

Africa

Regional Report

ICPD+25 NAIROBI SUMMIT

Commitments analysis

A roadmap for fulfilling the promise





WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals. IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unintended pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

As a leading advocate IPPF is part of a powerful wave of change. We contribute to reshaping sub-national and national political contexts, influencing nationally, regionally and internationally to ensure that everyone's human rights are fulfilled, protected and respected.

The International Conference on Population and Development (ICPD) Programme of Action (PoA) continues to guide the work of IPPF Member Associations around the world to serve every woman, girl or young person and support their sexual and reproductive freedom.

We would like to thank Eimear Sparks who wrote this report. We also thank the contributions of the IPPF Advocacy Advisory Group, comprised of advocacy teams from all IPPF regions, liaison offices and Central Office, especially Sam Ntelamo as reviewer of the Africa report.

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1 EXECUTIVE SUMMARY

The International Planned Parenthood Federation (IPPF) is at the forefront of making sexual and reproductive health and rights (SRHR) a reality for all. As a global provider of quality sexual and reproductive health (SRH) services and a leading advocate, IPPF is committed to gender equality and to ensuring that women, girls and young people realize their rights and have control over their own bodies, their lives and their futures.

Governments from around the world adopted a landmark programme of action for the advancement of sexual and reproductive health and rights (SRHR). [The International Conference on Population and Development \(ICPD\) Programme of Action \(PoA\)](#) set forth a vision to achieve gender equality, promote, respect and fulfil human rights and reproductive freedom for all.

Since the ICPD Programme of Action was adopted, progress has been made but much remains to be accomplished.

Still, 190 million women want to avoid pregnancy and do not use any contraceptive method¹; each year 25 million women have an unsafe abortion; and one in three women experiences intimate partner violence or non-partner sexual violence at some point in their lives.ⁱ Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health unrealized due to inadequate sexual and reproductive health care over the course of their lives.ⁱⁱ

The [ICPD+25 Nairobi Summit Accelerating the Promise](#) took place in Nairobi, Kenya from 12-14 November 2019, marking the 25th anniversary of the International Conference on Population and Development (ICPD+25). The summit brought together governments, civil society, academia, the private sector, faith-based organizations, international financial institutions, grass roots organizations and other partners, interested

in the pursuit of sexual and reproductive health and rights and making voluntary commitments. These commitments are part of an international effort, to ensure that the promise of the ICPD Programme of Action and 2030 Agenda are achieved, and women have autonomy over their bodies and their lives.

The International Planned Parenthood Federation is committed to make this unfinished agenda a reality. Through its ambitious Advocacy strategy – the [Advocacy Common Agenda](#), IPPF focuses on achieving national political change and accountability on Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and ensuring that SRHR and Gender Equality are in the Political Architecture.

IPPF is committed to gender equality and to ensuring that women, girls and young people realize their rights and have control over their own bodies, their lives and their futures.

This [ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise](#) report analyses the commitments made by governments of 137 countries who participated at the Summit and identifies thematic patterns, gaps and regional and global trends.

The analysis and [commitments database](#)² identify many opportunities for IPPF Member Associations, civil society and governments,

¹ United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435)

² The IPPF Nairobi Summit database comprises commitments made by national Governments only (excludes NGOs and Private Sector)

to galvanise the political energy of the Nairobi Summit and to ensure that the promises of the ICPD Programme of Action and 2030 Agenda are achieved to leave no one behind.

Monitoring government implementation of life-saving sexual and reproductive health and gender-responsive services, is crucial to ensuring that every woman and girl can act on her human right to make decisions about their own bodies and lives.

This report examines regions individually, collating relevant commitments and mapping them against the key priority themes of the IPPF Advocacy Common Agenda and their alignment to the ICPD. The commitments show governments' support to the ICPD PoA agenda and offer opportunities for further advocacy to accelerate implementation of the PoA.

Investing in young people's sexual and reproductive health is a key trend across the board. Commitments to improve data collection, including for gender-based violence were made in every region. Addressing gender-based violence was considered fundamental for the realization of the ICPD PoA, with 143 commitments made. The integration of gender equality and sexual and reproductive health and rights (SRHR) into the political architecture is a significant theme with 130 commitments. Universal health coverage (UHC) and comprehensive sexuality education (CSE) presented a medium level of commitment with 92 and 61 commitments respectively and significant disparities between regions. Forty-four of the 69 Family Planning 2020 ([FP2020](#)) countries made contraception commitments.

The report also found that abortion and CSE remain ideological touchstones with clearly demarcated geographical gaps. There is less emphasis on reaching under-served populations compared to regional inter-governmental ICPD agreements.

However, some countries have gone significantly beyond what they had previously agreed at the regional level, responding with measured and well-thought-out policies on the provision of sexual and reproductive health (SRH) services, including in humanitarian settings, as well as the fulfilment of reproductive rights.

The Nairobi Summit and its commitments represent a landmark moment in the history of the ICPD Programme of Action. The commitments should be used to advocate for changes at the country level on the specific themes that governments committed to at the Summit connecting with regional and international advocacy to support national change.

We hope that civil society uses this report to define advocacy strategies at the country level to advance the ICPD Agenda, liaising efforts to achieve the Beijing Platform for Action and the Agenda 2030, developing strategic partnerships and convening in coalitions.

Monitoring government implementation of life-saving sexual and reproductive health and gender responsive services is crucial.

2 HISTORICAL CONTEXT: ICPD 1994-2019

In 1994, 179 governments came together and adopted a revolutionary [Programme of Action](#) at the International Conference on Population and Development in Cairo, Egypt. Member States agreed that sexual and reproductive health and rights were human rights that should be at the center of the world's development agenda.

The ICPD Programme of Action delineates how education, health, agency, development, human rights and empowerment were intertwined and collective action was needed to bring the necessary changes to improve the lives of millions of people, women and girls.

Following ICPD, the Fourth World Conference on Women (Beijing, 1995) confirmed the ICPD agreement and defined the rights of women and girls including the right to control over and decide freely on matters related to sexuality.

Together, the ICPD PoA and the [Beijing Platform for Action](#) set the international agenda on women's rights. However, the vision of empowerment and equality laid out in these agreements has not yet been realized, with many of the actions and commitments made in Cairo and Beijing yet to be fulfilled.

