

EXECUTIVE SUMMARY



Women march against GBV, South Africa 2021.

Photo: Colleen Lowe Morna

This 14th #VoiceandChoice Barometer reflects slow progress in the region's Sexual and Reproductive Health and Rights (SRHR) and women's rights. SADC countries have registered the greatest progress on the minimum legal age of consent to marriage at 18 years for women and men and reduction of mother to child transmission of HIV. The region still needs to accelerate commitments to reducing HIV infections, increasing the extent of HPV vaccine dosage coverage, and ending gender based violence.

The Barometer continues to measure progress against the 100 SRHR indicators in seven thematic areas: sexual and reproductive health; adolescent SRHR; safe abortion; GBV; HIV and AIDS; harmful practices and sexual diversity.

Despite the threat of the COVID-19 pandemic to SRHR, governments in November 2021 issued

their first progress report on the Southern Africa Development Community (SADC) SRHR Strategy using the **Scorecard on SRHR** adopted by Health Ministers in 2018. SADC expects Member States to report every two years on progress made against the Scorecard over the next ten years in the lead up to 2030 the target date for achieving the Sustainable Development Goals (SDGs). The SADC 2021 Milestone Scorecard is the first set of results using baseline data from 2019 and targets set in the strategy.

The SADC Score Card is a high-level peer-review accountability tool, consisting of 20 key indicators for accelerated action on the ten outcomes of the strategy. The scorecard, which is available online¹, is a graphic display of countries' progress in achieving the targets by indicating upward or downward movement and by colour coding to indicate where targets or milestones have been achieved or not.

¹ <https://dev-www.sadc.int/srhrscorecard/>

How the SADC Scorecard and Barometer measure progress

Since the launch of the #VoiceandChoice Barometer focussing specifically on SRHR, the Barometer has used 12 of the 20 indicators that governments measure on which reliable data could be sourced across the 16 SADC countries to rank countries and assess which areas are performing better than others. This year the Barometer drew on the governments' reports and data.

GL can now co-measure 13 out of 20 indicators with sufficient data. The newest addition, important for cancer prevention, is an indicator on Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 years of age. In most cases, we have used the data provided by governments. In some instances, we added data from our research and adjusted the colour coding to match. Where changes have been made to the entire indicators, these are highlighted in red in Table I. Modifications to figures and colour coding are explained under Table I as well.

The seven indicators that do not yet have sufficient data for robust analysis in the governments' report include:

- Percentage of obstetric and gynaecological admissions due to abortion.
- Proportion of population accessing integrated SRH services.
- Percentage of primary and secondary schools that provided life skills-based HIV and sexuality education in the previous academic year.
- Sexually transmitted infections (STIs) incidence rate, using the overall rate of syphilis, given the impact of syphilis on sexual and reproductive health outcomes.
- Non-partner sexual violence prevalence.
- Health worker density and distribution for Sexual, reproductive, maternal, new-born and adolescent health (SRMNAH).
- Proportion of services within the essential package of SRHR services covered by the public health system.

The previous #VoiceandChoice Barometers had three colour codes (Green, Yellow and Red) in keeping with the SADC SRHR strategy. The first report by governments has six colours: dark green, light green, yellow, amber, red, and grey.

SDG Target achieved
2021 Milestone achieved Achieved target: continue existing efforts to sustain and further the gains made
-1% to -14.9% Target not achieved: sustain and expand efforts in order to reach the target
-15% to -29.9% Target not achieved: review existing efforts and make considerable investments in order to reach the target
30% or more Target not achieved: review and make significant efforts to achieve the target
No target set
Not applicable
No Data No Milestone set

SADC rates countries using a 2019 baseline score from each country's latest data source. Where there is no 2019 baseline figure, the scorecard uses the available 2021 figure as the baseline.

The following tables shows the progress for each country on the 13 indicators that the GL and the SADC Scorecard co-measure.

