexual Education (CSE);**
- 6. Safe abortion and Post-abortion care;**
- 7. Gender-Based Violence (GBV);**
- 8. Harmful practices including, Female Genital Mutilation (FGM); Child Marriage;**
- 9. Menstrual Hygiene Management (MHM);**
- 10. Breast Cancer and cancers of the reproductive system**
- 11. Prevention and treatment of sub-fertility and Infertility.**
- 12. Sexual Function and satisfaction**
- 13. Adolescent Sexual and Reproductive Health**

Maternal Mortality

Globally, the number of maternal deaths dropped from an estimated **451 000** in 2000 to **295 000** in 2017, a reduction of about **35%**, with the most significant declines occurring since 2010

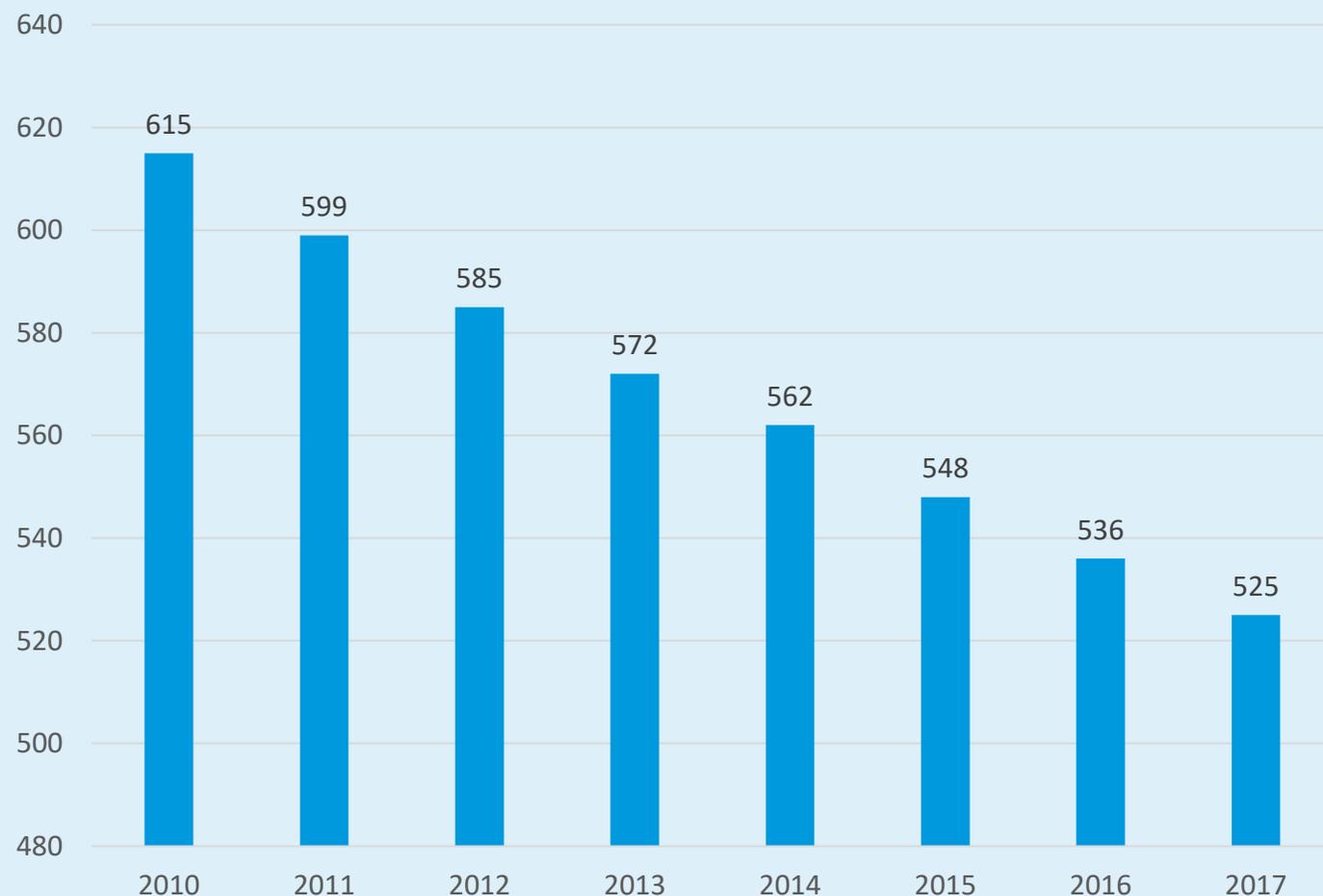
In spite of the general decline in maternal deaths, there are still regional inequalities in the number of deaths, with higher numbers concentrated in sub-Saharan Africa and South Asia. These two regions accounted for approximately **86%** of all maternal deaths in 2017.