Periodic review conferences³ have followed the ICPD in 1994 to strengthen sexual and reproductive health and rights. Across regions and countries there has been incremental progress on protecting the human rights of women and girls at regional and national levels, often through advocacy towards governments by civil society, UN agencies (including UNFPA) and other stakeholders.

In 2018, ahead of the landmark 25th anniversary of the ICPD PoA, five regional in-depth reviews⁴ took place. They reaffirmed the political importance of the regional level architecture for ICPD implementation, follow-up and evaluation. The reviews emphasized the need to invest in the acceleration of the ICPD PoA as well as to monitor progress and address gaps to ensure no one is left behind.

The ICPD Programme of Action delineates how education, health, agency, development, human rights and empowerment were intertwined and collective action was needed.

³ ICPD beyond 2014 reviews:

Africa: https://www.unfpa.org/sites/default/files/resource-pdf/addis_declaration_english_final_e1351225_1.pdf & https://au.int/sites/default/files/documents/24099-poa_5-revised_clean.pdf

Asia-Pacific: https://www.un.org/en/development/desa/population/publications/pdf/policy/Compendium/Volume%20III/i_Chapter%204.pdf

Europe: https://www.unecp.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf

LAC: <https://www.unfpa.org/sites/default/files/resource-pdf/Montevideo%20Consensus-15Aug2013.pdf>

Arab World: https://www.unfpa.org/sites/default/files/event-pdf/Cairo_Declaration_English.pdf

⁴ ICPD+25 regional review reports 2018 https://www.un.org/en/development/desa/population/commission/sessions/2019/regional_conferences.asp

3 CURRENT CONTEXT

The 2030 Agenda, with its [17 Sustainable Development Goals](#) (SDGs) is an ambitious global framework with the potential to change lives by integrating the economic, social and environmental dimensions of sustainable development. As a framework it provides renewed impetus for the implementation of the ICPD vision by governments to achieve sexual and reproductive health goals, and for advocates to make them accountable.

Despite some progress in recent decades, a multitude of barriers persists and millions of people across the world still do not realize their sexual and reproductive rights. 190 million women want to avoid pregnancy and do not use any contraceptive⁵ method; 25 million women have an unsafe abortion every year; and one in three women experiences intimate partner violence or non-partner sexual violence at some point in their lives.ⁱⁱⁱ Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health unrealized due to inadequate sexual and reproductive health care over the course of their lives.

The various international and regional human rights political commitments clearly define what needs to be done. They state that everyone – including those made vulnerable through conflict, disaster or crisis – must have access to life-saving sexual and reproductive health care. However, these progressive aspirations are not translating into action at the country level and are still not making enough of a difference to women's lives.

Across the globe, conservative and more organized opposition, backed up by populist political leaders and regressive policies, increasingly undermine progress to gender equality and sexual and reproductive health and rights. However, even in the face of geo-political turmoil and repression, social movements are springing up around the world. Where governments have failed their citizens and care has been denied, grass roots organizations of women, young people and others are stepping in. From feminist mobilization on safe abortion^{iv} to the

decriminalization of same sex relationships, the fight for the right to be free from reproductive coercion is changing our world, despite ongoing challenges.

The global community must ensure that the aspirational international commitments made at the Nairobi Summit become a reality for every woman, girl and young person.

The Nairobi Summit on ICPD+25 Accelerating the promise took place in Nairobi, Kenya from 12-14 November 2019, marking the 25th anniversary of the International Conference on Population and Development held in Cairo. The summit brought together governments, civil society academia, the private sector, faith-based organizations, international financial institutions, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights and making related voluntary commitments. These commitments are part of an international effort to ensure that the promise of the ICPD Programme of Action and 2030 Agenda are achieved, and women have autonomy over their bodies and their lives. The five themes of the Summit were Universal Access to Sexual and Reproductive Health and Rights, Financing to complete the ICPD Programme of Action, Demographic Diversity to drive economic growth and achieve sustainable development, Ending Gender-Based Violence and harmful practices and the Right to Sexual and Reproductive Health Care in humanitarian and fragile contexts.

As the Summit was not formally mandated by the UN General Assembly and did not produce an intergovernmental agreed outcome, space was created for stakeholders to come together and restate their determination to achieve the goals agreed in Cairo by presenting their commitments to accelerate the implementation of the ICPD Programme of Action.

⁵ United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435)