Table I: Overview of countries by indicators, 2022

SADC SRHR scorecard	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi
Maternal mortality (population)	288	166	172	693	452	618	335	349
Neonatal mortality	24	17.9	24	27	20	34	20	20
Adolescent birth rate, 10-19 years of age	104	43.7	32	109	87	55	103	131
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	No	No	No	Yes	Yes for 12+	Yes	Yes	Yes
Unmet need for family planning (contraception)	35.7	17.3	32	27.7	15.2	18.4	16.1	19
Percentage reduction in new HIV infections, females 15-24	26	39.1	30	50	64	58.75	-159	63.6
Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (age)	NA	52.8	n/d	n/d	NA	NA	n/d	88.5
Mother to child transmission of HIV	19.2	1.75	0	23.4	3.7	5.98	39.8	2.3
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age	32.9	n/d	70	24.3	71.4	77.1	3	64.5
Minimum legal age of consent to marriage, 18 years for all irrespective	18	21 with exceptions	18	18	18	18	18	18
Legal status of abortion (2=Abortion on demand; 1=Restricted abortion; 0=Abortion not available)	1	1	1	1	1	1	0	1
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	21.7	28	12	4.6	4.6	0.8	38	24.3
Percentage of annual budgets allocated to health sector (Abuja Declaration recommends 15%)	5.6	12.5	12	11.4	9.4	9.5	8	9.3

SADC SRHR scorecard	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe
Maternal mortality (population)	61	452	385	65	121	556	252	462
Neonatal mortality	10.2	28.5	20	9.1	21	25	27	31
Adolescent birth rate, 10-19 years of age	24	153.8	82	56	46.2	123	29	69
Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	14+	NA	Yes	15+	Yes for 12+	Yes	No	No
Unmet need for family planning (contraception)	9.6	22	12	n/d	19		19.7	10
Percentage reduction in new HIV infections, females 15-24	24	33	48	2.6	45	35	6	66
Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (age)	n/d	n/d	NA	97	61.2	59	60	n/d
Mother to child transmission of HIV	13.7	12.36	3.8	1	2.7	6.61	n/d	8.7
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age	n/d	n/d	52	51.3	47	33.5	41.4	56.4
Minimum legal age of consent to marriage, 18 years for all irrespective	Below 18	18	21	18	18	18	21 with exceptions	18
Legal status of abortion (2=Abortion on demand; 1=Restricted abortion; 0=Abortion not available)	1	2	1	1	2	1	1	1
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	n/d	36	33	n/d	8.7	41.7	43	39.6
Percentage of annual budgets allocated to health sector (Abuja Declaration recommends 15%)	5.5	8.7	13.6	11.7	8.1	6.7	4.5	10

Source: SRHR indicators table computed from the SADC Scorecard² and global data sources.

² Score Card for Sexual and Reproductive Health and Rights in the SADC Region Fast tracking the Strategy for SRHR in the SADC Region 2019 - 2030, https://public.tableau.com/views/SADCSRHRSCORECARD2021_EN_FR_PO_16360021643560/2021English?:embed=y&:showVizHome=no&:host_url=https%3A%2F%2Fpublic.tableau.com%2F&:embed_code_version=3&:tabs=no&:toolbar=yes&:animate_transition=yes&:display_static_image=no&:display_spinner=no&:display_overlay=yes&:display_count=yes&:language=en-US&:loadOrderID=0, accessed: 10 September 2022.

Table I applies the colour coding across 16 SADC countries for which data could be obtained. Where GL has additional information (see highlights in red) from the 2021 SRHR Audit of laws and policies on three indicators (i.e Existence of laws and policies that allow adolescents to access SRH services without third party authorisation; Minimum legal age of consent to marriage, 18 years for all irrespective; Legal status of abortion), this has been added to the governments' reports. Noting that Malawi has long had one of the highest adolescent birth rates in the region, GL resorted to using the latest

available World Bank figures and not (4) colour-coded dark green on the SADC Scorecard. On percent reductions of new HIV infections in adolescent girls, the figure for Madagascar is (-159), which means the rate is increasing, not decreasing. This is therefore coded red instead of the light green code on the SADC scorecard. While rates of new infections have been going down for young people and overall, rates of new infections increased in young people between 2010 and 2020 in Zambia and there has been a steep increase overall in Madagascar which is concerning.

