

SADC GENDER PROTOCOL **2024**

BAROMETER

Voice



Choice

Executive Summary

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Southern Africa Gender Protocol Alliance



"We are the ones we have been waiting for". The late GL Botswana Director Chigezi Chinyepi giving out awards at the Voice and Choice Southern Africa summit in November 2023.
Photo: Colleen Lowe Morna

This 15th #VoiceandChoice Barometer is being launched at a time when the rights of women and LGBTQI+ people are under serious threat globally as a result of the seismic changes that a second Donald Trump presidency is heralding.

Amongst the many geopolitical changes, the US has signalled its intention to withdraw from the World Health Organisation (WHO) which has serious impact on world health; from the Paris Agreement, with potentially disastrous consequences for the global effort to slow and address the climate crisis. Trump has immediately suspended all foreign assistance through USAID. This includes aid through the President's Emergency Fund for AIDS Relief (PEPFAR) which has been the largest funding programme for HIV and AIDS programmes, with a focus on 25 countries of which 12 are in SADC.¹

The Trump administration's decision to freeze aid has significantly reduced funding for health research and services. This has affected HIV programmes, contraceptive access, and other reproductive health services. For instance, the withdrawal of USAID funding has denied nearly one million women per week access to contraception.² Many organisations, including the South African Medical Research Council have faced catastrophic financing cuts, which has disrupted critical health research and services.³

Within the region threats to Sexual and Reproductive Health and Rights include climate crises of drought, floods, cyclones; political uncertainty and on-going violence; with economic decline. There are also opportunities, especially in commitment from the African Union which has recently adopted the African Union Convention on Ending Violence Against Women and Girls (AU-CEVAWG), the first continental legal instrument for the prevention and elimination of all forms of violence against women and girls in the world. There is also leadership from SADC which adopted the SADC SRHR strategy and is tracking progress to achieving the targets set in this strategy.

This Barometer provides a comprehensive analysis of 100 indicators that reflect the current state of reproductive health and rights within the 16 SADC countries. Through a detailed examination of Menstrual Health, Family Planning and Maternal Health, Adolescent Sexual Reproductive Health and Rights (ASRHR), Safe Abortion, HIV and AIDS, Gender-Based Violence, Harmful Practices, and Sexual Diversity, the chapters highlight significant areas of progress as well as concern. This edition indicates that, overall, the region's advancement in Sexual and Reproductive Health and Rights (SRHR) and women's rights has been sluggish.

¹ Where we work - PEPFAR. <https://www.state.gov/where-we-work-pepfar> accessed 18 February, 2025.

² Trump's aid cuts deny one million women a week access to contraception (2025) The Independent. Available at: <https://www.independent.co.uk/news/world/usaid-global-health-hiv-women-africa-b2694023.html> (Accessed: 21 February 2025).

³ Mandavilli, A. (2025) 'Trump Administration Halts H.I.V. Drug Distribution in Poor Countries', The New York Times, 27 January. Available at: <https://www.nytimes.com/2025/01/27/health/pepfar-trump-freeze.html> (Accessed: 28 January 2025).

The analysis reveals achievements and challenges, underscoring the need for targeted interventions to improve healthcare access and outcomes, particularly for vulnerable groups such as young women and adolescents. This overview sets the stage for an informed discussion on strengthening SRHR policies and practices to enhance public health and ensure equitable access to services for all individuals, as envisaged in the SADC SRHR strategy 2019-2030.

The Barometer showcases 22 case studies from Voice and Choice partners in eight Southern African countries. These 38 organisations received funding from Amplify Change through the Voice and Choice Southern Africa Fund (VCSAF) managed by Gender Links from 2022 to 2024. The fund aims to empower people to realise their sexual and reproductive health and rights (SRHR) by supporting civil society organisations in regions like Africa, South Asia, and the Middle East to

advocate for better policies and actions on critical SRHR issues, particularly in areas where access is most challenging; essentially, they strive to break the silence surrounding SRHR through grassroots activism and policy change.