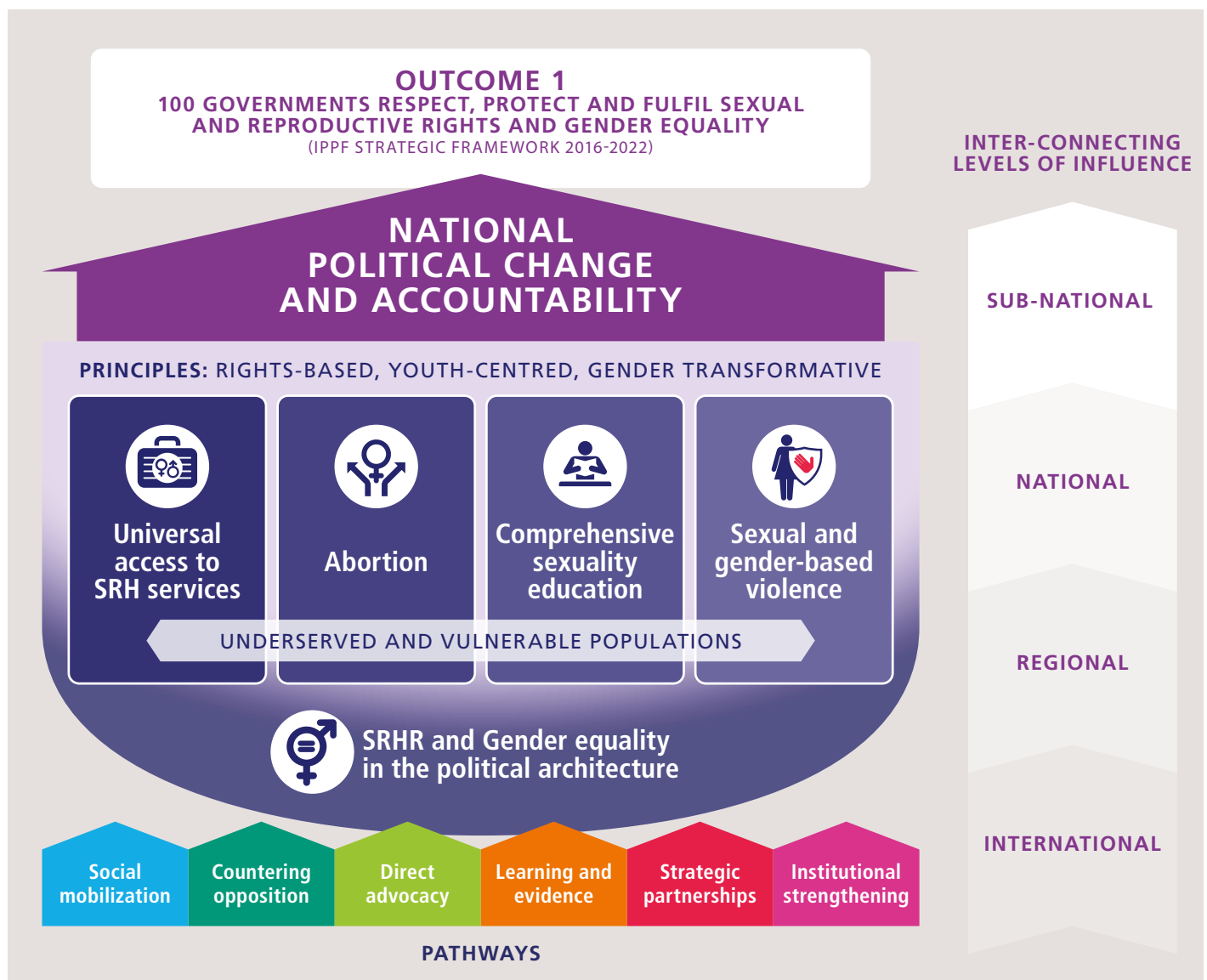
4 IPPF ADVOCACY COMMON AGENDA

Through its advocacy strategy – the [Advocacy Common Agenda](#) – IPPF is part of a powerful wave of change to ensure that governments respect, protect and fulfil sexual and reproductive rights and gender equality. In doing so, IPPF advocates for national political change and accountability on Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and to ensure that SRHR and Gender Equality are in the Political Architecture. By reshaping sub-national and national political contexts, influencing nationally,

regionally and internationally, IPPF contributes to achieving the implementation of the International Conference on Population and Development Programme of Action, the Beijing Platform for Action and the Sustainable Development Goals.

The **ICPD+25 Nairobi Summit commitments analysis – A roadmap for fulfilling the promise** report aims to provide evidence to civil society to develop national accountability actions and advocacy strategies based on the governmental commitments announced by national governments at the Summit.

Figure 1 Graphic summary of the IPPF Advocacy Common Agenda



This report presents the analysis of the commitments made by governments of 137 countries who participated at the ICPD+25 Nairobi Summit, identifying thematic patterns, gaps and regional and global trends to foster accountability action at the national level and to ensure that they are fulfilled. The report identifies many opportunities for IPPF members, civil society and governments to galvanise the political energy of the Nairobi Summit. This report includes a [database](#) of national government's commitments organized by country, themes and region.

Now is the time to increase our efforts, to hold governments to account and to ensure that these political commitments become a reality for all women, girls and young people.



5 GLOBAL TRENDS

The priority themes analysed by this report – Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture – are represented well across all regions.

Of the 137 countries who participated in Nairobi, 111 countries made a total of 775 commitments which were analysed, 56 per cent of which (439) fell into priority areas. More specific detailed trends have emerged demonstrating strong areas for targeted advocacy efforts for global and national levels.

Figure 2: A-F Commitments per region by priority theme



Table 1 Commitments alignment against priority themes

Themes	Commitments	Trends
Universal Access to Sexual and Reproductive Health and Rights	92	<ul style="list-style-type: none"> • Contraception commitments varied in focus and included increasing availability of method mix, eliminating unmet need, strengthening distribution systems, increasing budget allocation for procurement and availability as well as training and affordability for youth. • 72 countries made contraception commitments. • Africa leads for UHC leads with 32 commitments.
Comprehensive Sexuality Education	61	<ul style="list-style-type: none"> • Africa and Europe and Central Asia lead on CSE commitments with 15 and 13 commitments respectively. • Lowest number from South Asia countries with three commitments. • Across the globe still challenges for support of comprehensive sexuality education. • In the Americas CSE commitments fared poorly on the SMART criteria.
Sexual and Gender-Based Violence (SGBV)	143	<ul style="list-style-type: none"> • Countries made several commitments on the theme representing a multi-layered, multi-sectoral approach. • Commitments moderately include both legislative and financial considerations. • Europe and Central Asia (40) and Africa (38) regions lead with the highest number of commitments. • Sexual and gender-based violence commitments score high on the SMART criteria.
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	130	<ul style="list-style-type: none"> • Across regions, approach is broad and includes financial empowerment, combating discrimination, and several programs and policies that are inclusive, some with men and boys. • Africa (59), Europe and Central Asia (20) lead followed by the Americas and Arab World with 18 and 16 commitments respectively. • Many countries' commitments also include the implementation, operationalization or strengthening of existing programs, policies or special government-led initiatives.

Africa has the highest number of commitments which align with the priority themes (145), with the highest number focusing on gender equality (59) and sexual and gender-based violence (38).

Europe and Central Asia follows, with 92 commitments aligned with the priority themes, where sexual and gender-based violence leads with 40 commitments. The Americas have 66 commitments aligned with the priority areas, with the largest focus on SGBV (22 commitments). The Arab World Region has 59 commitments aligned with the priority themes (18 on each SGBV and UHC), and East Asia, South East Asia and Oceania is next with 53 commitments aligned, where commitments on SGBV (17) and UHC (15) lead. South Asia countries made 24 commitments that align with the priorities, with equal numbers focusing on gender equality and sexual and gender-based violence (8 commitments each).

ABORTION

Worryingly, abortion is the theme with least number of commitments. The highest regional level of commitments is in the Americas with nine, Europe and Central Asia follows with two. Africa, South Asia and East Asia, South East Asia and Oceania each have one commitment, while the Arab World Region has zero.