Table II: Summary of performance by indicator

Indicators	Dark Green	Light Green	Yellow	Amber	Red	Not applicable	No data	% Dark Green
Minimum legal age of consent to marriage, 18 years for all irrespective	13	0	2	0	1	0	0	81%
Adolescent birth rate, 10-19 years of age	9	4	2	0	1	0	0	56%
Mother to child transmission of HIV	8	4	2	1	0	0	1	50%
Unmet need for family planning (contraception)	2	3	8	0	1	0	2	13%
Neonatal mortality, institutional	2	4	9	1	0	0	0	13%
Maternal mortality	2	4	3	6	1	0	0	13%
Proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (age)	1	1	2	1	1	4	6	6%
Percentage reduction in new HIV infections, females 15 - 24	0	10	2	0	4	0	0	0%
Existence of laws and policies that allow adolescents to access SRH services without third-party authorisation.	0	10	0	0	5	1	0	0%
Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	0	3	2	7	1	0	3	0%
Legal status of abortion	0	2	13	0	1	0	0	0%
Percentage of annual budgets allocated to health sector	0	2	9	3	2	0	0	0%
Percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age.	0	2	2	4	5	0	1	0%
Total #	37	49	56	23	23	5	15	
Total possible score	208	208	208	208	208	208	208	
Percentage of total	18%	24%	27%	11%	11%	2%	7%	

Table II summarises the findings per indicator, ranking these from best to least achieved. It shows that:

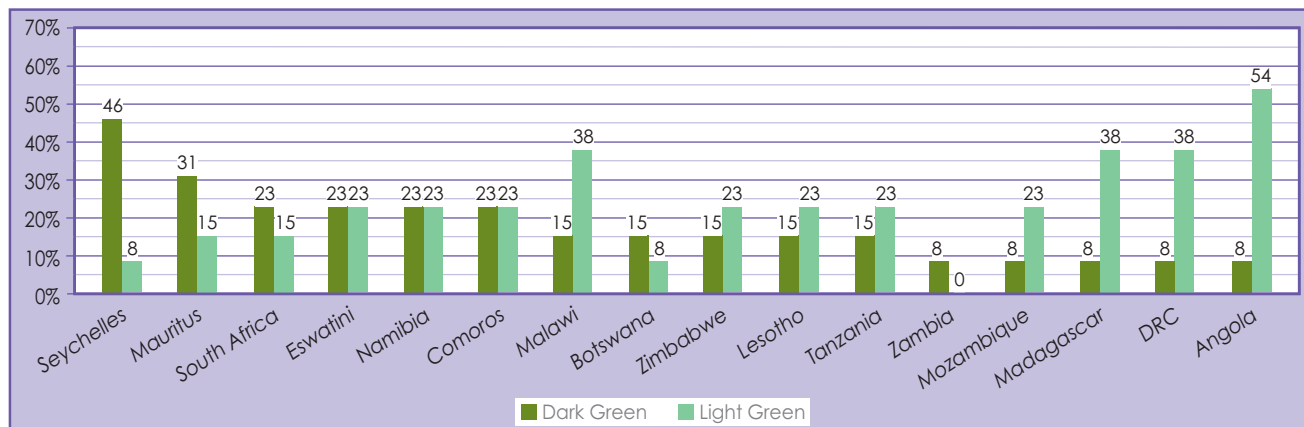
- Overall, only 18% of the 13 indicators that could be measured fall in the green category; 24% in the light green category; 27% in the yellow category; 11% each in the amber category, and the red category; 2% in the not applicable data category, and 7% in the no data category.
- The largest percentage of dark greens across countries (81%) is on the minimum legal age of

consent to marriage at 18 years for all irrespective of sex. This is followed by adolescent birth rate, 10-19 years of age (56%), and mother to child transmission of HIV (50%).