The overall maternal mortality ratio reduced from **615/100,000** live births in 2010 to **525/100,000** live births in 2017

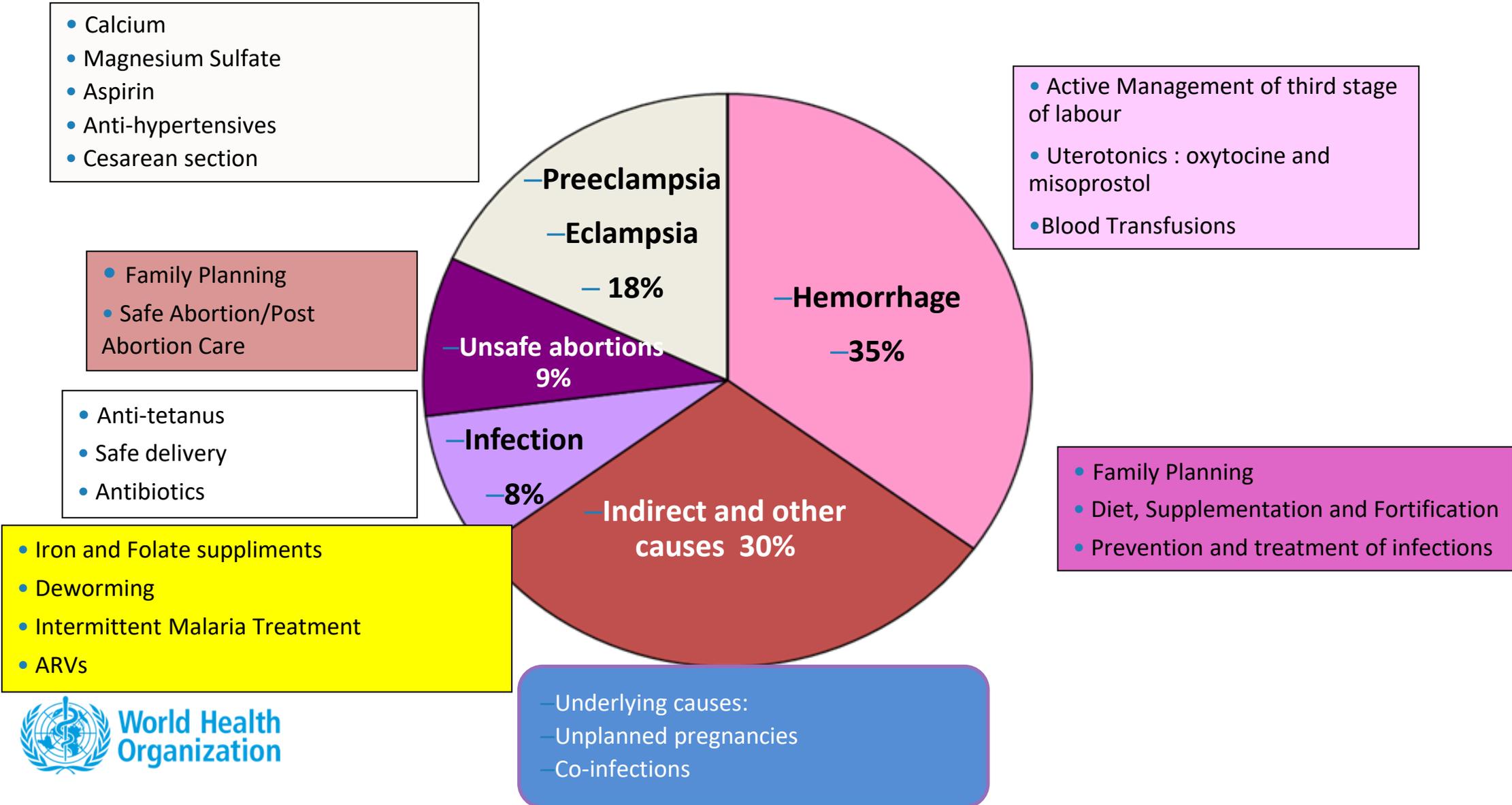
The decline has been contributed to by:

- Improved access to high impact evidence-based interventions (Antenatal care, skilled attendance at delivery and postnatal care)
- Improvement in social determinants such gender inequalities and geographical barriers to access

