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STATEMENT ON THE SADC REGIONAL STRATEGY FOR HIV AND SRH-R AMONG KEY POPULATIONS

In 2019, The SADC Secretariat published the **SADC Regional Strategy for HIV Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations**, endorsed by Ministers of Health of SADC Member States, after a lengthy stakeholder consultation process. Development of a Strategy is a commendable and positive step aligned to global efforts to end AIDS; taken at face value, the language presents a promising policy document that is genuinely for the protection of Key Populations.

In April 2019, a small group of East and Southern African organisations¹ working to promote health and human rights of sexual and gender minorities engaged with the strategy.

We see really good points in:

1. The strategy being developed through an extensive process of consultation with stakeholders that include key populations in the region;
2. An effort having been made to align the strategy to international and regional legal instruments such as CEDAW (in, for instance, its definition of gender), and strategies (for instance, UNAIDS' priority on Key Populations).

We are, however, disappointed.

One would expect that in linking to regional and international instruments and strategies, SADC would also take into consideration the main concerns and shortfalls that have repeatedly been raised around exclusion of sexual and gender minorities. **We are disappointed**, however, that the SADC Regional Strategy seems yet another document that pays lip-service to inclusion but, in tone, preaches the familiar rhetoric about "preservation of standards of morality" and "African values and customs". Like so many other frameworks before it, this one remains non-committal, leaving interpretation and implementation to be guided

¹ Legabibo; GALZ; SAT Zambia; TransBantu Zambia; CHAU; SAUTI; Positive Vibes; MPower Trust; Voice of Hope Trust



by national laws and the very cultural and religious contexts from which sexual and gender minorities need protection.

For example, in defining gender-based violence, CEDAW is the influence. **We are disappointed**, however, though not surprised to see gender defined in such cis-normative terms, conforming to a traditional framing of man and woman that excludes the very gender minorities who are, by definition, considered as Key Populations under the Strategy. How disheartening to transgender, gender-diverse and gender non-conforming persons to have participated in the consultation process to develop a Strategy – to be quizzed and interrogated about their sexual and reproductive health needs – only to be so fundamentally invalidated. **We are disappointed** by this typical example of how participation does not equal inclusion, and how easily Key Populations can be instrumentalised in order to check boxes for representation.

Whilst the framework is described to be about Sexual and Reproductive Health and Rights, and although those definitions are in line with global understanding, the integrity of those concepts breaks down in the way they are applied throughout the document. In language, and in the strategy that language represents, the SADC Strategy does not even scratch the surface of "complete

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physical, mental and social well-being and not merely the absence of disease or infirmity....". **We are disappointed** that, if anything, the definition is narrowed instead of expanding to reflect diversity. Sexual rights and reproductive rights are fused together, as are sexual and reproductive health with sexual and reproductive rights. Nor does the Strategy as a key guiding policy document describe and prescribe to Member States an acceptable universal minimum standard of health that should be attainable by Key Populations, leaving it instead at the discretion of the local context.

Invisible from this document are a description of freedom from discrimination on the basis of sexual orientation or gender; entitlements to privacy, to dignity; freedom for one to control one's health and body. Instead a clear distinction is drawn between "vulnerable populations" (children and people with disabilities) and "key populations" (sex workers, and men who have sex with men, etc.). This distinction echoes a stubborn position by SADC Member States that the vulnerability of Key Populations is not innocent; it is a consequence of avoidable risky behaviour and poor sexual choices. That same distinction disputes the claim of Key Population prioritisation, and reveals a reluctance to address the key drivers of vulnerability of Key Populations. Labelling sexual and reproductive health issues of Key Populations as almost purely behavioural trivialises the real concerns of real people about their biology and their social, economic and legal environments. That same attitude creates inappropriate interventions intended to correct and control people's bodies. These half-hearted policies frame discriminatory attitudes, reinforce stigma and undermine attainment of the highest standard of physical and mental health.

We are disappointed that the Strategy – contrary to global understandings – succumbs to subtle stigmatising suggestions: instead of applying a lens that positions legal and socioeconomic realities as barriers for Key Populations, the Strategy infers that these barriers are, in fact, a *result* of Key Population behaviours.

We are disappointed. And frustrated. And confused.

Why put resources, time and energy to produce a document so toothless and non-committal? The lack of political will that peppers the document is indicated by the six years (2012 to 2018) it took to finally produce it; the lack of binding timeframes from the start and finish of the Strategy, and the uncertainty evident in the disclaimer attached to the document that "*The Strategic Framework is not a Strategic Plan...*"

We are disappointed that there is no genuine commitment and effort to address legal and social barriers. The Strategy reflects the stigmatising and discriminatory attitudes, laws and policies that, presently, undermine attainment of the highest standard of sexual and reproductive health and rights for sexual and gender minorities.

We are disappointed that, when faced with the dynamics of contested policy issues, sexual and gender minorities remain the most affected. Clearly the SADC Secretariat is committed to preserving the status quo reflected in public declarations by Member States who see difference as 'un-African and untraditional' and use it to influence policy at regional level. Whilst the Strategy, in language, acknowledges same-sex conduct and sexual health needs, the framework itself legitimises continued neglect of the needs of Key Populations – and their sexual and reproductive rights – in policy. □



This summary statement is drafted through collaboration of a small collective of East and Southern African organisations working for the health and rights of sexual and gender minorities, through the Positive Vibes "Bridging The Chasm" project. Participating organisations include Legabibo; GALZ; SAT Zambia; TransBantu Zambia; CHAU; SAUTI; Positive Vibes; MPower Trust; Voice of Hope Trust

For a more detailed review of the SADC Strategy, please refer to the full **Critical Analysis** prepared by Positive Vibes, and available from lee@positivevibes.org.

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