GENDER

The integration of gender equality and SRHR into political architecture is a significant theme with 130 commitments. Across the regions, the approach is broad and includes financial empowerment, combating discrimination, and several programs and policies that are inclusive, some with men and boys. Many countries' commitments also include the implementation, operationalization or strengthening of existing programs, policies or special government-led initiatives.

SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence represents the theme with the most commitments globally, totalling 143 commitments. Broad support for SGBV is seen across all regions. Commitments score high on the SMART criteria. Africa and Europe and Central Asia, lead with the highest number of SGBV commitments.

YOUTH

A large amount of commitments were made across the globe that focus on youth as an accelerating theme of the Summit. Governments across all regions have shown an overwhelming support to the empowerment of youth and to the importance of giving them the tools and creating the enabling environment necessary for their success and to the harnessing of the demographic dividend.

Youth commitments in addition to CSE, focused on HIV and pregnancy prevention programs; gender-based violence prevention and programs; policies related to access to youth friendly sexual and reproductive health services; increasing access to decision making processes and spaces, access to quality education and quality employment; gender equality and contraception.

Governments' willingness to invest in youth is of vital importance and represents a very positive global trend. In addition to advocating for their specific implementation, these commitments can be leveraged for support for access to SRHR, in particular more access to youth-friendly SRH services, and CSE programs for in and out of school youth.

DATA

Across all regions a broad range of data commitments were made. They varied in scope and focus generally including the implementation of country wide censuses, the need for data disaggregation and inclusion of vulnerable groups, the use of quality data to inform program design

and implementation. Some relate to the generation of reports of the implementation of the ICPD PoA, with focus on sexual and gender-based violence and gender equality. Most of them relate to address the need of data collection analysis to inform programming. Strengthening national statistical systems, and prevalence surveys on HIV also featured among data commitments.

MARGINALIZED AND VULNERABLE POPULATIONS

Marginalized and vulnerable populations also received attention at the Nairobi Summit, although it varies in numbers and diversity across regions. Groups that appear more consistently included people with disabilities, refugees, migrants, particularly migrant women and older persons. Indigenous people and people of African Descent and other ethnic minority groups, while having some commitments did not receive considerable attention, even in the Americas region, that has a large population of both ethnic groups. With the exception of Europe and Central Asia and to a certain extent the Americas, lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) persons did not feature prominently in the Nairobi Summit commitments either, although it is important to note that they had received one commitment made by Lebanon in the Arab World Region.

ALIGNMENT WITH FP2020

Family Planning 2020 ([FP2020](#)) is a global partnership that encourages country-level progress on family planning goals. FP2020 has prioritized [69 focus countries](#) to accelerate progress to expand access to contraceptive commodities and services.

- 44 FP2020 countries⁶ made contraception-related commitments
- 28 non-FP2020 countries made contraception-related commitments.

DOMESTIC FUNDING

Ensuring funding for sexual and reproductive health and rights is critical to achieving universal access to SRHR and gender equality. Financial commitments are distributed between domestic funding commitments and Official Development Assistance (ODA) commitments.

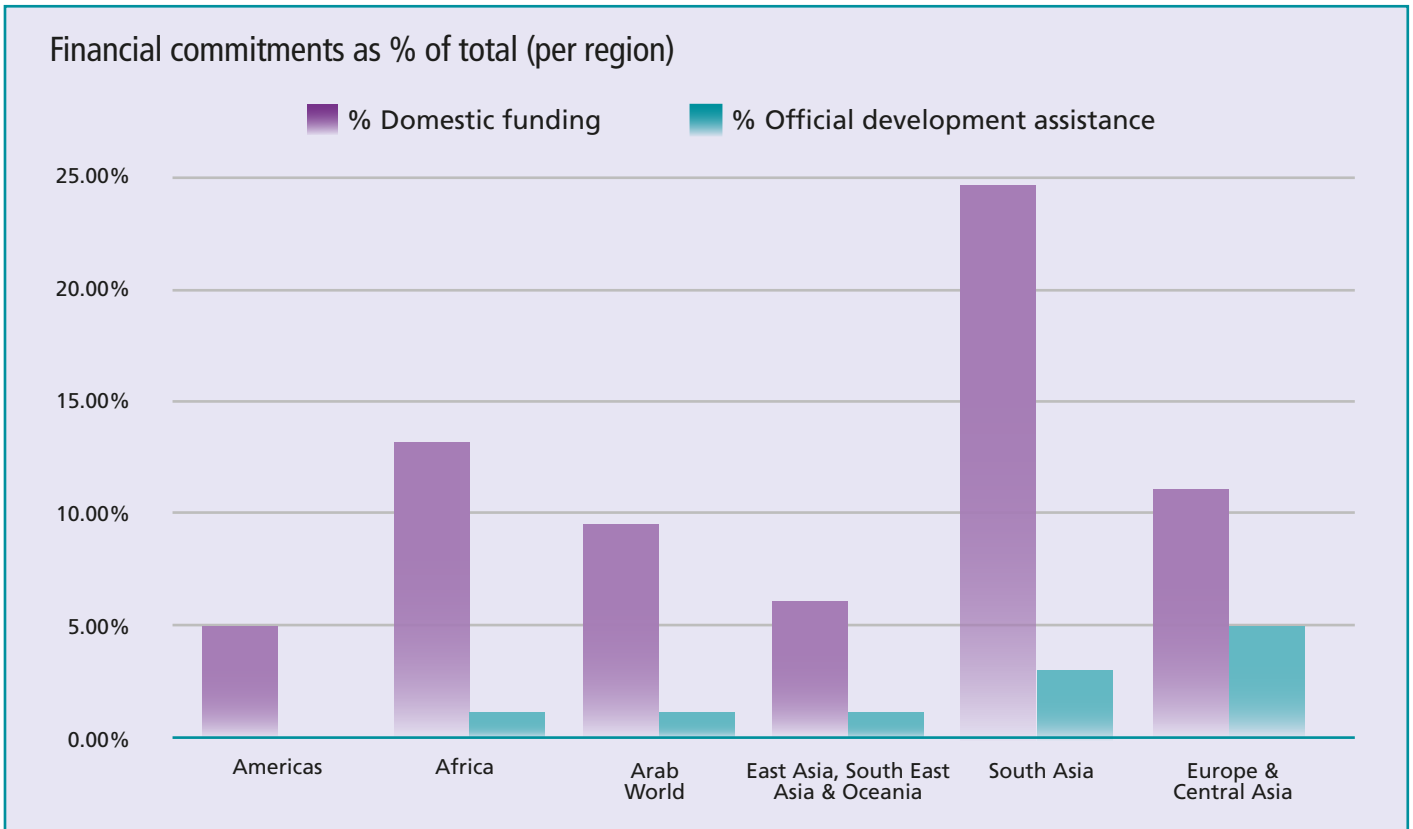
Domestic funding commitments were made to cost specific thematic issues or the implementation of the ICPD PoA. The South Asia sub-region leads with around 25 per cent of their commitments dedicated to domestic funding, followed by Africa with 13 per cent. A high number of domestic funding commitments were focused on sexual and gender-based violence and gender equality. Concerning Official Development Assistance commitments, Europe and Central Asia lead with about five per cent of commitments dedicated to this area.