Trends in Maternal Mortality Ratio in SSA 2010-2017



Principle causes of maternal deaths



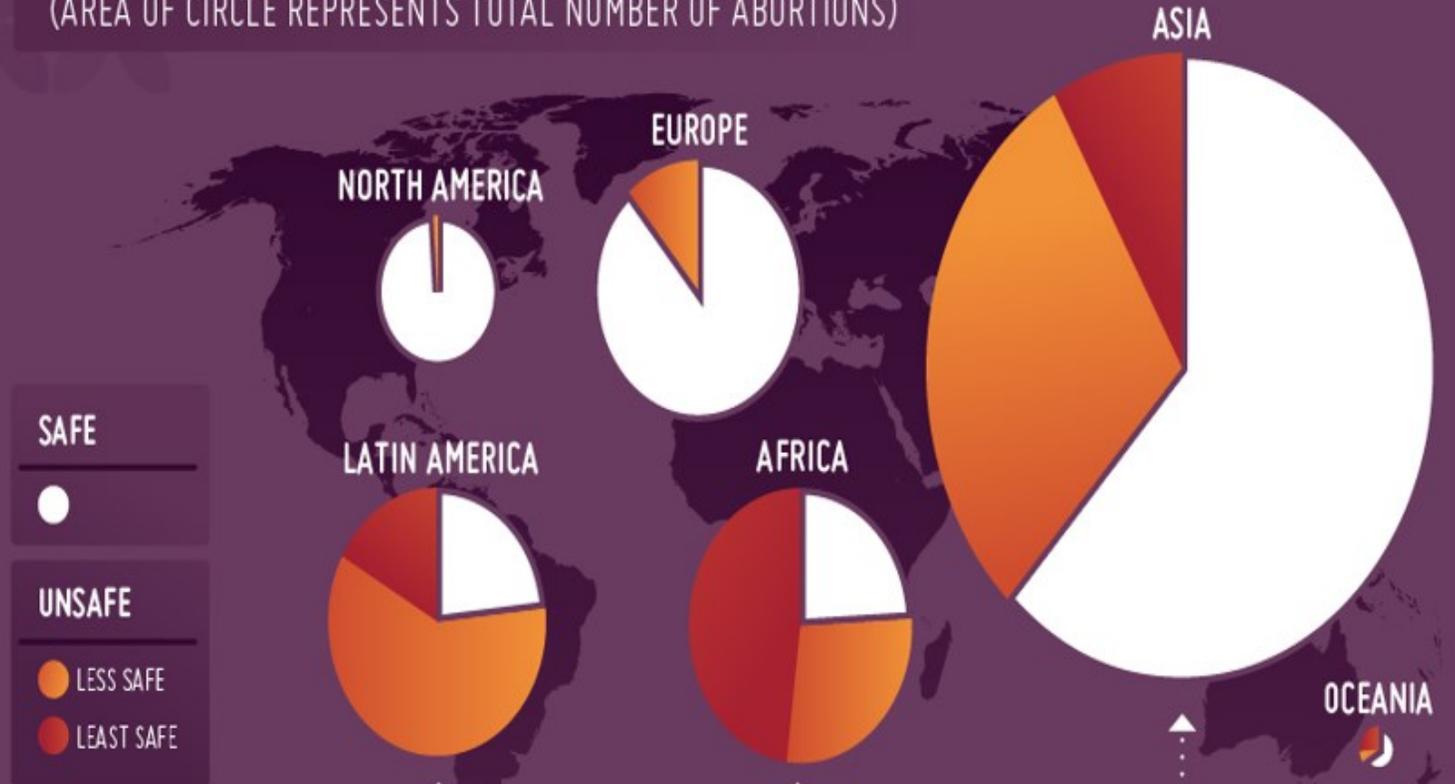
Maternal mortality related to unsafe abortion is estimated at **16%** with variations across countries depending on the level of restrictions for safe abortion.

The key issues to be addressed towards prevention of unsafe abortions include

- Review of abortion laws
- Increasing access to FP
- Improving access to PAC services

DISTRIBUTION OF ABORTIONS

(AREA OF CIRCLE REPRESENTS TOTAL NUMBER OF ABORTIONS)



