

# Assessment of the Integration of Sexual and Reproductive Health and Rights and Humanitarian Issues in East and Southern Africa



Regional and National Sexual and Reproductive Health and Rights  
and Humanitarian Frameworks

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# Acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ASF</b>	African Standby Force
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>AUHPF</b>	African Union Humanitarian Policy Framework
<b>COVID-19</b>	Coronavirus Disease of 2019
<b>CSE</b>	Comprehensive Sexuality Education
<b>CSO</b>	Civil Society Organization
<b>DRC</b>	Democratic Republic of the Congo
<b>DRR</b>	Disaster Risk Reduction
<b>EAC</b>	East African Community
<b>ESA</b>	East and Southern Africa
<b>ESARO</b>	East and Southern Africa Regional Office
<b>GBV</b>	Gender-Based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRP</b>	Humanitarian Response Plan
<b>ICPD</b>	International Conference on Population and Development
<b>ICRC</b>	International Committee of the Red Cross
<b>IFRI</b>	Institut Français des Relations Internationales
<b>IOM</b>	International Organization for Migration
<b>KIIs</b>	Key Informant Interviews
<b>LGBTIQ</b>	Lesbian, Gay, Bisexual, Transgender, Intersex or Queer
<b>MNH</b>	Maternal and Newborn Health
<b>MPoA</b>	Maputo Plan of Action
<b>MPFA</b>	Migration Policy Framework for Africa



<b>NGO</b>	Non-Governmental Organization
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>PoA</b>	Programme of Action
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>RECs</b>	Regional Economic Communities
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>RTHD</b>	Research and Training for Health and Development
<b>SADC</b>	Southern Africa Development Community
<b>SDG</b>	Sustainable Development Goal
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>Sida</b>	Swedish International Development Cooperation Agency
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization

# Executive Summary



## Background

The 1994 International Conference on Population and Development (ICPD) brought in substantial change in defining sexual and reproductive health (SRH) at the policy level. The ICPD broke new ground by linking reproductive rights to human rights that were already protected under international laws. It also brought diverse views on human rights, population, SRH, gender equality and sustainable development. It forged a global consensus that placed individual

dignity and human rights, including the right to plan one's family, at the very heart of development (United Nations, 1995). Linked to the ICPD are the Sustainable Development Goals (SDGs) agreed to by the international community, and its specific targets on sexual and reproductive health and rights (SRHR). Most notably is SDG 3 (Good health and well-being) and SDG 5 (Gender equality).

At the continental level, the Maputo Plan of Action (MPoA) operationalizes the Continental Policy Framework on Sexual and Reproductive Health and Rights. The MPoA has been significant in guiding African countries on addressing SRHR. It addresses key elements of SRHR such as universal access to comprehensive SRHR, maternal health and newborn care, prevention and management of sexually transmitted infections (STIs) and HIV and AIDS, and reduction of gender-based violence (GBV).

At regional level, ministers of health and education from 20 countries in East and Southern Africa (ESA) endorsed the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa (ESA Commitment). This framework, which countries recommitted to in 2023, pledges governments to increasing access to comprehensive sexuality education (CSE) and SRH services for young people.

Regional Economic Communities (RECs) such as the Southern African Development Community (SADC) and the East African Community (EAC) have also developed policy frameworks aimed at guiding countries to effectively address SRHR challenges. Key among these frameworks is the SADC SRHR Strategy and the EAC Integrated Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Policy Guideline.

It is critical to consider how SRHR challenges are exacerbated in humanitarian situations. For instance,

women and girls in humanitarian situations can experience higher levels of abuse and unwanted pregnancies. Further, given the increasing frequency of humanitarian emergencies in the region, there is a need to consider the extent to which regional and continental SRHR frameworks incorporate a humanitarian perspective. Similarly, there is a need to consider the extent to which continental and regional humanitarian frameworks incorporate SRHR.

It is against this background that the 2gether 4 SRHR Programme commissioned Research and Training for Health and Development (RTHD) to undertake an assessment. The scope of the exercise was to provide progress and a baseline of the extent to which regional SRHR frameworks have been domesticated into national policies, strategies and frameworks in 23 countries in ESA, and the extent to which regional humanitarian response frameworks have incorporated SRHR. 2gether 4 SRHR is a Joint United Nations Regional Programme that harnesses the combined efforts of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in ESA. The assessment was funded by Sida, through the Regional SRHR Team of Sweden.

