



**OUTCOME STATEMENT OF THE
DAY OF GENERAL DISCUSSION**
on the Sexual and Reproductive Health and
Rights of Adolescent Children

37th Virtual Session
#ACERWC37

Outcome statement of the Day of General Discussion on the Sexual and Reproductive Health and Rights of Adolescent Children

1. **Noting** that international and regional instruments and documents in Africa provide for the sexual and reproductive health and rights of adolescent children and their protection from further abuses such as expulsion from schools, and denial of health services such as the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights as well as its Protocol on the Rights of Women in Africa, the Convention on the Elimination of all forms of Discrimination Against Women, the African Youth Charter, General Comment of the African Commission on Human and Peoples' Rights on women's human rights and HIV as prescribed under Article 14 (1) (d) and (e) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the joint General Comment developed by the African Commission on Human and Peoples Rights (ACHPR) and the ACERWC on child marriage, General Comment of the Committee on Economic, Social and Cultural Rights on the right to sexual and reproductive health, the AU's Continental Policy Framework for Sexual and Reproductive Health and Rights (2005); and the Maputo plan of action 2016-2030 for the operationalization of the continental policy framework for sexual and reproductive health and rights;
2. **Acknowledging** that some African countries have made progress in adopting progressive laws and policies to ensure access to reproductive health services and information, and for the retention of pregnant girls in schools;
3. **Considering** that the sexual and reproductive health and rights of adolescent children are not given sufficient attention and as a result adolescent children suffer numerous violations of their sexual and reproductive rights as well as other rights enshrined in the African Charter on the Rights and Welfare of the Child and other international and regional human rights instruments;
4. **Bearing in mind** that despite the progress achieved by some countries, most African countries have restrictive laws and policies that limit adolescent children's ability to make decisions and to access sexual and reproductive health services, which is compounded by negative societal attitudes with regard to adolescent children's access to sexual and reproductive health information and services;
5. **Recognizing** that consequently, adolescent children are not provided with the necessary education and information about their sexual and reproductive health rights, and the various sexual reproductive health services that are due to them, which in turn exposes them to negative reproductive health outcomes, disproportionately affecting adolescent girls;
6. **Noting** that lack of access to sexual and reproductive health information and services results in high rates of unintended teenage pregnancies, complications during childbirth, unsafe abortion, sexually transmitted infections, discrimination and exclusion, and exposes adolescent children to child marriages, mostly where the girls fall pregnant as there is stigma associated with being pregnant out of wedlock;
7. **Noting** also that lack of access to sexual and reproductive health services and lack of implementation of policies interfere with the enjoyment of the other rights provided under the African Charter on the Rights and Welfare of the Child such as the right to education, leisure and recreation, health wellbeing, non-discrimination among others;
8. **Being cognizant** that many African countries have discriminatory policies which exclude pregnant and or married girls from schools;
9. **Recognizing** that even in countries where there is no legal barrier to accessing sexual and reproductive health information and services, adolescent child friendly and gender responsive

health care providers and services are often lacking and service providers have prejudicial or discriminatory attitudes towards adolescent children seeking such services and information, which often stem from harmful social norms and beliefs;

10. **Noting** that sometimes adolescent children, mainly boys, are criminalized and sometimes incarcerated for engaging in consensual and non-coercive sexual conduct with their peers who are closer in age which in turn creates barriers on their access to sexual and reproductive health and rights services and information;
11. **Recognizing** that age-based restrictions in relation to sexual and reproductive health rights and services including criminalization of consensual and non-coercive sexual conduct among adolescent children fails to recognize the evolving capacity of adolescent children and in some countries it is encouraging practices that are against the privacy of adolescent children such as forced pregnancy testing, forced termination of pregnancy, and sometimes forced sterilization of adolescent children with disabilities;
12. **Noting** that adolescent children who live in vulnerable situations such as humanitarian settings, conflict, tension and strife, emergency situations, who are in street situations, who are survivors of sexual violence and harmful practices including female genital mutilation and child marriages, and who are living with disabilities face heightened vulnerability for lack of access to sexual and reproductive information and services;
13. **Recognizing** that the current Covid-19 Pandemic and the restrictive measures undertaken to prevent its transmission has negatively affected the rights of adolescent children to sexual and reproductive health as cases of sexual abuse, gender-based violence, child marriage, and unintended teenage pregnancy have increased during the pandemic;
14. **Being mindful** that despite the normative progress made at international, regional, and national levels, the abovementioned challenge remain to be a concern for our adolescent children;
15. **We**, the participants of the Day of General Discussion on the sexual and reproductive health and rights of adolescent children held during the 37th Ordinary Session of the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) on 17 March 2021;
16. **Urge Member States of the African Union to:**
 - i. Undertake a study on the availability, accessibility, acceptability and quality of sexual and reproductive health education, and services in their countries, and evaluate the status, identify gaps, barriers and impacts, on the rights of adolescent children; and devise an informed program and policy to address the issue;
 - ii. Devise laws and policies that respond to the evolving capacity of adolescent children which considers the varying age, context, gender, education, and other status with a view to appropriately responding to their sexual and reproductive health and rights;
 - iii. Adopt legislation to domesticate the provisions of the African Charter on the Rights and Welfare of the Child in relation to the sexual and reproductive health and rights of adolescent children; and craft policies which allow adolescent children to access sexual and reproductive health services and information without the requirement of third-party consent or approval taking into consideration their evolving capacity;
 - iv. Ensure that their laws, policies, and practices on sexual and reproductive health rights are in line with the four principles of the African Charter on the Rights and Welfare of the Child namely, non-discrimination, right to life, survival and development, the best interest of the child and child participation;