Partners in progress: Voice and Choice grantees at the November 2023 Summit in Johannesburg.
Photo: Colleen Lowe Morna

SADC Milestone Scorecards

In November 2021, governments issued their first progress report on the Southern Africa Development Community (SADC) SRHR Strategy using the **Scorecard on SRHR** adopted by Health Ministers in 2018. The SADC Score Card is a high-level peer-review accountability tool consisting of 20 critical indicators for accelerated action on the ten outcomes of the strategy. The scorecard, which is available online⁴, is a graphic display of countries' progress in achieving the targets, indicating upward or downward movement and colour-coding indicating the extent to which targets or milestones have been achieved.

Member States to report every two years on progress made in the lead-up to the 2030 target date for achieving the SDGs

The SADC 2021 Milestone Scorecard was the first set of results using baseline data from 2019 and the strategy's targets. In November 2023, governments launched their second milestone scorecard in Luanda, Angola. The second milestone enables cross-regional comparisons on progress made, inspires identification and sharing of good practices, thereby ensuring better SRHR outcomes for individuals, families, communities, countries, and the SADC region."⁵

SADC expects Member States to report every two years on progress made against the Scorecard over the next five years in the lead-up to 2030, the target date for achieving the Sustainable Development Goals (SDGs).

The following table provides a summary of the progress and challenges for selected SRHR indicators in the SADC region.

⁴ <https://dev-www.sadc.int/srhrscorecard/>
⁵ *ibid*

Table 1: Progress against SRHR indicators

Indicator	Progress	Challenges
Family Planning Targets	Eight countries met targets	Six countries have yet to achieve targets
Maternal Mortality	Mauritius and Seychelles met SDG targets	High rates in DRC, Malawi, Zimbabwe
Minimum legal age of consent to marriage, 18 years for all irrespective	South Africa, Zimbabwe, and Zambia's Marriage Act amendments	High rates of child marriage in Mozambique, Madagascar, and Malawi
Percentage of primary schools that provided life skills-based HIV and sexuality education in the previous academic year	Steady increase (4%) between 2021 and 2023 SRHR scorecards	Malawi and Comoros have not yet endorsed the ESA commitment Implementation challenges due to political resistance, cultural beliefs, and institutional challenges
Adolescent birth rate, 10-19 years of age	Programmes to reduce adolescent birth rates through CSE and improved access to contraceptives	High adolescent fertility rate in Mozambique (165 births per 1,000 women aged 15-19) and other countries
Proportion of facilities providing integrated SRH services	Seven countries provide menstrual hygiene products in schools	Only seven countries have removed of VAT on menstrual products
Mother to child transmission of HIV	Botswana and Namibia on track to eliminate vertical transmission	There is a surge in HIV in Madagascar which is cause for concern
Obstetric and gynaecological admissions due to treatment of abortion	Women exercising agency to find safer abortion e.g. traveling to countries where it is legal and accessing medication abortion	Very slow progress in legislation review or change
Density and distribution Health workers per 10,000 population	Programmes to train and retain health workers have been implemented in various countries	Covid-19 exacerbated weaknesses in health systems
Neonatal mortality	Comoros, Mauritius, Seychelles and South Africa have achieved the SDG neonatal mortality rate target	Remains a significant challenge in many SADC countries
Proportion of services within the essential package of SRHR services covered by the PHC facility	South Africa's mobile app for Adolescent and Youth Friendly Services (AYFHS)	Low access to basic sanitation and handwashing facilities in most countries except Mauritius and Seychelles
Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15	HPV vaccination is included in eleven countries' national vaccination programmes National cervical cancer screening programmes in seven countries	Low coverage in some areas
Unmet need for family planning (contraception)	Programmes to improve access to contraceptive methods and family planning services	High unmet need for contraception in South Africa (31% for adolescent girls, 28% for young women)
Percentage of annual budgets allocated to health sector	Malawi raised its health budget allocation from 8% to 12% in the 2024/25 National Budget ⁶	Below Abuja Declaration target of 15% in most countries
Percentage reduction in new HIV infections, females 15 - 24	Eswatini, Botswana, Zimbabwe, Zambia, and Malawi achieved the 95 95 95 targets	Higher prevalence among women, particularly young women, than men SADC is still the epicentre of the global HIV epidemic
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age	Awareness programmes to promote condom use in 16 SADC countries	Reduced availability of highly subsidised condoms
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	South Africa's high court ruling on rape suspects	35.5% of women in South Africa experienced physical and/or sexual violence Increasing risks with access to technology 15 out of 16 SADC countries fail to meet minimum standards for eliminating trafficking
Existence of laws and policies that allow adolescents to access SRH services without third-party authorisation	Nine countries have laws and policies that allow adolescents to access SRH services, including contraception, without third-party authorisation	Lagging access for Adolescents in some areas
Legal status of abortion	SAASA (Safe Abortion Alliance of Southern Africa) in place Public perception programmes in place	Stringent abortion laws in many countries Strong social norms against abortion
Percentage of maternal deaths due to abortion	Efforts to Promote Safe Abortion Care Advocacy for decriminalisation Integration into health services	Between 4% of maternal mortality (in Botswana) and 14,1% (in Zambia) is attributable to unsafe abortion
STI Incidence rate - number of new cases of reported STIs (Syndronic or etiological reporting) over the last 12 months	Targeted prevention and treatment programmes	Six countries with HIV prevalence rates exceeding 10% Increasing strain due to growing number of people on ART
Proportion of women who have experienced sexual violence in last 12 months	South Africa's high court ruling on rape suspects	Women and girls in conflict affected areas like the DRC at risk of violence

