Uganda: Leveraging CPD to Build National Political Will on Adolescent Sexual and Reproductive Health
Political negotiations in United Nations spaces can open new opportunities for dialogue on intractable national issues. In Uganda, political commitments made in the context of the UN Commission on Population and Development (CPD) are critical to ongoing efforts to strengthen national policy on the sexual and reproductive health and rights of women and girls.

Created in 1946, CPD is one of the functional Commissions of the UN Economic and Social Council (ECOSOC) and the only intergovernmental body entrusted with following up on the implementation of the 1994 International Conference on Population and Development (ICPD) Programme of Action and its review outcome documents. As such, it continues to be a relevant space for political discussions between Member States and diverse stakeholders, especially civil society organizations, on shared goals and accountability on matters specifically related to population and development, including sexual and reproductive health and rights (SRHR).

An example of such interactions can be found in the national statement of Uganda during the 52nd session of CPD in 2019, in which Ugandan government representative Dr Chris Baryomunsi highlighted key challenges, including a high fertility rate of 5.4 children per woman, and a high incidence of adolescent pregnancy rooted in early marriages, cultural practices, and poverty. He also noted that Uganda has continued to implement targeted interventions aimed at achieving the goals and objectives of the ICPD Programme of Action as well as other internationally-agreed instruments such
as the Beijing Declaration and Platform for Action and the 2030 Agenda for Sustainable Development.”

Ugandan advocates organized around the opportunity presented by Uganda’s national statement at CPD. They say that strong political leadership on SRHR is critical not only for improving policies but also for galvanizing new approaches at the local level. This includes connecting with religious leaders to build support for specific issues within the SRHR agenda, especially comprehensive sexuality education (CSE) as it relates to efforts to reduce adolescent pregnancy and child marriages.

In Uganda, adolescents 15 to 19 years-old make up almost one quarter of Uganda’s 40.3 million population. Adolescent pregnancy among this age group accounts for 14% of all births. Despite progress in poverty reduction, significant numbers of adolescent girls in Uganda are still poor, propelled into child marriage or early pregnancy and deprived of full educational attainment. An estimated 40% percent of Ugandan girls are married before the age of 18 and 10% before their 15th birthday. Child marriage is one area that shows the complex interplay of international human rights standards, local leadership, and cultural norms, and where CPD has called governments to act. In its 2012 resolution on Adolescent and Youth, it recognized that this practice violates the human rights of adolescents and girls, and has adverse physical, social and psychological effects on them, including limitations to complete their education, develop employable skills, and participate in community development. Although banned, the
practice continues to be widespread in Uganda. At the same time, the scarcity of sexual and reproductive health care and CSE leaves many adolescent girls vulnerable to early or unwanted pregnancies, HIV and other sexually transmitted illnesses, and sexual and gender-based violence. 

As one of the leading civil society voices on sexual and reproductive health, Reproductive Health Uganda (RHU) has worked in both international and local spaces to build support and consensus around these core issues and continues to meet with government officials to follow up on the statement and show of political will made at CPD. “Collaboration between CSOs and the government has continued on a regular basis on these issues, with frequent meetings to register progress,” says Richard Mugenyi, RHU advocacy manager.

For RHU, Uganda’s declaration at CPD 52 was a powerful entry point for national-level advocacy on CSE and a counterpoint to the common narrative that such education promotes promiscuity among adolescents in a ‘morally upright’ society. CSE implementation has had an uneven trajectory in Uganda. In 2015 the country reported to have met CSE-related targets, through the provision of CSE/life skills in at least 40% of primary and secondary schools, but in 2016 a parliamentary resolution banned comprehensive sexuality education beyond “abstinence only” approaches. This facilitated the dissemination of misinformation on the effectiveness of condoms and negatively affected the self-esteem of youth. The ban was later repealed in 2018, when the Ministry of Education officially launched the National Sexuality Education Framework, which stipulates the provision of a “holistic” education allowing young people to make decisions for themselves.
In 2019, RHU’s follow-up with government officials of Uganda’s CPD statement opened the possibility to become an implementing partner of the government’s National Sexuality Education Framework. Through advocacy and targeted interventions, RHU engaged parents and religious leaders to build their support and leadership on CSE implementation. Although delayed by the Covid-19 crisis, RHU is implementing the Framework in schools nationwide and is leading roll-out efforts of the Framework in 50 institutions (secondary school and vocation institutes) in seven districts.

The experience of RHU and other Ugandan SRHR champions demonstrates the critical role that political spaces such as CPD play in mobilizing national efforts to advance sexual and reproductive health programs and in fostering accountability. As the guardian of the population and development agenda agreed over 25 years ago in Cairo, CPD is a crucial venue for fostering dialogue and accountability and for building ownership of the ICPD agenda at the national level.

---


v Bantebya, G.K et al. Idem.


vii Commission on Population and Development. Resolution 2012/1 Adolescents and youth.

viii Idem.

ix Anna B. Ninsiima, Gily Coene, Kristien Michielsen, Solome Najjuka, ElizabethKemigisha, Gad Ndaruhtsete Ruzaaza, Viola N. Nyakato & Els Leye (2019): Institutional and contextual obstacles to sexuality education policy implementation in Uganda, Sex Education,


International Planned Parenthood Federation Western Hemisphere Region (IPPFWHR) is an intersectional feminist ecosystem centered around the rights and needs of women, girls, and gender non-conforming people. Together with 24 partners in Latin America and the Caribbean, we advocate for sexual and reproductive rights, ensure access to sexuality education for young people, promote law and policy change to guarantee access to safe and legal abortion, defend universal access to healthcare, and work to eliminate violence against women and girls and gender-based violence. We deliver more than 18 million sexual and reproductive health services each year, with a focus on reaching those people who are most vulnerable to marginalization and discrimination based on age, disability, ethnicity, gender, gender identity, geographic isolation, migrant status, poverty, race, or sexual orientation.

Acknowledgments:
IPPFWHR would like to acknowledge the following partners and collaborators: Reproductive Health Uganda (RHU); Simon Richard Mugenyi; Marcela Rueda Gomez; IWords Global; Rose Wakikona; Center for Health, Human Rights and Development (CEHURD); Columbus Ndeloa; Frontline AIDS; and UNFPA Uganda Office.