It is not yet clear how much of the funding pledged at the Nairobi Summit is new and how much is repackaged. This analysis does not take into consideration the commitments made by non-state parties.

A high number of domestic funding commitments were focused on sexual and gender-based violence and gender equality.

⁶ Of a total of 69 FP2020 countries www.familyplanning2020.org/countries

Figure 3 Financial percentage total of commitments by region





6 AFRICA REGIONAL ANALYSIS

AFRICA

For the Africa region⁷, 217 commitments made by 37 governments were analysed on sexual and reproductive health and rights and gender equality.

In relation to priority theme areas, 145 of those commitments directly linked to – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture.

Comprehensive sexuality education received 15 commitments, but in total, 50 commitments⁸ were made by this region relating to youth, including access to decision making spaces and processes, economic empowerment, access to quality employment and education, and the development of anti-gender-based violence policies and programs with specific focus on youth. This demonstrates a willingness of governments to invest in their youth. Some of these policies and programs can provide entry points for advocacy for the expanding and implementation of CSE programmes or may well include elements relevant to CSE in their design.

The data showed 32 universal health coverage commitments. Sexual and reproductive health and rights in humanitarian situations only appears 13 times across the continent which can undermine much needed policies and programmes in this area.

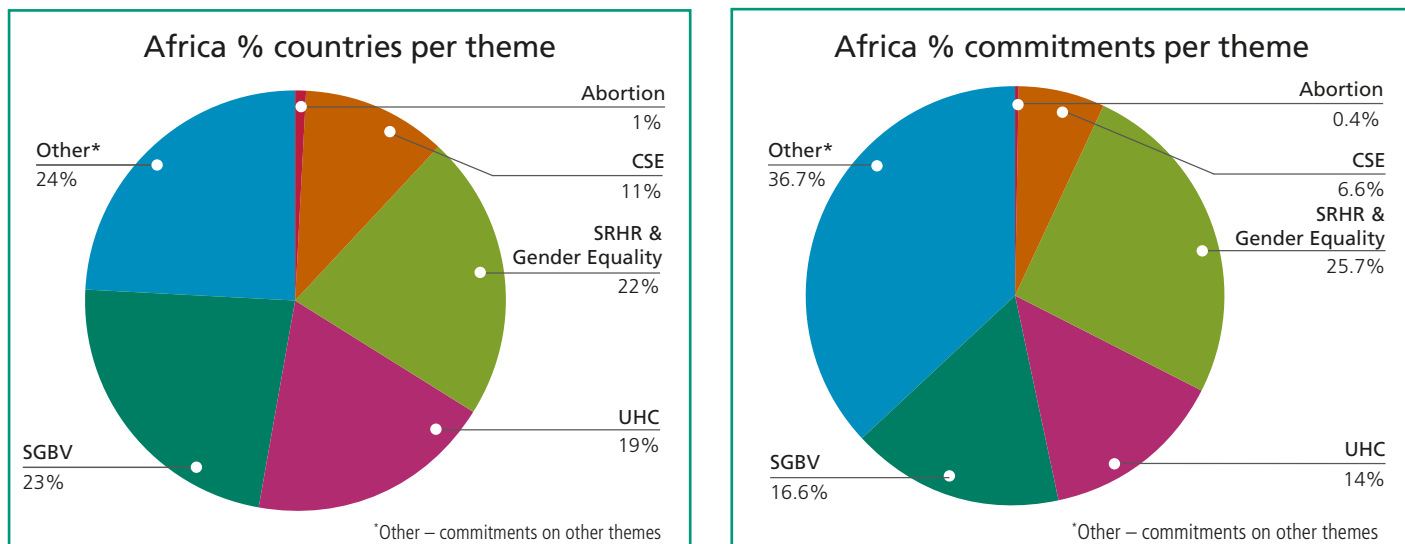
Domestic funding made up only 13 per cent of financial commitments from countries in Africa – from a total of 21 countries, with the majority of them focused on youth.

Overall, commitments focused largely on gender equality and sexual and gender-based violence, while other priority areas, especially abortion, received fewer commitments. It is important to note the positive trend that several commitments – for example, Eritrea and Madagascar – link comprehensive sexuality education to progress in other areas, including youth development and SGBV prevention.

The Africa region featured 13 commitments related to availability of quality, disaggregated data, an important area to shed light into inequalities and exclusion. Analysis of the commitments from this region showed variation in scope and focus, including the implementation of country wide censuses, data disaggregation, inclusion of vulnerable groups and the use of quality data to inform program design and implementation.

Finally, about 10 commitments specifically mention vulnerable groups, though the composition of these groups varies between countries. They include two references to the needs of refugees, migrants, rural populations and displaced groups, while orphans and the elderly are mentioned once.

Figure 4 A and B Percentage of Africa commitments aligned with the thematic priorities



⁷ Angola, Benin, Botswana, Burkina Faso, Burundi, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Seychelles, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe

⁸ Angola, Benin, Burundi, Comoros, Eritrea, Gabon, Gambia, Ghana, Madagascar, Malawi, Namibia, Rwanda, Sao Tome and Principe, Uganda

QUALITY OF COMMITMENTS

The commitments relevant to gender revealed that 39 per cent met the SMART criteria.