Structure of the #Voice and Choice Barometer

This 2024 Barometer follows the format of the previous editions. It contains the following chapters:

Chapters
1. Introduction
2. Menstrual Health, Family Planning and Maternal Health
3. Adolescent Sexual Reproductive Health and Rights (ASRHR)
4. Safe Abortion
5. HIV and AIDS
6. Gender-Based Violence
7. Harmful Practices
8. Sexual Diversity

Key highlights in each theme chapter of the Barometer include:



Menstrual Health, Family Planning and Maternal Health

During his presentation at the launch of the second milestone scorecard, Ketha Francisco, Head of the Primary Health Care Department at the Angolan Ministry of Health, highlighted regional progress on reproductive health. He noted that eight SADC countries have successfully met or surpassed their family planning targets, while six member states have yet to achieve these benchmarks.



The regional average of unmet need for contraception in southern Africa remains high at approximately 19%, which exceeds the global average of 9%. The lowest unmet need is in Zimbabwe at 8%, while Angola has the highest rate, estimated at 38% of married women. This rate reflects significant challenges in family planning and gender equality in Angola, where the modern contraceptive prevalence rate remains one of the lowest in the region at just 12.5%. Seven SADC countries have now removed VAT from menstrual products, and seven countries provide menstrual hygiene products in schools, mainly in rural and disadvantaged communities. Access to basic sanitation and handwashing facilities remains low in all countries except Mauritius and Seychelles.

Maternal mortality remains high. Only Mauritius and Seychelles have met the SDG target of fewer than 70 deaths per 100,000 live births. Efforts to lower maternal mortality across SADC have had mixed results, with high rates in several nations, including DRC, Lesotho, Malawi and Zimbabwe, where economic instability and healthcare limitations are contributing factors.

Eleven countries in SADC have included Human Papillomavirus (HPV) in their national vaccination programme, though coverage varies across countries, from 67% in Mauritius to 13% in Malawi. The incidence rate of cervical cancer per 100,000 women per year attributable to HPV is higher than the Africa average of 26 incidences in all countries except Mauritius. Seven SADC countries now have national cervical cancer screening

programmes. However, large-scale coverage remains a challenge, ranging from 4% in Mozambique to 56% in South Africa for women ever being screened for cervical cancer. SADC's health sector expenditure remains below the recommended Abuja Declaration target of 15% of the national budget. Botswana has the highest proportion of budget for health at 19% while Mauritius' proportion is the lowest at 3%.