This is one of two companion reports and focuses on the integration of SRHR issues into national humanitarian policies and strategies, and the integration of humanitarian issues into SRHR frameworks.

### The specific objectives met in this report are:



To assess the extent to which the key continental and regional SRHR, HIV and GBV frameworks provide policy guidance for preparedness and resilience of health systems in responding to humanitarian crises.



To identify and assess the extent to which key continental and regional humanitarian frameworks integrate SRHR, HIV and GBV.



To make recommendations on how United Nations agencies at a regional level can better support the African Union, RECs and countries to integrate SRHR, HIV and GBV into their humanitarian response frameworks.

## Methodology

The assessment had two main methodological approaches, namely a guided desk review and key informant interviews (KIIs). This document reports on the desk review only. The desk review was conducted in two stages:

- The first stage involved reviewing relevant programme and background documents (some provided by UNFPA) to better understand the context of the assessment.
- The second stage consisted of data collection and a review of the degree of integration of relevant themes in humanitarian and SRHR documents. This involved collection and review of continental, regional and national policies, frameworks, and strategies related to SRHR and humanitarian action, policy evaluation reports, and similar documents from all 23 countries targeted by UNFPA in ESA.

The policy documents were garnered through an online/internet search and retrieved from UNFPA and partners, as well as from national policy stakeholders.

## Humanitarian and sexual and reproductive health and rights issues

At a continental level, the Migration Policy Framework for Africa and Plan of Action (2018–2030) recognizes the increased vulnerability of migrants to health risks and recommends strategies to ensure they have access to SRHR services. Other than the provisions in this migration policy, at a continental level there is limited integration of SRHR into guidance and frameworks for humanitarian contexts. There is similarly limited integration of humanitarian concerns in general SRHR strategies.

At the regional level, the extent of integration of SRHR and humanitarian frameworks is slightly better. This is seen in the Joint Interim Guidance on Continuity of Essential Health and Nutrition Services during the COVID-19 pandemic. This document provided guidance on maternal and newborn health and supported adolescents' access to SRHR services, including HIV testing and treatment.

In 2021–2022, except for Seychelles, all countries in ESA had Humanitarian Response Plans (HRPs). However, given differences in humanitarian contexts, some HRPs were more comprehensive than others. Botswana, Kenya, Mozambique, Namibia, South Sudan and Uganda include humanitarian situations in their key SRHR, HIV and GBV policies. There is no consistency across the countries in terms of incorporating SRHR issues in HRPs or including humanitarian situations in SRHR, HIV and GBV policies. The HRPs of Kenya, Mozambique, South Sudan and Uganda include SRHR issues and their SRHR, HIV and GBV policies include humanitarian situations. These countries also happen to be among the countries with acute humanitarian situations.

## Recommendations

Considering the gravity of SRHR issues in humanitarian situations, the review proposes the following recommendations:

- 1 : Review the African Union Humanitarian Policy Framework to provide guidance on SRHR.
- 2 : Strengthen coordination mechanisms of SRHR and humanitarian issues at regional and particularly country levels.
- 3 : Advocate for the recognition and inclusion of key populations, including lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) community in policies, laws, and interventions, including those related to humanitarian planning and response.
- 4 : Advocate for regional humanitarian response strategies and plans to provide guidance on SRHR.
- 5 : Advocate for HRPs to provide guidance on SRHR.



# 1

## Introduction and Background



2gether 4 SRHR is a Joint United Nations Regional Programme with applied learning in 10 countries, that harnesses the combined efforts of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). The programme aims to improve the sexual and reproductive health and rights (SRHR) of all people in East and Southern

Africa (ESA), particularly adolescent girls, young people and key populations.

One objective of 2gether 4 SRHR is to create an enabling legal and policy environment for SRHR. To achieve this, the programme has, among others, supported the development or strengthening of regional SRHR frameworks and a number of laws and policies (UNAIDS, UNFPA, UNICEF and WHO, 2021).



