Discrimination without Distinction of Any Kind?

Snapshot of African civil society demands versus Addis Ababa Declaration

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Brief Introduction

This paper is a snapshot comparative analysis of the Civil Society African Common Position on International Conference on Population and Development (ICPD) and the official Addis Ababa Declaration. It provides a brief examination of the differences and similarities between these two documents, which were both produced during the African ICPD review process. It also seeks to examine where the Addis Declaration fell short of CSO demands and then whether country positions on human rights commitments such as the Maputo Protocol affected their position on the Addis Declaration. This paper seeks to provide a snapshot of some of the critical gaps in the human rights area (including sexual rights for all) between what civil society demanded and what the Addis outcome provided.

Addis Ababa Declaration

The 1994 International Conference on Population and Development has been under review in recent years. Regional meetings to review the ICPD were held all over the world in 2013, leading up to the 47th Session on the Commission of Population and Development, held in New York City in April 2014. The African Regional Conference on Population and Development (ARCPD) was held in Addis Ababa, Ethiopia, from 3-4 October, 2013 and the theme of the conference was “Harnessing the Demographic Dividend: The Future we want for Africa”.

This meeting was attended by ministers from 53 African countries who reviewed the implementation of the Program of Action of the ICPD adopted in Cairo in 1994 and adopted the Addis Ababa Declaration. The outcomes of the Ministerial Conference fed into the Global ICPD Beyond 2014 Review which identified progress and achievements towards the goals as outlined in the 20-year ICPD Programme of Action.

Prior to this event, the Youth and Civil society Organizations (CSO) pre-conferences were held to produce two separate outcome statements that would inform the experts meeting aimed at producing the draft Addis Ababa Declaration. This declaration was endorsed by Ministers in charge of population from countries across the African continent.

The Addis Ababa Declaration is a document that provided policy recommendations on the International Conference on Population and Development.

The Ministers adopted the Addis Ababa Declaration on Population and Development in Africa Beyond 2014, which consists of 88 commitments that set out concrete actions and Africa’s priorities on population in the development agenda post 2015.

African Civil Society Common Position on ICPD

AIDS Accountability International (AAI) has been involved in processes building up to the ARCPD conference through several initiatives. In late 2012, as a response to the lack of inclusion of African civil society in the UNFPA Regional Consultations, AAI led a project with the African Union Commission (AUC) and the African Population Commission (APC) with the objective to develop the Civil Society Organizations (CSO) African Common Position on ICPD. To produce this African Common Position, AAI hosted consultative meetings in Johannesburg, South Africa and Dakar, Senegal in 2012.
The meetings included presentations from key experts on sexual and reproductive health and rights (SRHR) and ICPD in Africa, as well as discussions and debates on what is required from the ICPD Beyond 2014. These dialogues fed content into the CSO African Common Position on ICPD, which highlights the status of the African population, as well as identifies challenges and successes in the implementation of the ICPD Programme of Action (PoA). Furthermore, the CSO African Common Position also provides recommendations aimed at national governments to address population and development issues related to achieving the ICPD PoA and ultimately the Millennium Development Goals (MDGs) related to SHRH. For more information, view the concept note for the consultative meetings.

These meetings were followed by an expert’s consultation and an online consultation in order to include maximum input and contribution from all over the continent into the CSO African Common Position paper. AAI received 222 signatories representing 342 CSOs from 42 African countries and 16 non-African countries. This document represents a consultative process with African Civil society on their demands of government going forward post 2014 ICPD.

In June 2013, AAI submitted the CSO African Common Position on ICPD to the African Union Commission’s Commissioner for Social Affairs, His Excellency Dr. Mustapha S. Kaloko on Wednesday, 5 June 2013. For more information, view the submission letter to the AUC.

The objective of the CSO African Common Position paper was that it would form part of the Regional Conference on Population and Development in September in Addis Ababa, where Ministers in charge of Population would adopt the continental report on ICPD @ 20 African Common Position once reviewed by the AUC and the African Union Ministers in charge of population.

**Problem Statement**

In October 2013 all the countries present in Addis except Chad, adopted the Declaration. While most countries adopted the Addis Ababa Declaration, 16 member states signed with reservations on three recommendations (17, 18 and 35).

17. Adopt and protect the human rights of all individuals, without distinction of any kind, and guarantee equality before the law and non-discrimination for all people, in accordance with national policies, laws, religious, ethical values and cultural backgrounds;

18. Promulgate, where absent, and enforce laws to prevent and punish any kind of hate crimes without distinction of any kind, and take active steps to protect all persons from discrimination, stigmatization and violence; in accordance with national laws and policies;

34. Achieve universal access to sexual and reproductive health services, free from all forms of discrimination by providing an essential package of comprehensive sexual and reproductive health services including through the primary health care system for women and men, with particular attention to the needs of adolescents, youth, older persons, persons with disabilities and indigenous people, especially in the most remote areas;
The following are the countries that had reservations: Algeria, Benin, Burundi, Central African Republic, Congo, Djibouti, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Mali, Mauritania, Niger, Sierra Leone, Sudan and Tunisia.