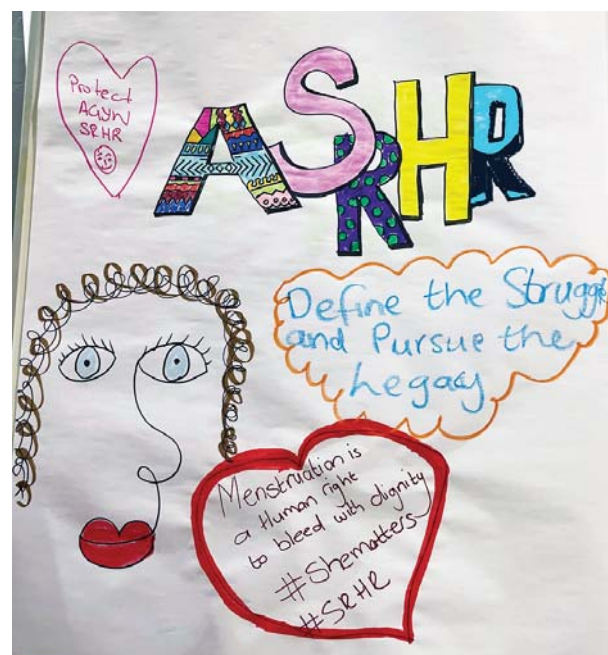
Adolescent SRHR

Adolescent Sexual and Reproductive Health and Rights (ASRHR) are critical for the well-being and development of young people in Southern Africa.

The region faces significant challenges, including high rates of HIV and AIDS among adolescents, child marriages, adolescent pregnancies, and violence against children. Child maltreatment is widespread, often rooted in the low societal status of children and influenced by cultural, social, and religious beliefs.

South Africa's Department of Health has officially launched a cutting-edge mobile app designed to provide adolescent and youth-friendly health services (AYFHS) and information, aiming to improve access to essential health resources for young people. This represents a significant advancement in improving access to essential health resources for young people.

A study by the Stop Stockouts Project (SSP), found that contraceptives are the most common stockouts in South Africa, highlighting significant gaps in the supply chain. As the region is still recovering from the impacts of the COVID-19 pandemic, new viruses and potential pandemics are emerging, posing additional challenges to weak health systems. In South Africa, there is a notably high unmet need for contraception, with 31% of adolescent girls aged 15-19 and 28% of young women aged 20-24 lacking access to necessary contraceptive methods. The high unmet need for contraception among adolescents and young women in SADC underscores the critical gaps in reproductive health services.



Comprehensive Sexuality Education (CSE) equips young people with the knowledge, attitudes, and skills to make informed decisions about their health, well-being, and relationships. Despite the clear benefits of CSE, its implementation in Southern Africa faces numerous obstacles. Political resistance, cultural beliefs, and institutional challenges hinder the widespread adoption of CSE programmes. Mozambique has the highest adolescent fertility rate (AFR) in the region, with 165 births per 1,000 women aged 15 to 19, which correlates with high rates of child marriages and early pregnancies. These statistics underscore the urgent need for enhanced ASRHR initiatives across Southern Africa to address these pressing issues.

Safe Abortion



Safe Abortion

Access to safe abortion services in SADC remains a contentious issue due to strong social norms against abortion influenced by gender norms. Despite the existence of the Maputo Protocol, which permits legal abortion under certain circumstances, most African women live in countries with stringent abortion laws, often leading to unsafe abortion practices. It's estimated that about eight million abortions occur in Africa annually, with around 75% deemed unsafe, contributing to Africa's high maternal mortality rate—220 deaths per 100,000 unsafe abortions compared to the global average of 103. High rates of unsafe abortions place significant emotional and financial burdens on women and their families and increase the

demand for post-abortion health care. The stigma surrounding abortion drives some women to prioritise social acceptance over their health, resulting in clandestine, unsafe procedures.

Programmes aimed at changing public perception, often with the active support of national obstetric associations, aim to promote safe abortion care integration into reproductive health services. Although there has been slow progress on legal reform, the chapter emphasises that which is possible within existing legislation. This includes women and girls exercising their agency to access safer medication abortion and to travel to countries where the legislation is more liberal. The chapter continues to advocate for decriminalisation of abortion.

HIV and AIDS



HIV and AIDS

The Southern African Development Community (SADC) remains the most heavily HIV-affected region globally. Despite a slow decline in HIV prevalence, six countries still report rates exceeding 10%, the highest worldwide. Women generally have higher prevalence rates than men, with young women in eight countries experiencing nearly double the prevalence of their male counterparts. SADC must continue urgent efforts to eradicate AIDS as a public health threat by 2030. Without a cure or vaccine, the region must sustain extensive treatment programmes beyond this target.