Several continental and regional SRHR frameworks aim to provide guidance for countries against which they can benchmark their SRHR policies and interventions in Africa. While some of these continental and regional frameworks have been adopted, the extent to which they have been incorporated into national level policies, strategies and programmes, and the factors that facilitate or hinder their domestication, need to be ascertained. It is also recognized that, if we are to ensure SRHR for all, SRHR should be guaranteed in humanitarian situations.

It is against this background that the 2gether 4 SRHR, with funding from the Regional SRHR Team of Sweden, commissioned Research and Training for Health and Development (RTHD) to undertake this desk review. The exercise aimed to provide a baseline for, and assess progress toward, the integration of continental and regional SRHR frameworks into national policies, strategies and frameworks, and the extent to which regional humanitarian response frameworks have incorporated SRHR.

This report focuses on the integration of SRHR issues into national humanitarian policies and strategies. It is one of two companion reports that consolidate the findings from a desk review conducted to assess the domestication of continental and regional SRHR frameworks into national policies and strategies, and the extent to which humanitarian frameworks incorporate SRHR issues in 23 countries in ESA.

## ► 1.1 Sexual and reproductive health and rights policy context

the 1994 International Conference on Population and Development (ICPD) in Egypt broke new ground by defining SRHR and linking reproductive rights to human rights that were already protected under international laws. It is a platform that merged diverse views on human rights, population, sexual and reproductive health (SRH), gender equality and sustainable development into a remarkable global consensus. It placed individual dignity and human rights, including the right to plan one's family, at the very heart of development (United Nations, 1995). In 2019, the world renewed commitments towards the ICPD on SRHR by acknowledging the importance of completing the unfinished business of the ICPD Programme of Action. These commitments included realizing the strong, evidence-based investment case for ensuring SRHR for all, empowering girls and women, realizing gender equality and reaching the Sustainable Development Goals (SDGs) by 2030 (ICPD25 Statement, 2019).

A range of commitments were made, namely ensuring there is zero unmet need for family planning, the prevention of maternal deaths linked to obstetric fistulas, safe abortion, addressing violence and harmful practices, accessible adolescent health

services, comprehensive sexuality education (CSE), and the integration of SRH services within national Universal Health Coverage (UHC) strategies.

SRHR is linked to three of the pillars of sustainable development: social, economic and environmental (Starrs et al., 2018). Linked to the ICPD are the SDGs agreed to by United Nations Member States in 2015.

### Two SDG targets explicitly mention sexual and reproductive health:



**SDG 3 (Good health and well-being) - Target 3.7** states “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”.



**SDG 5 (Gender equality) - Target 5.6** states “Ensure universal access to sexual and reproductive health and reproductive rights”.

At continental level, the Maputo Plan of Action 2016 – 2030 (MPoA) has been significant in guiding African countries on SRHR. The MPoA aims to achieve universal access to comprehensive SRH services. It is premised on SRHR as defined at ICPD 1994 and ICPD25 and in the MPoA, taking into account the life cycle approach. These elements of SRHR include adolescent sexual and reproductive health (ASRH), maternal health and newborn care, safe abortion care, family planning, prevention and management of sexually transmitted infections (STIs) including HIV and AIDS, prevention and management of infertility; prevention and management of cancers of the reproductive system, addressing mid-life concerns of men and women, health and development, the reduction of gender-based violence (GBV), interpersonal communication and counselling, and health education (African Union MPoA, 2016–2030).

In 2013, ministers of health and education from 20 countries in ESA endorsed the ESA Commitment, which commits governments to increasing access to CSE and SRH services for young people. This commitment was renewed in 2021 and aligned to SDG agenda 2030.

In 2019, the Southern Africa Development Community (SADC) SRHR Strategy (2019-2030) was launched as a ground-breaking strategy with a corresponding score card to measure progress. The strategy provides a framework for Member States to fast-track a healthy sexual and reproductive life for the people in the region, where rights are protected and realized. Taking from the lessons in developing the SADC SRHR Strategy, the East Africa Community (EAC) is currently in the process of redeveloping an EAC SRHR Bill.