- Indicators with lower percentage of dark green include:
 - Reduction in new HIV infections in females 15 - 24 (0%);
 - The existence of laws and policies that allow adolescents to access SRH services without third-party authorisation (0%). Other low ranking areas include:

- The proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 (1%); the percentage of condom use with last high-risk sex among adolescent girls and young women aged 15-24 years of age (0%).
- The percentage of annual budgets allocated to the health sector (0%); legal status of abortion (0%);
- Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months (0%).
- Maternal mortality (13%); Neonatal mortality (13%), and
- Unmet need for family planning (13%).

Figure I: Overview of country Green SRHR scores



Source: Computed from the SADC Scorecard³ and global data sources.

Figure I summarises each country's performance based on the 13 indicators. Seychelles (46% dark green) is in first position followed by Mauritius (31% dark green). Five countries, South Africa, Eswatini, Namibia, and Comoros (23% green) tie for third place. All the 16 SADC countries have achieved less than 50% of the targets. The lowest-ranking countries on the dark green scores are Zambia, Mozambique, Madagascar, DRC, and

Angola (8% each). Angola (54%), Malawi, Madagascar, and DRC with (38%) each, have the highest light green scores, showing they are making steady progress to achieving the SDG targets set but must continue existing efforts to sustain and further the gains made. The SADC Executive secretary echoed these sentiments during the launch of the SADC Scorecard:

SADC Executive Secretary, Elias Mpedi Magosi highlighted during the launch of the Scorecard that there had already been noticeable progress in a number of indicators including the percentage reduction in new HIV and AIDS infections; Mother to Child Transmission Rate; Adolescents birth rate, as well as in the indicators related to comprehensive sexuality education and life skills. He said the development is a good sign that the

scorecard is actually tracking the right metrics, and thus should potentially give the information needed for decision-making.

The Executive Secretary said areas that still require attention include the high level of GBV, high maternal mortality rates, as well as the stagnant budget resource allocation in Member States.⁴

³ Score Card for Sexual and Reproductive Health and Rights in the SADC Region Fast tracking the Strategy for SRHR in the SADC Region 2019 - 2030, https://public.tableau.com/views/SADCSRHRSCORECARD2021_EN_FR_PO_16360021643560/2021English?:embed=y&:showVizHome=no&:host_url=https%3A%2F%2Fpublic.tableau.com%2F%2Fembed_code_version=3&:tabs=no&:toolbar=yes&:animate_transition=yes&:display_static_image=no&:display_spinner=no&:display_overlay=yes&:display_count=yes&:language=en-US&:loadOrderID=0, accessed: 10 September 2022.

⁴ Relief web, <https://reliefweb.int/report/angola/sadc-launches-sexual-and-reproductive-health-and-rights-scorecard-address-high> accessed 5 September 2022

Table III: Overview of country SRHR scores by colour code

Country	Dark Green	Light Green	Yellow	Amber	Red	Not applicable	No data
Seychelles	46%	8%	15%	8%	8%	0%	15%
Mauritius	31%	15%	15%	8%	8%	0%	23%
South Africa	23%	15%	38%	0%	8%	0%	0%
Eswatini	23%	23%	31%	15%	0%	8%	0%
Namibia	23%	23%	23%	15%	8%	8%	0%
Comoros	23%	23%	31%	0%	15%	0%	8%
Malawi	15%	38%	38%	0%	0%	0%	0%
Botswana	15%	8%	31%	23%	8%	0%	15%
Zimbabwe	15%	23%	31%	15%	8%	0%	8%
Lesotho	15%	23%	38%	15%	0%	8%	0%
Tanzania	15%	23%	31%	15%	15%	0%	0%
Zambia	8%	0%	38%	23%	23%	0%	8%
Mozambique	8%	23%	31%	15%	0%	8%	15%
Madagascar	8%	38%	8%	15%	23%	0%	8%
DRC	8%	38%	31%	8%	8%	0%	8%
Angola	8%	54%	8%	8%	15%	8%	0%

Source: Computed from the SADC Scorecard and global data sources.