The recent surge in HIV and AIDS in Madagascar highlights the need for vigilance across all countries, as localised epidemics can quickly spread to the general population. Investment in HIV control in Madagascar is critical, where only 22% of people living with HIV (PLHIV) know their status and are on antiretroviral therapy (ART).⁷ Prevention efforts remain a priority, particularly for vertical transmission to children, adolescent girls and young women, adolescent boys and young men, and key populations.

Funding for condoms, which are crucial in HIV prevention, has declined, making highly subsidised condoms less available. Botswana and Namibia are the only African countries on track to eliminate vertical transmission to children, achieving fewer than 750 new HIV infections per 100,000 births. However, access to treatment for children continues to lag.⁸ All SADC countries have HIV and AIDS policies, strategies, or plans guiding efforts to meet the global 95-95-95 targets: 95% of PLHIV knowing their status, 95% of those diagnosed accessing ART, and 95% of those on ART achieving viral suppression. Most of these policies or strategies are up-to-date:

Eswatini, Botswana, Zimbabwe, Zambia, and Malawi are among the nine countries globally that have achieved the 95-95-95 targets, with Lesotho and Namibia on track to do so by 2025. Women are more likely than men to be tested, access ART, and achieve viral suppression. As the number of people on ART grows, health systems are increasingly strained to provide prevention, testing, treatment access, and support for adherence. Community organisations play a vital role in supporting HIV programming.

⁷ UNAIDS 2024. UNAIDS 2023 data, <https://aidsinfo.unaids.org/> accessed 25 July, 2024.

⁸ UNAIDS. (2024) The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS.



Gender-based violence

GBV remains one of the most flagrant violations of human rights across the region. The comprehensive study on gender-based violence (GBV) in South Africa, revealing that 35.5% of women have experienced physical and/or sexual violence, underscores the pervasive nature of GBV and its deep-rooted impact on society. The additional findings that 1.3% of men perpetrate sexual violence against other men and 2.3% of men experience sexual violence during adulthood highlight the need for inclusive GBV programmes that address violence against all genders. The US State Department's 2024 Trafficking in Persons report, indicating that 15 out of 16 SADC countries fail to meet the minimum standards for eliminating trafficking, points to significant gaps in legal frameworks, enforcement, and victim support services. The lack of specific domestic violence laws in the DRC and Tanzania further exacerbates the vulnerability of survivors.

The public perception in South Africa, where 78% of people believe domestic violence should be treated as a criminal matter suggests that societal attitudes are shifting towards recognizing

domestic violence as a serious crime. The financial exclusion of women in most SADC member states limits their economic opportunities and independence, exacerbating their vulnerability to GBV and other forms of exploitation. In conflict-affected areas like the DRC, survivors face additional risks of violence while seeking essential resources, highlighting the intersection of GBV with broader socio-economic and political instability.

South Africa's high court ruling that rape suspects can no longer rely on the subjective belief that a complainant consented represents a significant legal reform that strengthens protections for survivors. As access to technology increases, there are parallel risks for the perpetuation of technology-facilitated gender-based violence (TFGBV), necessitating comprehensive responses that include legal protections, public awareness campaigns, and support services for survivors. These findings collectively underscore the urgent need for coordinated efforts to address GBV, trafficking, and financial exclusion, ensuring the safety and well-being of all individuals in the SADC region.



Harmful Practices

All SADC constitutions generally provide for non-discrimination, including based on sex, marital status, and pregnancy. However, some countries, such as Lesotho and Botswana, still permit discrimination in personal and customary law, and both nations have yet to complete much-needed constitutional reviews.