Table 2 African countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Universal Access to Sexual and Reproductive Health and Rights	<p>Burkina Faso – Detailed programmatic and policy steps and budgetary requirements specified.</p> <p>Malawi – Committed to establishing a comprehensive SRHR framework and universal health insurance, with specific budget allocations.</p> <p>Mali – Specific with youth access focus, including general financial considerations for ICPD PoA implementation.</p> <p>Congo – Specific programmatic steps and time-bound targets, with budgetary considerations.</p> <p>Nigeria – Detailed programmatic steps with budgetary implications identified.</p> <p>Mozambique – Mostly related to sexual and reproductive health access for youth with programmatic steps (no budgetary considerations).</p>
Abortion	<p>Eritrea – Committed to include access to safe abortion, to the full extent of the law, and measures for preventing and avoiding unsafe abortion care into the national UHC policy.</p>
Comprehensive Sexuality Education	<p>Ghana – Well-framed SMART commitment.</p> <p>Gabon – Specific programme and policy steps.</p> <p>Sao Tome and Principe – Specific programmatic considerations, including youth friendly sexual and reproductive health services, general financial considerations for ICPD PoA and SDGs included.</p>
Sexual and Gender-Based Violence	<p>Eswatini – Specific multi-stakeholder programmatic steps including legislation.</p> <p>The Gambia – Specific programmatic steps committed, general financial considerations for ICPD PoA identified.</p> <p>Guinea Bissau – Clear multi-sectoral programmatic steps identified, including legislation, though no consideration to financial implications.</p>
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	<p>Rwanda – Commitments relate to Gender Equality & Sexual and Reproductive with specific budgetary considerations. Commitments show holistic approach to deliver synergies.</p> <p>South Africa – Commitments mainly focus on women’s economic empowerment, others made to gender-based violence and Universal Health Coverage should complement empowerment policies more broadly.</p>

Analysis of the commitments made from countries in the region showed that 41 per cent of the commitments are linked to the UNFPA Three Zeros themes⁹ family planning, maternal mortality and gender-based violence.

Overall, almost half (49 per cent) of the Africa regional commitments are also linked to the five themes of the commitments of the Nairobi summit, Demographic Diversity, Financing ICPD, Gender-Based Violence, Sexual and Reproductive healthcare in humanitarian and fragile contexts, and Universal Health Coverage with a heavy focus, 120 commitments, on Demographic Diversity, Financing and Gender-Based Violence.

NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

[The Maputo Plan of Action](#) (MPoA) for the operationalization of sexual and reproductive health and rights 2016-2030, agreed by Ministers of Health, looks to ensure universal access to SRHR across the African continent. In broad terms it consists of ten strategic interventions of the Continental Policy Framework on Sexual and Reproductive Health and Rights:

- Increasing resources to SRHR programmes
- Translating the International Conference on Population and Development (ICPD) and Beijing plus 20 commitments into national legislation, and SRHR policies
- Continuing to reduce maternal mortality and morbidity, infant and child mortality by ending all preventable deaths of mothers, newborns and children
- Combating HIV/AIDS
- Expanding contraceptive use
- Reducing levels of unsafe abortion
- Ending early and forced child marriage
- Eradicating female genital mutilation
- Preventing gender-based violence
- Ensuring access of adolescents and youth to SRH

The plan calls for Member States to focus on specific areas:

- Ensure accountability and the strengthening of monitoring and evaluation
- Investing in the SRHR needs of adolescents, youth and other vulnerable and marginalized populations
- Age-appropriate and culturally sensitive comprehensive education on sexual and reproductive health that involves parents and communities
- Ensuring gender equality, women and girls' empowerment and respect of human rights; Reducing the instances of unsafe abortions and providing safe abortion care,
- Increasing health financing and investments for SRHR

There is alignment between the Nairobi Summit commitments from African government commitments and the strategic interventions as set in the MPoA. The commitments represent strong political buy-in for ending sexual and gender-based violence, sexually transmitted infections including HIV, ensuring access to contraception, preventing maternal and child mortality, ending child, early and forced marriage and female genital mutilation. In addition, there is significant commitment to providing youth-friendly programs including access to SRH.

Not all priority themes are reflected in the Nairobi Summit commitments. Of the Africa region commitments only 13.2 per cent are related to financing sexual and reproductive health and rights efforts or the ICPD agenda. Eritrea is the only Africa country that made a commitment for access to safe abortion care. It committed to reduce preventable maternal deaths to zero through integrating access to safe abortion, to the full extent of the law, into UHC strategies, policies and programmes, to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights.

Comprehensive sexuality education and universal health coverage are not significantly reflected in

⁹ UNFPA Three Zeros themes – zero unmet need for family planning; zero maternal deaths; and zero violence and harmful practices against women and girls, including child marriage and female genital mutilation.

the Nairobi Summit commitments, in comparison to how strongly they are featured in the MPoA recommendations and provisions of the East and Southern Africa Commitment on CSE. Starkly, 14 countries made CSE commitments and 23 for UHC in the region. However, the majority of commitments on CSE were not accompanied with caveats on cultural sensitivity and parental involvement. It is important to note the positive trend that several commitments relate comprehensive sexuality education to progress in other areas, including youth development and SGBV prevention, including Eritrea, Malawi, Madagascar and St. Tome & Principe.

There is a strong commitment to data collection to inform program design and implementation, and in some instances ensure inclusion of vulnerable groups, but little mention of creation or strengthening of accountability mechanisms, nor monitoring and evaluation.

Comprehensive sexuality education and universal health coverage are not significantly reflected in the Nairobi Summit Commitments

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



7 CONCLUSIONS

The Nairobi Summit represented a renewed vision and commitment that would ensure that communities in different parts of the continent take the responsibility to deliver not only on the ICPD Programme of Action but through new contemporary frameworks such as the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. As the continent matches on for the next decade, it is imperative to take into account the unmet need for family planning, bridge inequalities and improve access to sexual and reproductive health for all. Rights and Choices should be at the centre of our livelihoods.

Gains of the original 1994 International Conference on Population and Development which was the limelight for the future of women and girls, need to be preserved and be formalized by the outcomes and commitments of the Nairobi Summit.

The COVID-19 pandemic has led to an increase in GBV and SRHR needs, while access to SRHR services decrease all over the world¹⁰. Now more than ever, the Nairobi Commitments should become a reality.