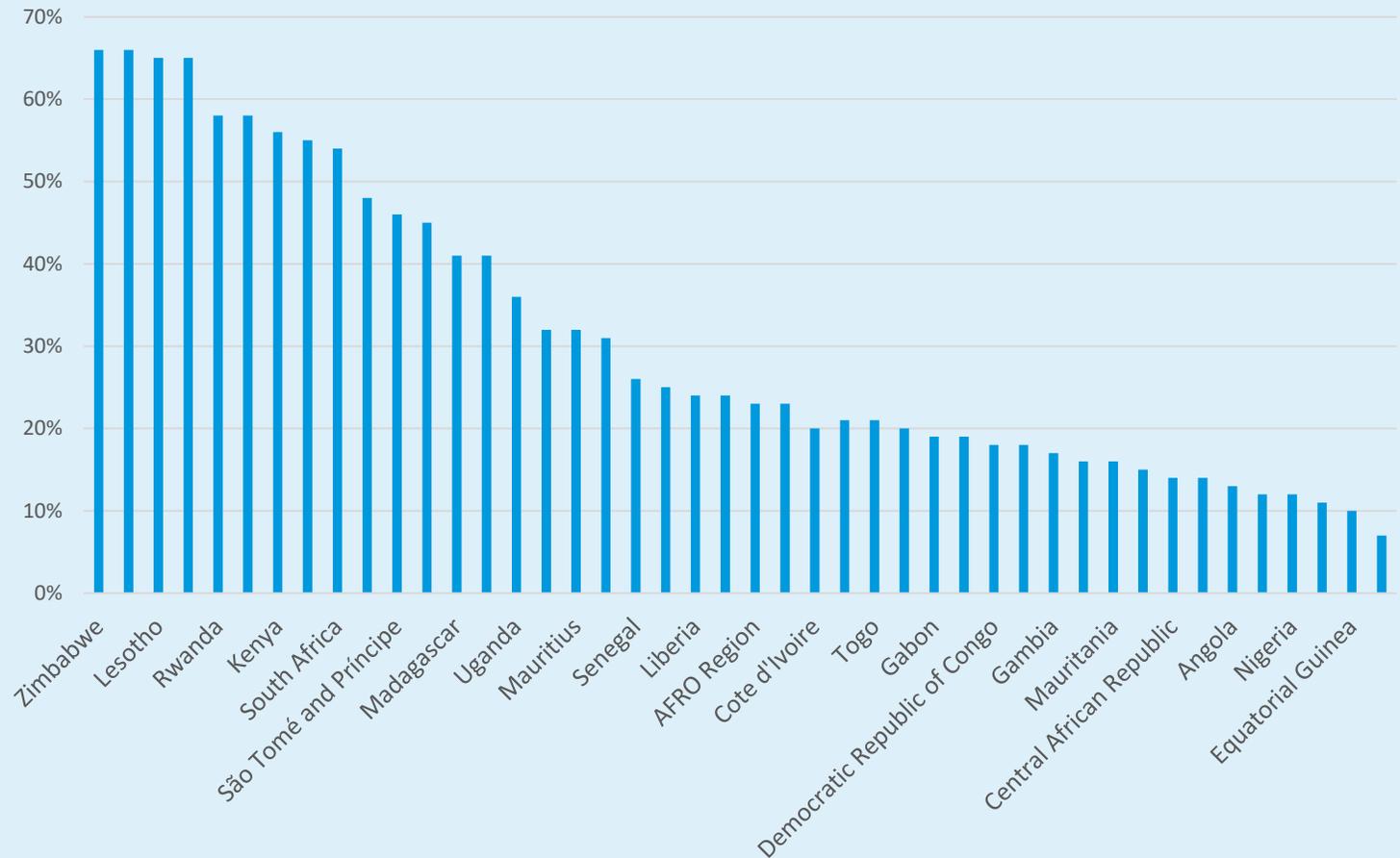
Three quarters of all abortions in Latin America are unsafe.

In Africa **nearly half** of all abortions happen in the least safe circumstances. The risk of dying from an unsafe abortion is the highest in Africa.

The largest number of unsafe abortions occur in Asia, most of them in south and central Asia.

- The contraceptive prevalence rate for modern methods in SSA has stagnated at **23%** since 2017.
- The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods increased from **47%** to **56.5%** in 2020
- Improving access to contraception could decrease maternal mortality by one third worldwide.

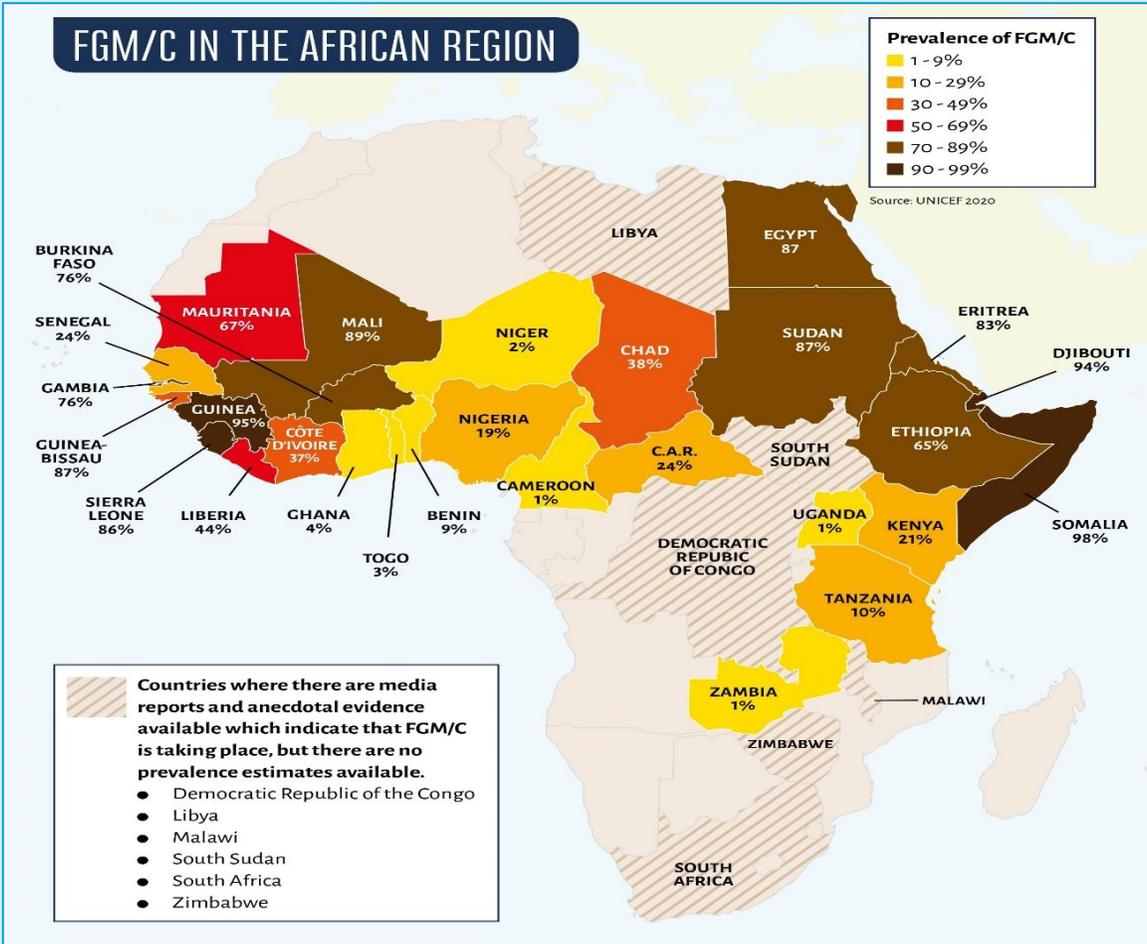
Contraceptive Prevalence Rate by Country in SSA in 2020