Progress is being made in addressing child marriage, even though Mozambique, Madagascar, and Malawi have some of the highest rates of child marriage globally, with Malawi ranking 12th worldwide. For instance, South Africa opened a new Marriages Bill for public comment, aiming to consolidate three existing laws into one and addressing the legal age of marriage in all forms of marriage. Zambia recently amended its 1918

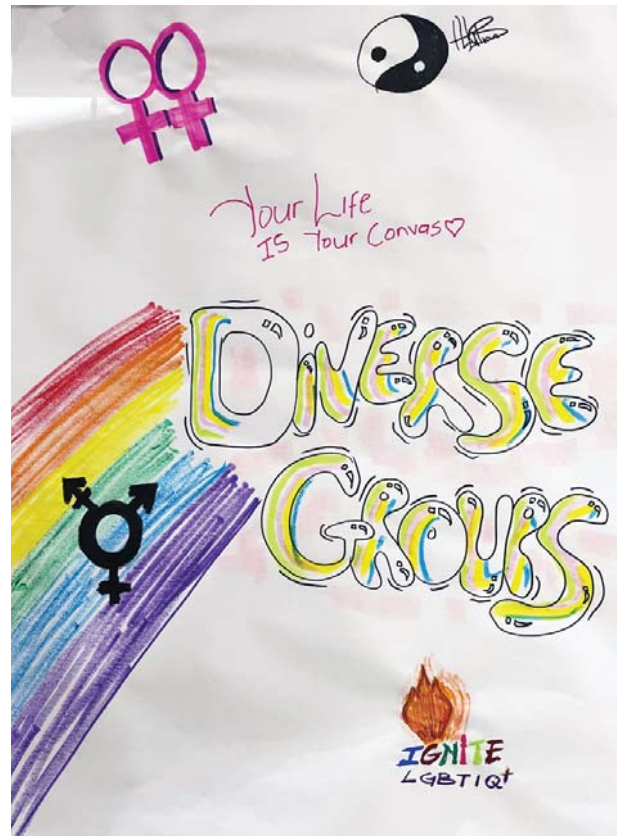
Marriage Act to set the minimum age for marriage at 18 for both civil and customary marriages. Tanzania is the only SADC country where female genital mutilation (FGM) is widely practised, primarily in six northern regions.

Disability discrimination in Africa, often rooted in deeply held beliefs with a supernatural dimension, disproportionately affects women, especially mothers of children with disabilities, who may be accused of witchcraft or bringing a curse upon the family. The African Disability Protocol (ADP), which offers a distinctly African perspective on the rights of persons with disabilities, entered into force in August 2024 following ratification by 15 nations, including five in SADC. This protocol complements the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).



Sexual Diversity

Resistance against LGBTQI+ rights has intensified in many countries, with recent anti-LGBTQI+ backlash observed in Botswana, Malawi, Eswatini, and the DRC. Religious and cultural fundamentalism continues to fuel violence and discrimination against LGBTQI+ individuals across the region. According to Equaldex's equality index, LGBTQI+ acceptance varies significantly, from a high of 71% in South Africa to just 6% in Zambia. Although Botswana decriminalised same-sex relationships in 2019, joining Angola, Mozambique, Seychelles, and South Africa, religious leaders have recently challenged this ruling, allowing lawmakers to delay further debate. Similarly, conservative groups and decision-makers have appealed comparable court orders in Eswatini and Namibia. In a landmark vote in April 2024, the UN Human Rights Council adopted a resolution urging member states to enhance efforts to combat discrimination, violence, and harmful practices against intersex people.



Way forward

Health, especially sexual and reproductive health and rights (SRHR) is a precondition for, as well as an outcome and indicator of all aspects of sustainable development. Further, the goals of sustainable development can only be achieved in the absence of preventable maternal, newborn and child morbidity and mortality.

However, the SADC region's progress in meeting SRHR targets reveals both advancements and critical gaps that have significant implications for public health and gender equality. It is vital that governments in the region redouble their efforts to meet the Abuja Declaration's health expenditure targets to be able to deliver comprehensive SRHR services. The recent crisis

resulting from suspension of US financial aid is a warning to the region of dependence on external support for something as crucial as health care.

Countries must develop targeted and efficient approaches to meeting commitments in the SDGs, the SADC Protocol on Gender and Development and the SADC SRHR Strategy. A co-ordinated approach involving governments, NGOs, and international partners is essential to achieve the health outcomes. Such an approach must actively engage with and mobilise communities, including the private sector.