**Rationale for this Analysis**

Given the above reservations, it is important to review how the Addis Declaration fell short of civil society’s demands in the ACP, and whether these shortcomings are of particular concern to those working in the field of sexual, LGBT and/or human rights, and accountability. It is important to realise that the CSO ACP represents the demands of African CSO from their governments as they are reviewing their performance and recommitment to Cairo. The ACP is a document that was developed using a human rights framework which by virtue of its structure focusses on human rights for all. It can be viewed as a benchmark - a document which captures the priorities and needs of African civil society working on SRHR. How the Addis outcome falls short of these demands is a reflection of whether governments are responding to the calls of civil society on the continent.

**Civil Society Common Position vs. Addis Ababa Declaration**

**Human Rights**

The CSO African Common Position paper and the Addis Ababa Declaration both highlight the importance of human rights as a key requirement for addressing/achieving the ICPD beyond 2014. However, the CSO ACP emphasizes that the main objective of policies and programmes and their implementation must be to respect, protect and fulfill human rights in accordance with principle 1 in the 1994 ICPD Programme of Action. The Addis Ababa Declaration in Recommendation 1: “Development, strengthen and implement appropriate legislation, national policies and programmes that guarantee and promote human rights, dignity and equality for inclusive sustainable economic and social development in all sectors” also begins by providing the importance of human rights in accordance with the Universal Declaration on Human Rights that most African countries have signed. Nonetheless, the CSO ACP goes further to address the potential abuses that may occur within demographic and populations growth policies and strategies that ignore human rights.

**Transparency and Accountability**

In the area of accountability and transparency, the two documents both provided significant reference to ensuring these objectives must be achieved. Nonetheless, the CSO ACP places greater weight on the message that true accountability can only be achieved through collective transparency, open dialogue and greater focus on implementation and action with the attainment of human rights for all as the ultimate goal.

In light of the above, both the CSO ACP and the Addis Ababa Declaration highlight that reporting as an important component of achieving the ICPD beyond 2014 and the Post 2015 Agenda. The CSO ACP emphasizes that reporting must be done in a timely manner, accurately and transparent on progress made.

In addition, it emphasises the need to improve the quality of reporting on progress made: “Recommendation 2.2.5. Ensure that reporting mechanisms include appropriately disaggregated data including sex and age disaggregation, to demonstrate that achievements and progress made are equitable” which goes beyond the mere formulation of


Increasing Accountability on the ICPD, MDG & SDG processes in Africa / AIDS ACCOUNTABILITY INTERNATIONAL
policies that ensure inclusiveness as described in “Recommendation 69. Implement policies where needed that ensure the inclusive and effective participation of whole society inter alia women, young persons, older persons, persons with disabilities, indigenous people and other marginalized groups in all aspects and levels of governance” of the Addis Ababa Declaration under the thematic area of Governance.

This provides an opportunity to pull from the CSO ACP concrete recommendations that aim at providing a human rights approach data collection and monitoring as “Recommendation 2.3. Ensure that monitoring and accountability mechanisms must adopt a systemic and sustained human rights approach, provide effective remedies and redress to rights holders when sexual and reproductive rights are violated, and lead to the constant improvement of existing programs and policies.”

Key Populations

These reservations are predominantly placed on the proposed provision of universal access to sexual and reproductive health services, free from all forms of discrimination. In addition, “Rights” in the full context of SRHR has been left out in the provision of universal access. The exclusion of rights in the language means that is ultimately affects women’s right and those of other key populations such as lesbians, gay, bisexual and transgender (LGBT) people’s right to access to sexual health are met. In contrast, the CSO ACP stresses the importance of provision of universal access to rights: “Recommendation 4.1.1. Prioritize sexual and reproductive rights in health systems strengthening and development programs so that integrated, high-quality services are available, accessible, and acceptable to all people, especially women and children, adolescents and youth, and other vulnerable groups as indicated below and particularly those most underserved.” Furthermore, the CSO African Common Position highlights the importance of inclusion of all vulnerable and key populations that require better inclusion and more focused policies, programming and implementation in order to realize the full social-economic and civic and political rights and freedoms.

<table>
<thead>
<tr>
<th>CSO Africa Common Position</th>
<th>Addis Ababa Declaration</th>
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<tbody>
<tr>
<td>Leadership, National Ownership &amp; Coordination of the SRHR Response</td>
<td>Dignity and Equality</td>
</tr>
<tr>
<td>Transparency and Accountability</td>
<td>Health</td>
</tr>
<tr>
<td>Population Growth and Structure</td>
<td>Place and Mobility</td>
</tr>
<tr>
<td>Sexual and Reproductive Health and Rights</td>
<td>Governance</td>
</tr>
<tr>
<td>Health morbidity and mortality</td>
<td>Data and Statistics</td>
</tr>
<tr>
<td>Key populations</td>
<td>International cooperation and partnerships</td>
</tr>
<tr>
<td></td>
<td>Implementation</td>
</tr>
</tbody>
</table>

Table: Thematic Areas in the CSO ACP and Addis Ababa Declaration

The table titled Thematic Areas shows that the African CSO ACP places a greater emphasis on leadership, accountability, sexual and reproductive health and rights, and key populations in a basic structural comparison to the Addis Ababa Declaration. This possibly demonstrates that CSO's makes addressing human rights issues a priority in their work.