Prevalence of FGM among women and girls 15-49 years in the African region, 2020

The prevalence of FGM among women and girls **15-49** declined from **41%** in 2010 to **34%** in 2019 with variations among countries. Eliminating FGM requires governments, the international community and donors to strengthen commitment to eliminating FGM/C though

- Resource mobilization
- Enact and enforce comprehensive laws and national policies

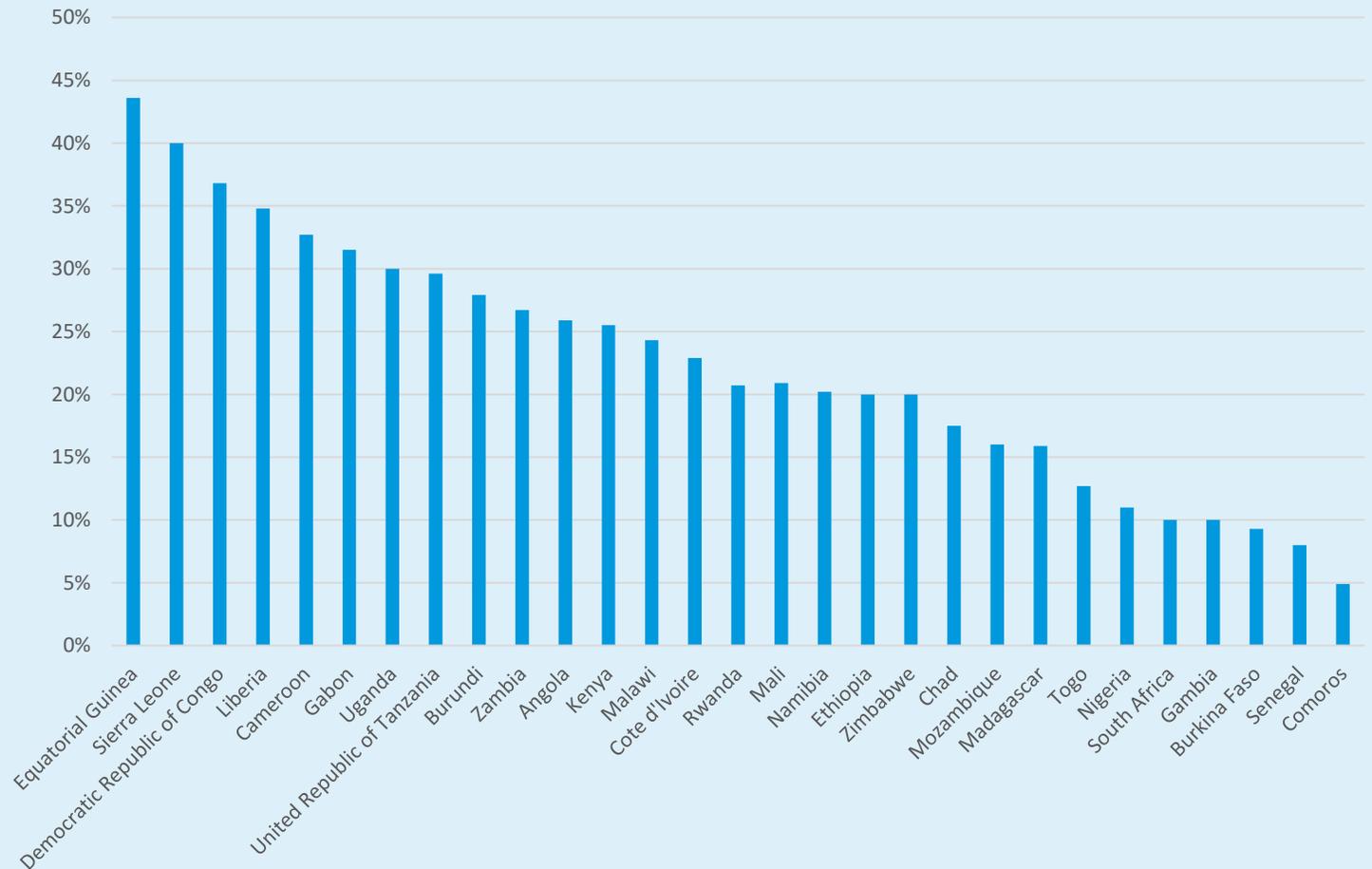


Source: UNICEF Global Database, 2020

SGBV

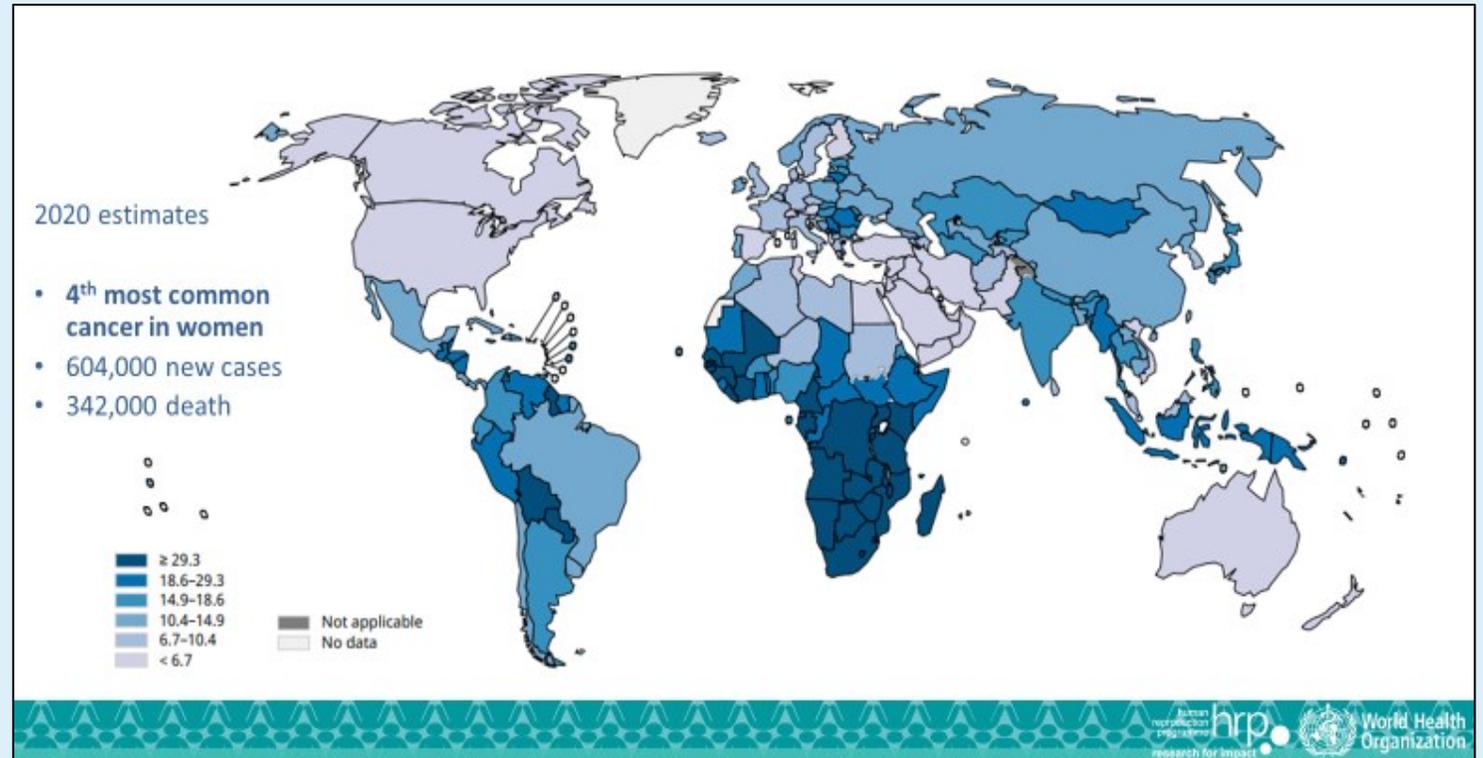
- The risk of SGBV is higher in vulnerable populations which includes girls, adolescents, women, children, elderly people, and persons with disability.
- **21%** of women in SSA were subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months