Table III shows the performance of each country in each of the six colour codes of the SADC Scorecard. As shown in Table III, four countries, South Africa, Malawi, Lesotho and Zambia with (38%) each have the highest **yellow** score. The

highest **amber** scores are from Botswana and Zambia with (23%) each, while the highest **red** scores are from South Africa and Zambia with (23%) each.

Structure of the #Voice and Choice Barometer

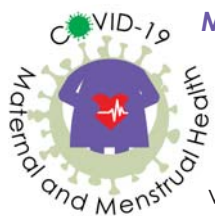
This 2022 Barometer follows the format of the previous editions. It contains the following chapters:

Table IV: Structure of the #Voice and Choice Barometer

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

As in all the editions since the advent of the COVID-19 pandemic, each chapter of the 2022 #VoiceandChoice Barometer includes a section on how the pandemic affected women and

the measures governments took to assist citizens during the pandemic. Key highlights in each theme chapter of the Barometer include:



Menstrual Health, Family Planning and Maternal Health:

Five SADC countries have removed VAT from menstrual products and seven now provide menstrual ware in schools, mainly in rural and disadvantaged communities.

Access to basic sanitation and handwashing facilities remains low in all countries except Mauritius and Seychelles. The regional average of the proportion of women of reproductive age with an unmet need for contraception is 19%, which is well above the global average of 9%. The lowest unmet need for contraception is Mauritius (10%) and the highest is 36% in Angola. Maternal mortality remains stubbornly high. Only Mauritius and Seychelles have met the SDG target of fewer than 70 deaths per 100,000 live births. DRC has the highest maternal mortality rate with 693 deaths per 100,000 live births. Eight countries in SADC have included Human Papillomavirus (HPV) in their national vaccination programme, though coverage varies across countries, from 97% in Seychelles to 53% in Botswana.

The prevalence rate of cervical cancer per 100,000 women per year attributable to HPV is higher than the Africa average of 26 incidences in all countries except Mauritius. Nine SADC countries have national cervical cancer screening programmes. However, this has not necessarily resulted in large scale coverage, which ranges from 3% in Mozambique to 53% of women in South Africa ever being screened for cervical cancer. Expenditure on the health sector remains lower than the recommended Abuja Declaration goal of 15% of state's annual budget to improve the health sector in all countries in SADC. Namibia has the highest (13.6%) and Zambia the lowest (4.5%) annual expenditure on the health sector.



Adolescent SRHR:

Eleven SADC countries now have ASRHR policies but many need an update. A recent study⁵ highlighted the impact of COVID-19 on adolescents in six SADC countries. It shows that

92% of young respondents reported facing difficulties in accessing appropriate healthcare. Three quarters of young people report experiencing loneliness, and many have made suicide attempts due to loss of income, limited prospects for employment and months of pandemic-related confinement.⁶

The COVID-19 pandemic has driven an increase in early pregnancies by as much as 65% in some SADC member states.⁷ A new study⁸ in South Africa shows the pandemic response shifted healthcare resources towards combatting COVID-19, affecting the quality and availability of HIV services, especially for vulnerable populations, such as adolescents living with HIV (ALHIV). Seychelles has the worst coverage of all SADC countries for Comprehensive Sexuality Education (CSE) in primary school. Inadequate information about the nature, aim, and intended outcomes of CSE means policymakers continue to see pushback and opposition to it in some parts of the region.⁹ Angola has the highest adolescent fertility rate (AFR) in the SADC region at 143 live births per every 1000 women aged 15 to 19. Mauritius is lowest at 24.