- v. Decriminalize consensual and non-coercive sexual conduct between adolescent children who are closer in age;
- vi. Integrate comprehensive, age-appropriate and scientifically accurate sexual and reproductive health and rights education in schools and also provide sexual and reproductive health and rights education to out of school adolescent children using other fora;
- vii. Ensure that sexual reproductive health services are gender and adolescent children responsive and that health workers are sensitized to obtain skills to avoid stigmatizing or discriminating against adolescent children and ensure their right to confidentiality and to provide services that align with the mental, physical, social and psychological needs and capacities of adolescent children;
- viii. Undertake measures to protect the rights of adolescent children who are pregnant by providing the necessary services and health care, psychological support, as well as ensuring that they continue with their education in the mainstream education system;
- ix. Adopt and implement policies and strategies for the retention of pregnant and married girls and their re-entry after delivery for pregnant girls;
- x. Ensure that survivors of sexual abuse receive a one stop service where they can access emergency contraception as well as other reproductive health services and psychological support;
- xi. Address the specific challenge and circumstances of children in vulnerable situations such as adolescent children with disabilities, adolescent children in street situations, and marginalized adolescent children, among others;
- xii. Sensitize communities about the importance of accessing sexual reproductive health information and services by adolescent children by showing the benefit of such services for ensuring that they are able to live healthy lives and realize their potential; and
- xiii. Ensure that sexual and reproductive health services are not interrupted or deprioritized and funded during conflict, crisis, and other situations requiring humanitarian interventions, such as the Covid-19 pandemic and displacement given the fact that humanitarian situations expose adolescent children to various sexual abuses and that such services are essential and lifesaving in such circumstances.

17. Urge the African Union Commission to:

- i. Promote and ensure the implementation of its Continental Policy Framework for Sexual and Reproductive Health and Rights of 2005;
- ii. Engage Member States to encourage them to draft policy or laws on sexual and reproductive health and rights of adolescent children which ensures the full protection of their sexual and reproductive rights and ensure their access to information and services;
- iii. Support countries that are in humanitarian crisis on how to provide sexual and reproductive health information and services by providing guidelines and practical measures; and
- iv. Appoint an Africa Union special envoy on the sexual and reproductive health and rights of adolescent children to undertake regional and national engagements to promote and ensure implementation of the Continental Policy Framework for Sexual and Reproductive Health and Rights.

18. Call upon the ACERWC to:

- i. Raise the issue of sexual and reproductive health and rights issues with States in its engagement using the State Party reporting mechanism, the Complaints procedure, investigations, among others and craft measurable recommendations to States;
- ii. Consider drafting a general comment on the sexual and reproductive health and rights of adolescent children to expound on the issue and to guide States and other stakeholders on the measures that should be undertaken;
- iii. Recalling its decision to undertake the study on the status of teenage pregnancy in Africa during its 36th Ordinary Session, to ensure that the study covers the interrelation between teenage pregnancy and sexual and reproductive health and rights in a comprehensive and rights based approach; and
- iv. Undertake country visits in countries where the Committee has not seen progress in the implementation of its decisions and recommendations regarding the sexual and reproductive rights of adolescent children.

19. Urge Civil Society Organizations (CSOs)to;

- i. Undertake sensitization campaign and programs to raise awareness about the importance of adolescent children's sexual and reproductive health and rights among the community with the view to changing false and negative perceptions;
- ii. Devise programs where they engage with in and out of school adolescent children to educate them about sexual and reproductive health and rights and services;
- iii. Create platforms where adolescent children can access some basic sexual and reproductive health services in schools such as menstrual hygiene materials;
- iv. Provide support to teenage pregnant girls as well as survivors of sexual abuse to ensure that they have access to sexual reproductive health services including pregnancy follow-up, psycho-social support, and that they are able to go back to school after delivery; and
- v. Enhance the coordination among various CSOs that work on sexual and reproductive health and rights for enhanced results.

Adopted virtually on 17 March 2021