Prevalence of Intimate Partner Violence (in the last 12 months) in 2020



- Almost all cervical cancer cases **(99%)** are linked to infection with high-risk human papillomaviruses (HPV), an extremely common virus transmitted through sexual contact.
- The proportion of women between the ages of 30-49 screened for cervical cancer at least once or more often was **50%**.
- Less than **50%** of countries from the WHO Africa Region have included HPV vaccination in their national schedule of immunization.
 - It is estimated that only **19%** of girls under 15 received the full course of 2 doses of HPV vaccine in 2020

Incidence of cervical Cancer in 2020

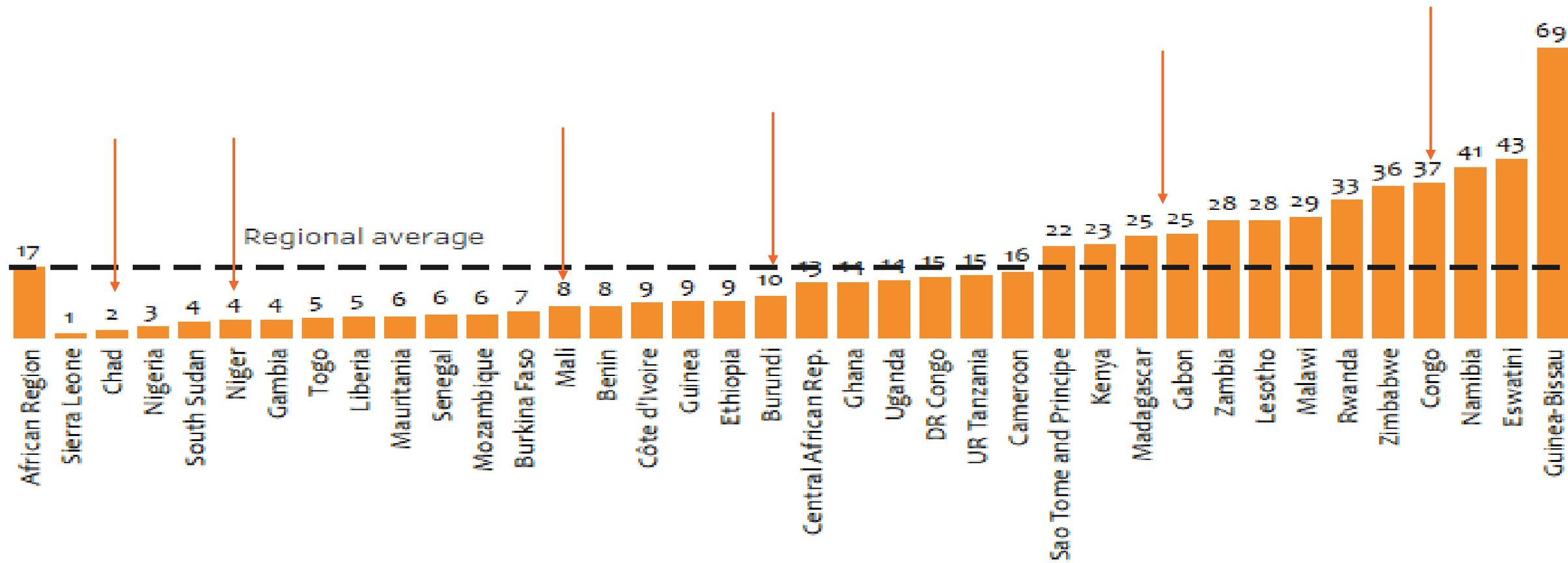


Globocan 2020

The high burden of cervical cancer is due to the high prevalence of risk factors, the insufficient implementation of preventive measures and weak treatment capacity in Member States.