Safe Abortion:

The overturning of Roe v Wade by the US Supreme Court emboldens the international anti-abortion movements. Examples of this are emerging in Southern Africa, for example in Malawi. On the other

⁵ MIET AFRICA (2021) The Impact of COVID-19 on Adolescents and Young People in the SADC Region. South Africa. MIET AFRICA, https://mietfira.org/wp-content/uploads/2021/07/REPORT-Impact_COVID_19_AYP_SADCRegional.pdf, accessed 29 September 2022.

⁶ *ibid.*

⁷ *ibid.*

⁸ Van Staden, Quintin, Laurenzi, Christina A, and Toska, Elona. Journal of the International AIDS Society, vol. 25, issue 4 (2022), e25904e: <https://healtheducationresources.unesco.org/library/documents/two-years-after-lockdown-reviewing-effects-covid-19-health-services-and-support>, accessed 29 September 2022.

⁹ The journey towards comprehensive sexuality education - Global status report, <https://www.unfpa.org/publications/journey-towards-comprehensive-sexuality-education-global-status-report>, accessed: 29 September 2022.

hand, in an important new development, the World Health Organisation (WHO), African Union (AU) Special Rapporteur on the Rights of Women, and the International Federation of Gynaecology and Obstetrics (FIGO) are calling for the *complete decriminalisation* of abortion. This debate is yet to take off in Southern Africa. There has been no change in any legislation related to abortion in any SADC country over the past year. However, advocacy and activism on safe abortion are gaining momentum notably in Madagascar, Lesotho and Namibia.

SAfAIDS, which leads the Alliance SRHR cluster, is working closely with the SADC Parliamentary Forum engaging parliamentarians on the urgent need for the removal of policy restrictions on access to safe abortion. The engagements with parliamentarians have documented SADC parliamentarians' recommendations on a possible model law. The *My Choice, Our Choice* campaign has identified prominent champions for safe abortion around the region, some profiled in this chapter.

A ruling by the Constitutional Court in South Africa has helped to safeguard the progressive provisions in the one out of two SADC countries (the other is Mozambique) that allows a woman to choose to have an abortion in the first trimester. There is little hard data on how COVID restrictions affected access to contraceptives or abortions, though a few studies reflect disruptions. Activists have been slow to cotton onto the growing global discussion on medication abortion that provides safe, self-managed alternatives for women in restrictive environments. Post-abortion care continues to consume a high percentage of health budgets and to make little sense of the rigid anti-abortion stances, given the age-old wisdom that prevention is better (and cheaper) than cure.



HIV and AIDS: Eswatini, Botswana and Switzerland are the three countries in the world that have been officially recognised as achieving the

UNAIDS 95- 95- 95 targets¹⁰ ahead of 2025.¹¹ Several other SADC member states are on course to achieve the 95- 95- 95. However, Madagascar appears to be moving towards a high prevalence epidemic which is cause for concern. The Global AIDS Update, 2022, *In Danger*, warns that the world is in danger of failing to reach the goal of AIDS no longer being a public health threat by 2030. New infections are not falling fast enough. Government are not putting those living with AIDS on Anti-retroviral treatment ART fast enough. Too many continue to die because of AIDS-related complications, despite the medical advances.

Globally, it is estimated that there were still 1,5 million new HIV infections in 2021 compared to a target of reducing new infections to under 370 000 by 2025¹². There are glaring gaps in the treatment for children in much of the world. However, Eswatini has achieved 98% of children on treatment. Botswana achieved silver status on eliminating mother to child transmission - the first high burden HIV country in the world to achieve this. COVID-19 had a devastating impact on HIV prevention and TB programming around the world, especially on condom programming as well as Voluntary Medical Male Circumcisions. Fast adaptations, particularly introduction of community based approaches, made it possible for HIV treatment to continue.

TB is the leading cause of death in people living with HIV. South Africa, Tanzania and Malawi achieved a 75% decline in TB related deaths between 2010 and 2020. As the rate of new infections in adolescent girls and young women declines the proportion of new infections in key populations - sex workers, men who have sex with men (MSM), people who inject drugs, transgender persons and prisoners, and their sexual partners - are on the rise.