The Nairobi Summit and its national commitments represent a landmark moment in the history of the ICPD Programme of Action. For the first time, governments were able to identify key and priority themes within the ICPD Agenda that will pave the way for changes at the country level. It is important to evaluate the Nairobi Summit with a holistic lens, capturing not only funding or the number and substance of the commitments, but also the political momentum and the potential to strengthen advocacy and accountability of the ICPD Agenda.

The Nairobi Summit commitments and the analysis and data in this **ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise** report, however, cannot be seen in isolation. It should be related and accompanied by other sources of data that support a holistic and comprehensive assessment of countries' contexts and their particular political environment, preferably establishing links with social movements and allies who were also present at the Summit.

The analysis in this report provides a roadmap to drive civil society advocacy to achieve governmental prioritization of gender equality and sexual and reproductive health and rights for all, including young people. It indicates trends that can be capitalized on at the country level, connecting with regional and international partners and intergovernmental discussions.

Governments should use this analysis to prioritize, report and celebrate progress on their own commitments made at the Summit in November 2019.

Governments overwhelmingly supported the following thematic areas in the commitments they made:

- Investing in young people's sexual and reproductive health;
- The importance of improving data collection;
- Tackling and eliminating gender-based violence as key to the realization of the ICPD agenda;
- The realization of gender equality, and specifically the integration of gender equality and sexual and reproductive health and rights into national political structures and,
- Ensuring access to contraception, including for young people.

Furthermore, the gaps on commitments on safe abortion and comprehensive sexuality education need to be addressed by civil society to start the progressive realization of changes in policies and practices even in restrictive countries with smart and contextualized advocacy strategies. The Nairobi Commitments are already a demonstration of governments' political will to accelerate the implementation of the ICPD PoA and move the Agenda forward. To this end, regional trends can be used by civil society as an argument to demonstrate the need for coherence in addressing common themes at the regional level and changes at the country level.

¹⁰ <https://ippf-covid19.org/>

8 RECOMMENDATIONS

Aspirations of the majority of Africans, particularly women and girls can only be realized if commitments are turned into concrete actions, ensuring that no one is left behind – rich or poor, easier to reach or hard to reach. Young people want their SRHR fulfilled, they want to complete school, they want to have access to services, they want to be empowered and provided space in

decision making structures to negotiate their health needs. Instead of just talking about comprehensive sexuality education (CSE), abortion, female genital mutilation (FGM), ending child marriage and sexual rights; they want radical action and changes that will reshape the decade – reinforcing the African owned policy instrument and frameworks that will help to embrace and transform the continent.

SENSE OF URGENCY

Advocacy on the Nairobi Summit commitments at the national level should begin immediately and be part of sustained advocacy efforts towards 2030, also in line with Agenda 2030.

STRATEGIC APPROACH

Advocacy and accountability on ICPD at the national level should start by defining an advocacy strategy co-created in coalition with shared responsibilities.

ADVOCACY TARGETS

Advocacy should be aimed at national governments, including parliamentarians, various levels of decision-making ministries (Gender, Health, Justice, Finance), local authorities, but also academia and other CSOs working on SRHR, human rights and related matters or specific groups such as LGBTQI+, persons with disabilities, indigenous peoples within a multi-sectoral approach.

INCREASE THE QUALITY OF THE COMMITMENTS

Civil society should do a quality assurance of the commitments announced by their countries with their governments. For instance, negotiating deadlines if they are not time-bound or SMART enough.

RESOURCE MAPPING

Analyse the national government commitments with the commitments made by CSO, private sector, UN agencies to ensure a full picture of resources available and action plans to implement those commitments.

PARTNERSHIPS

Plan activities for implementation of the Nairobi Summit commitments with social movements, other CSOs, the UNFPA country offices and other relevant partners.

PROGRESSIVE REALIZATION OF PRIORITIES

Countries and regions that have scored poorly in terms of thematic alignment may need a strategic tactical focus to start 'moving the needle'.

LEAVE NO ONE BEHIND

Inclusive SRHR programmes need to be scaled up in the hard to reach places (for example in complex emergency situations) ensuring to 'leave no one behind'.

GRASSROOTS SOLUTIONS

Existing community structures (traditional and religious) should serve as service points to strengthen the implementation of culturally appropriate, homegrown solutions to deliver comprehensive sexuality education as well as addressing gender inequalities.

ANNUAL REPORTING ON COMMITMENTS

Governments to recommit to reporting on the Nairobi Commitments annually.

CONNECT INTERNATIONALLY

Map global intergovernmental spaces and processes that can be utilized for global advocacy, suggesting ways to be supported by regional and international partners, such as the Universal Periodic Review, Human Rights Treaty Bodies' National Reports (Committee on the Elimination of Discrimination against Women, Committee on the Rights of the Child, Economic, Social and Cultural Rights), and Voluntary National Reports for the High Level Political Forum.

ACCOUNTABILITY AT ALL LEVELS

Domesticate, disseminate and implement all population and development related policy instruments while ensuring accountability across key players (government, civil society, community levels through traditional and religious leaders).

APPENDIX 1 METHODOLOGY AND DATABASE

THE NAIROBI SUMMIT COMMITMENTS ANALYSIS DATABASE

The Nairobi Summit commitments analysis [database](#) has been created by researchers, capturing in a systematic and granular way, the commitments made by 137 participating countries at the Summit. This was then assessed against a range of criteria to identify thematic patterns and gaps, as well as regional and global trends and how they are aligned with IPPF's [Advocacy Common Agenda](#).

The database of national governments' commitments is organized by country and region and identifies many opportunities for IPPF members, civil society and governments to galvanise the political energy of the Nairobi Summit.

It is important to note that that commitments listed in the database are listed according to the format in which they were submitted to the Nairobi Summit website. For financial and SMART analysis, however, each commitment was broken down into its most discrete possible component, or the smaller commitment 'parts' that it was made up of. The researchers took this approach for two reasons.

To facilitate analysis – this method allowed the researchers to assess each part of the overall commitment according to the metrics selected (ranking on the SMART criteria, focus on domestic or development assistance and thematic area).