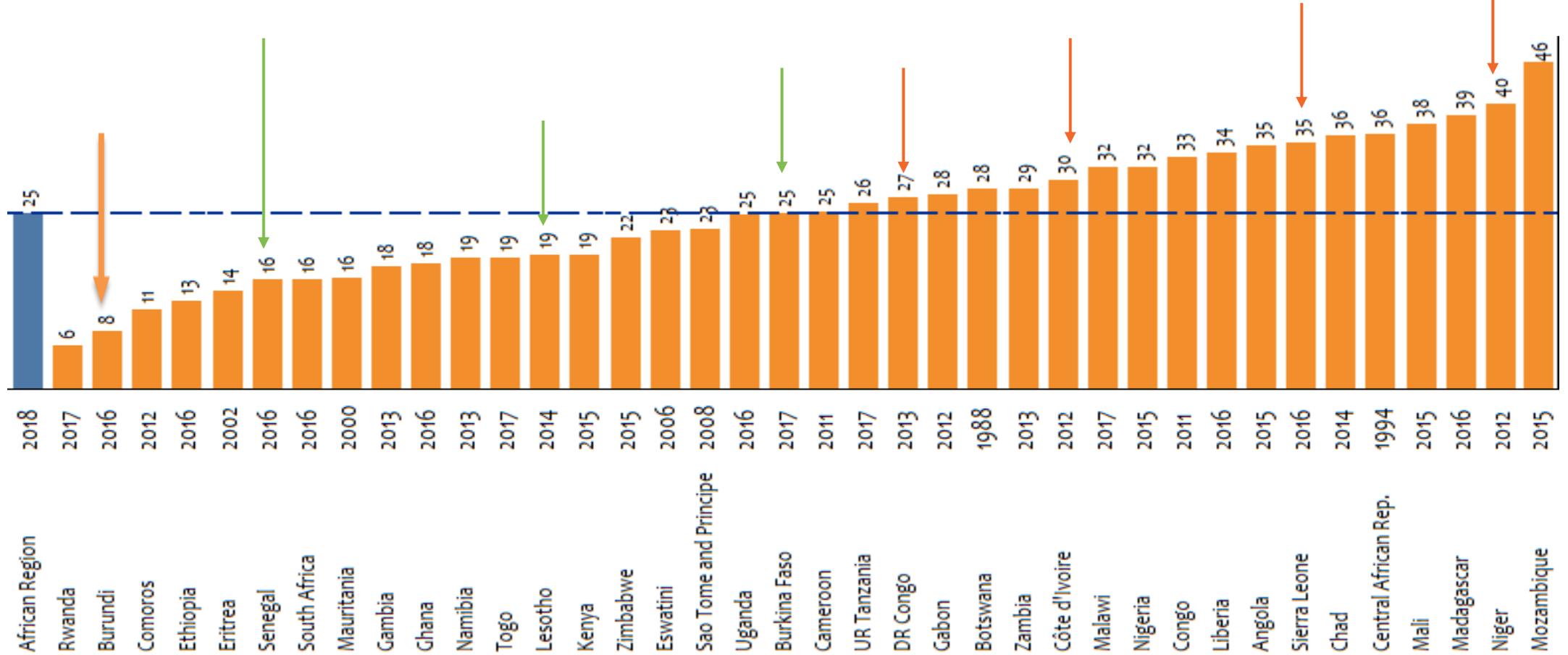
Adolescent and Youth SRHR 1

Contraceptive Prevalence among girls aged 15-19yrs (% , 2018)



Adolescent and Youth SRHR 2

% adolescents who have begun child bearing , 2018



Adolescent and Youth SRHR 3

- As young people pass through puberty and adolescence, health needs related to sexual and reproductive health arise. Adverse SRH outcomes among adolescents and youth include unintended pregnancy, early childbirth, abortion, early marriage, and sexually transmitted infections including HIV.
- Proportion of women aged **20-24** years married or in a union before age **18** was **31%** - married too soon, endangering their personal development and well-being
- According to UNAIDS 2020 estimates, in sub-Saharan Africa, six in seven new HIV infections among adolescents aged **15–19** years are among girls.
- Young women aged **15–24** years are twice as likely to be living with HIV than men.
- Adolescents are at a higher risk of experiencing all types of violence including sexual violence due to the prevailing civil unrest and insecurity in many countries.

Adolescent and Youth SRHR 4

Much needs to be done in order to meet the sexual and reproductive health needs of adolescents and fulfil their rights including:

- Access to adolescent friendly SRH services.
 - Address harmful social norms – such as unequal gender norms, norms that support harmful traditional practices such as FGM, norms that condone violence against women and girls, norms that shun discussion of

sexuality and reproduction, and norms that oppose the provision of sexuality education and sexual and reproductive health services.

Investing in adolescent sexual and reproductive health (ASRH) may delay first pregnancy, reduce maternal mortality, improve health outcomes of women and their children, contribute to broad development goals and reduce poverty

Some Key messages

- Adolescence is not only a time of rapid physical, sexual and brain development, but also a time when the formation of gender-related beliefs and attitudes intensifies
- These gender-related attitudes and behaviors have lifelong effects, particularly on sexual and reproductive health.
- The period of adolescence is a "second window of opportunity" for building on previous investments or changing behavior, and it offers new opportunities for those who were unlucky in childhood. These elements call for a strong focus on gender in adolescent health, including in sexual and reproductive health policies and programs.

Some Key messages

- Need to ensure that the needs of adolescents are not left behind as we work to achieve the SDG targets
- Need to strengthen implementation of innovative SRHR programmes to increase access for adolescents (info and services) – **including integration of SRHR/HIV services**
- Need to recognize and address the inequalities within and in between countries – high quality and disaggregated data is key for advocacy and decision making
- Multi-sectoral and comprehensive approach is needed; Sociocultural dynamics need to be taken into account during the design and implementation of programmes

Thank you