Gender-based violence: In Madagascar, the latest Demographic Health Survey (DHS) report (2021) shows that about four in ten non-single

¹⁰ 95% of women of reproductive age have their HIV and sexual and reproductive health service needs met; 95% of pregnant and breastfeeding women living with HIV achieve viral suppression; and 95% of HIV - exposed children are tested by 2025.
¹¹ Thornton, J. Botswana HIV Success. www.thelancet.com Vol 400 August 13, 2022 DOI:[https://doi.org/10.1016/S0140-6736\(22\)01523-9](https://doi.org/10.1016/S0140-6736(22)01523-9) Accessed 15 August, 2022.
¹² UNAIDS. 2022. Global AIDS Update. 2022. In Danger. Geneva, UNAIDS.

women aged 15-49 (44%) experienced emotional, physical or sexual abuse by their husband or partner at some point and 27% in the 12 months prior to the survey. An Eight country study on online violence shows hate speech, misogyny, dark forms of participation, information disorders and online gender-based violence (OGBV) have also become the norm. Women journalists suffer the most of cyber bullying.

There is consensus amongst scholars that the Internet and its associated technologies have opened up doors to new and reconfigured forms of abuse such as cyber harassment, trolling, stalking, body shaming and non-consensual creation of sexual images through artificial intelligence. Research on obstetric violence in South Africa shows that women and girls seeking reproductive healthcare services in the public health system often face physical and psychological violence and mistreatment. Zimbabwe amended key legislation to fight Child marriage. In March 2022, Lesotho parliament approved the Counter Domestic Violence Bill, a move closer to enacting the bill to end the scourge of violence in the country.



Harmful practices: The negative effects of the COVID-19 pandemic continued to wreak havoc in the region, including in contributing to high numbers of girls who did not return to school due to teenage pregnancy.

Zimbabwe passed a new Marriages Act that unequivocally punishes child marriage with sentences of up to five years for engaging in any action that leads to, or has potential to result in, child marriage. In a ground-breaking case, the Constitutional Court of Zimbabwe increased the age of sexual consent from 16 to 18 years in line with the age of consent to marriage and the definition of a child in its constitution. Lesotho continued with, and Botswana embarked on, a constitutional review process. Both countries still have constitutional clauses that allow for discrimination based on customary and personal law. Gender activists hope legislators will

amend these during the respective review processes.

South Africa gazetted a constitutional amendment to make sign language the country's 12th official language. After 16 years of advocacy to end child marriage, activists in Mauritius celebrated when the country's lawmakers promulgated a new Children's Act, which bans the practice. In Lesotho, the Senate stalled efforts to amend the Laws of Leretholi to provide for widows' inheritance rights, with some senators arguing they do not have authority to amend these historic laws. Zimbabwe launched a National Disability Committee to spearhead the implementation of its new National Disability Policy. New research points to increasing rates of female genital mutilation in South Africa.



Sexual diversity: Botswana joins four Southern African countries (Angola, Mozambique, Seychelles, and South Africa) to have decriminalised same-sex relationships. Legal challenges to allow for the registration of LGBTQ

organisations in Eswatini and same sex marriages in Namibia were rejected. As demonstrated from the South African example legal and constitutional reform requires long term planning and campaigning. There is growing evidence that inclusivity increases productivity and business performance. Economic policies and legislation need to include affirmative action for LGBTQ persons.

Religious and cultural fundamentalism fuels violence and discrimination against LGBTQ persons. Government should design health responses to meet the ASPIRE principles: acknowledge, support, protect, prevent indirect discrimination that ensures representation and is evidence based. There is a need for discussions and strategies to address the growing prevalence of conversion therapy across the region. The intersections between LGBTQ, feminist and youth movements will strengthen each of them and create bigger impact through joint initiatives.