To facilitate accountability – if not broken down into their constituent parts it can be easy to skip over important details in the commitments made by governments, making it harder to hold them to account. This method aims to facilitate the attention to detail of each commitment made at the Nairobi Summit.

Users of the database should be aware that the total number of commitments listed in this database

may differ from the number of commitments recorded as having been made at the Nairobi Summit.

This publication is accompanied by a series of IPPF [ICPD+25 Nairobi Summit](#) commitments reports:

- ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise – main report
- Regional analysis reports: Africa, The Americas, Arab World Region, Asia and the Pacific, Europe and Central Asia
- [Online database](#)

METHODOLOGY

Individual commitments were taken from the Nairobi summit website into the database. For financial and SMART analysis, these were further divided into component commitments to ensure all themes embedded in a larger commitment were accounted for. The substance and integrity of commitments were maintained at all times. Commitments were tagged according to the various criteria present in the database taking principally into account the IPPF [Advocacy Common Agenda](#) priority themes. Tagging of commitments was done according to governments own self-selection on the website, or subject to researcher's discretion based on commitment description when pre-selection was not present. The SMART analysis followed the following criteria:

- | | |
|---------------------|---|
| S Specific | What will be accomplished? (What actions will you take)? |
| M Measurable | What data will measure the goal? (How much? How well)? |
| A Attainable | Is the goal doable? Does the country have the necessary skills and resources? |
| R Relevant | How does the goal align with ICPD PoA? |
| T Time-bound | What is the time frame for accomplishing the goal? |

For the purpose of this study, and because the researchers do not have enough country context, it was decided that the researchers would assume that all commitments are attainable. However, it will be important that civil society organizations validate this assumption for all single commitments across all regions.

DATABASE

The Nairobi commitments were uploaded to the Summit website using an array of formats and styles. This meant that commitments were not standardized. Several of the commitments were uploaded as singular commitments while containing several unique commitments therein, so it was important to break down the commitments allowing for evaluation at the most discrete level possible. Once the commitments had been fully broken down into their constituent parts, they were evaluated according to region, country, advocacy common agenda priorities per member association; advocacy common agenda priorities per commitment; whether commitments were domestic financial, non-financial, development assistance financial or development assistance non-financial; and the extent to which individual commitments could be graded as SMART (Specific, Measurable, Attainable, Realistic, and Time-bound) – each in their own column.

The inclusion of columns that tagged commitments according to their alignment with UNFPA's Three transformative results, as well as the commitments alignment with the five themes of the Nairobi Summit, while not the focus of this report, allowed for a larger contextualization of themes

and a broader analysis. The researchers felt it was important that the final analysis capture the significance granted to these themes by governments, as it is indicative of governments' understanding as well as vision and support for the ICPD PoA. Equally, the researchers felt that it was interesting to add a column detailing whether UNFPA has an office in the commitment-making countries and determine if a correlation existed between the SMART criteria and the presence of a UNFPA country office.

LIMITATIONS OF THE METHODOLOGY

The Nairobi Summit website is still open to commitment entry. The data used for analysis potentially is not the most updated. The commitments included in this study do not include those not uploaded to the website at the time of writing, nor the ones read in Nairobi at the commitment ceremony but not registered on the website subsequently. The subdivision of the commitments makes the number of commitments reported unique to this study, making comparability difficult. Many comments were entered in native language, hence translation to English was necessary. The methodology is only focused on quantitative data. A quantitative analysis does not capture the richness of Nairobi Summit and limits the ability of showing a holistic picture. Some of the tagging was subjective which increases the margin of error. Commitments were tagged according to the high-level areas of change in the advocacy common agenda themes meaning a more granular approach was sometimes lost.

FIGURES AND TABLES

Figure 1 (page 6)	Advocacy Common Agenda – graphic summary
Figure 2 A-F (page 8)	Nairobi Summit Government commitments per region by priority theme (Africa, the Americas, Arab World Region, Asia and the Pacific and Europe and Central Asia)
Figure 3 (page 12)	Percentage total of financial commitments by region
Figure 4 A & B (page 14)	Percentage of Africa commitments aligned with the thematic priorities
Table 1 (page 9)	Global commitment alignment against priority themes
Table 2 (page 15)	Africa countries with strong and SMART commitments based on priority themes

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- ii. *ibid.*
- iii. *ibid.*
- iv. <https://www.shedecides.com>

The ICPD texts used for comparison in this analysis include:

- The International Conference on Population and Development (ICPD) Programme of Action
- Beijing Declaration and Platform for Action
- ICPD+25 Regional Review Reports 2018
- Africa – The Maputo Plan of Action 2016-2030. African Union (2016-2030)

PHOTOGRAPHY

Front cover: Mozambique/Isabel Corthier

Front cover: Benin/Xaume Olleros

Inside front cover: Mozambique/Isabel Corthier

Page 7: Cameroon/Xaume Olleros

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Page 13: Cameroon/ Xaume Olleros

Page 17: Burundi/Georgina Goodwin

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEFM	Child Early Forced Marriage
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMTS	Commitments
CRC	Committee on the Rights of the Child
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
CPD	Commission on Population and Development
CSW	Commission on the Status of Women
DD	Demographic Dividend
ESCR	Economic, Social and Cultural Rights
EU	European Union
FP	Family Planning
FP2020	Family Planning 2020
FGM	Female Genital Mutilation
GA	General Assembly
GBV	Gender-Based Violence
GE	Gender Equality
GEWE	Gender Equality Women's Empowerment
HLPF	High Level Political Forum
HIV	Human Immunodeficiency Virus
HRC	Human Rights Council
IPPF	International Planned Parenthood Federation

ICPD	International Conference on Population and Development
IDP	Internally Displaced Person
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MC	Montevideo Consensus
MM	Maternal Mortality
MPoA	Maputo Plan of Action
MS	Member States
ODA	Official Development Assistance
PoA	Programme of Action
RMNCHA	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goals
SOGIE	Sexual Orientation Gender Identity and Expression
SMART	Specific, Measurable, Attainable, Relevant, Time-Bound
SR	Special Rapporteur
SRSR	Special Representative of the Secretary General
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexual Transmitted Infections
UN	United Nations
UNECE	United Nations Economic Commission for Europe
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UK	United Kingdom
WHO	World Health Organization



**Published in August 2020 by the
International Planned Parenthood Federation**

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