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MEDIA REPORT

Impact of Public Health Emergencies on Sexual and Reproductive Health and Rights Services in Africa

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1 Overview

On 30 October 2025, the Socio-Economic Rights Project at the Dullah Omar Institute, in collaboration with the Centre for Human Rights at the University of Pretoria, hosted a webinar on the impact of public health emergencies on sexual and reproductive health and rights services in Africa. Scholars and practitioners reflected on the vulnerabilities exposed by Ebola, COVID-19, natural disasters and continuing humanitarian conflicts, and considered how emergency preparedness can better protect essential reproductive health services.

The discussion demonstrated that public health emergencies do not affect all services or communities equally. When already fragile health systems redirect personnel, supplies and funding to emergency response, sexual and reproductive healthcare is frequently disrupted or treated as non-essential, with severe and long-lasting consequences.

1.1 Disruption of essential services

Speakers highlighted disruptions to maternal healthcare, contraception, abortion services and HIV treatment. In under-resourced systems, the diversion of limited personnel and supplies can create widespread gaps in care. These breakdowns have been associated with rising maternal mortality, increased unsafe abortion, unintended pregnancy and escalating gender-based violence in affected communities.

Movement restrictions, facility closures, supply-chain failures and damaged infrastructure can intensify these consequences. Even where services formally remain available, transport barriers, fear of infection and uncertainty about emergency rules may prevent people from accessing them in practice.

1.2 Disproportionate effects on marginalised groups

Women, adolescents, displaced persons and other marginalised groups are disproportionately affected by service disruptions. Existing inequalities become more severe during emergencies, especially where people already face poverty, discrimination, weak documentation or limited access to healthcare. In conflict settings such as the eastern Democratic Republic of Congo, mass displacement, sexual violence and the collapse of health facilities can create near-total barriers to sexual and reproductive health services.

1.3 The rights and wellbeing of healthcare workers

The webinar also drew attention to healthcare workers, whose safety and working conditions are often overlooked during emergencies. Health personnel may face heightened exposure to disease, psychological strain, unsafe workplaces and inadequate protective resources. Their rights to safety, dignity and fair working conditions must be protected because resilient health systems depend on a supported and adequately equipped workforce.

1.4 Innovation and resilient service delivery

Despite the challenges, participants identified approaches that helped bridge access gaps during recent crises. Telehealth platforms, digital sexual and reproductive health tools, mobile clinics and community-based service-delivery models enabled some continuity of care during periods of restricted movement and facility closure. These innovations offer lessons for longer-term, rights-based reforms that can strengthen health systems beyond emergency contexts.

2 Conclusions and priorities

The panellists called for sexual and reproductive health and rights to be formally recognised as essential and life-saving in national emergency-preparedness and disaster-response plans. Emergency frameworks must be designed in advance, adequately resourced and capable of maintaining access for communities that are most likely to be excluded.

- Integrate essential sexual and reproductive health services into all emergency-preparedness and disaster-response plans.
- Strengthen government commitment, coordination and accountability for continuity of care during crises.
- Clarify laws and emergency guidance, particularly in relation to abortion access.
- Protect healthcare workers through safe conditions, adequate equipment and psychosocial support.
- Invest in digital health, mobile clinics and community-based delivery while addressing access and equity gaps.
- Implement the Minimum Initial Service Package for reproductive health in crisis settings.

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Given the need for regional integration to encourage development in Africa, the Institute also seeks to advance human rights and democracy in this broader context. Based on high quality research, the Institute engages in policy development, advocacy and educational initiatives, focusing on areas critical to the realisation of human rights and democracy in South Africa and Africa in general.