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Brief Analysis of Impact of Ratification of Maputo Protocol

The Addis Ababa Declaration also makes reference to the need to adhere to the Maputo Protocol (African Charter on Human and Peoples’ Rights on the Rights of Women in Africa), in Recommendation 14: “Enact and enforce as a matter of urgency, the legal age of marriage in accordance with Article 6 (b) of Protocol to The African Charter on Human Rights and Peoples’ Rights on Rights of women in Africa”. This showed that the Maputo Protocol is an identified significant reference to for the provision of human rights on the continent. However, reservations on 17, 18, and 34 contradict the Maputo Protocol. This demonstrates a lack of consistency and reasons for which are unknown. Perhaps a lack of knowledge on the Maputo Protocol is a reason. More likely this demonstrates the tidal wave of conservatism crossing the African continent and a disregard of prior commitments made by previous leaders. AAI has also done an in-depth analysis of these issues in our ARCPD Reflections Report.

![Without Reservations Pie Chart](http://www.africa-union.org/root/au/Documents/Treaties/List/Protocol%20on%20the%20Rights%20of%20Women.pdf)

- 35% of countries signed but did not ratify the Maputo Protocol
- 59% countries signed and ratified the Maputo Protocol
- 5% of the countries neither signed nor ratified Maputo Protocol

![With Reservations Pie Chart](http://www.africa-union.org/root/au/Documents/Treaties/List/Protocol%20on%20the%20Rights%20of%20Women.pdf)

- 50% of countries signed but did not ratify the Maputo Protocol
- 38% countries signed and ratified the Maputo Protocol
- 13% of the countries neither signed nor ratified Maputo Protocol

Figure: Did countries’ signature and ratification on the Maputo Protocol affect their position on Addis Ababa Declaration? 3

Figure titled “Did countries’ signatures [...]” shows that those countries who had only signed (and not ratified) the Maputo Protocol were more likely to have reservations on the three recommendations in the Addis Declaration. However, countries that had both signed and ratified the Maputo Protocol were more likely to sign without reservations. Chad did not adopt the Addis Declaration and so is missing from the list. Chad had signed but not ratified the Maputo Protocol.

<table>
<thead>
<tr>
<th>Countries with no reservations at ARCPD</th>
<th>Countries with reservations at ARCPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed and not ratified</td>
<td>Algeria, Burundi, Central African Republic, Republic of Congo, Ethiopia, Niger, Sierra Leone, (North) Sudan.</td>
</tr>
<tr>
<td>Signed and Ratified</td>
<td>Benin, Burkina Faso, Djibouti, Democratic Republic of Congo (DRC), Mali, Mauritania.</td>
</tr>
<tr>
<td>Neither signed nor ratified</td>
<td>Eritrea and Tunisia.</td>
</tr>
</tbody>
</table>

Table: Countries at African Regional Conference on Population and Development and Ratification Status in the Maputo Protocol

**Conclusion**

This brief snapshot look at the inclusion of human rights in the Addis Ababa Declaration, the demands made by civil society and the impact of the country status on the Maputo Protocol all lead us to believe that human rights are not being prioritized significantly enough by those in leadership positions in government in the population development area.

There is a demonstrated lack of accountability to previously signed and even ratified commitments such as the Maputo Protocol, and the ICPD Programme of Action itself. This lack of accountability as observed in the Addis Declaration leads to the omission of human rights in these development processes, and thus the lack of provision of these rights at country level.

The impact of commitments such as the Maputo Protocol, the Maputo Plan of Action, the Continental Framework of Sexual and Reproductive Health and Rights, Beijing, and Africa Health Strategy and a myriad of others all play a role in guiding governments, civil society and other partners so that they perform better in spaces such as the African RCPD, and more accurately and accountably represent the demands of their constituencies.

As governments discuss the role of population and development, it is important they do not only view their populations as only an economic means to development but must also ensure that they set priorities on the provision of human rights for all including youths and women.
The current atmosphere of homophobia in large parts of Africa is a worrying issue and the need to focus on the provision of all human rights for all people needs to be a sanctified bastion if Africa is going to address its development issues, health care for all and thus achieve socio-economic development going into the Beyond 2015 era. It should be further stressed that the mere exclusion of human rights that targets sexual orientation and gender identity will also ultimately affect gains made in women’s health, which remains a key component of the ICPD targets. It is not just the people whom are discriminated against that suffer from the exclusion of some, it is society in its entirety.

**An Overview of AAI**

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. Our work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases, and we work on holding all leaders accountable, such as business, civil society, funders and bi and multi-lateral development organizations. AAI uses needs-driven research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. We also conduct our own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared. AAI focuses on inclusion of the most marginalized in much of our work and has global reach with an African focus.
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