<sup>1</sup> [https://www.youngpeopletoday.org/\\_files/ugd/364f97\\_b99daa2ed6c846bda782eb5c443130ee.pdf](https://www.youngpeopletoday.org/_files/ugd/364f97_b99daa2ed6c846bda782eb5c443130ee.pdf) (accessed 14 Feb 2024)

## ► 1.2. Humanitarian policy context

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Conflict, violence and natural disasters have been the major causes of humanitarian situations in Africa. Millions of people have been displaced internally and across countries in ESA, creating dire health vulnerabilities (Reliefweb, 2021). Compounding this, the emergence of the COVID-19 pandemic jeopardized access to other core health services, including HIV prevention and SRHR. This was the result of many health services shifting focus to the prevention, care and treatment of persons infected with COVID-19 and later, to vaccinations. The pandemic also resulted in supply chain limitations caused by the stock out of commodities and supplies. The COVID-19 lockdown restrictions also caused a rise in GBV within home settings and people, especially women, not accessing the necessary health care.

In November 2015, the African Union launched a framework outlining innovative humanitarian principles and tools to prevent and mitigate crises. Since then, more coordinated actions from African Union Member States have been taking shape. The African Humanitarian Policy Framework (AUHPF) encompasses two imperative visions. The first is the need for regional cooperation. The second is the need for humanitarian action to take on board measures for development and conflict resolution on a continent where the number of people in need of humanitarian assistance and protection keep increasing. The framework brings together principles set out in a variety of African Union policies. These include, but are not limited to:

- **Extended duty of protection:** AUHPF recommends that the duty of protection should also apply to civilians in conflict-affected zones and to internally displaced persons. This is in line with the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention, 2009) and the African Union Post-Conflict Reconstruction and Development Policy (2006). Guidelines were later developed for the protection of civilians in African Union Peace Support Operations (2012).
- **Non-discrimination:** AUHPF considers that African Union Member States should apply

the principle of non-refoulement to people compelled to flee their country, not only because of fear of persecution, but also because of events seriously disturbing public order. This could include non-state violence, as well as natural disasters. This extends the 1951 Geneva Convention definition of a refugee. The AUHPF also advocates non-discrimination against economic migrants.

- **Neutrality:** AUHPF provides some guidelines for the use of military assets in the supervision of humanitarian organizations present in the field. This includes a clearly defined role for the African Standby Force (ASF) in humanitarian operations.
- **Better preparation and early response:** In the case of natural disasters, elaborating on the Africa Regional Strategy for Disaster Risk Reduction (2004), AUHPF calls for better prevention and rapid response through training, an early warning and monitoring system, and a database of disaster-management experts.
- **Coordination:** AUHPF defines a coordination mechanism with a leading role for the African Union Commission. The Commission is in charge of drafting common strategies and evaluation mechanisms, and providing material and technical support for humanitarian intervention. It should also assess the capacity of the various stakeholders, including affected Member States, in order to provide the most efficient aid and avoid gaps and overlaps (in accordance with the subsidiarity principle). The African Union Commission is also responsible for identifying funding sources, beyond the traditional donors, such as those from the African private sector and high-net worth individuals.

Under the coordination and support of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), some African states have developed Humanitarian Response Plans (HRPs). These are annual plans prepared at national level. They are the result of collaboration between governments, United Nations Policy agencies, international and

national non-governmental organizations (NGOs) for a protracted or sudden onset emergency that requires international humanitarian assistance. The plans articulate the shared vision of how to respond to the assessed and expressed needs of the affected population. At regional level, technical and financial partners such as UNHCR and UNDP, along with other United Nations agencies like UNFPA, UNICEF and WHO, together with governments and international and local NGOs, coordinate the development of Regional Refugees Response Plans.

## Sexual and reproductive health and rights in humanitarian situation

SRH challenges are exacerbated in humanitarian situations; for example, women and girls experiencing higher levels of unwanted pregnancies. It is also recognized that pregnancy in humanitarian situations can be life-threatening. An estimated 60 per cent of preventable maternal deaths, 53 per cent of under-five deaths, and 45 per cent of neonatal deaths occur globally in humanitarian crises or fragile contexts. Sexual violence against women and men is commonplace in many conflicts, with at least one in five women in complex emergencies having suffered sexual victimization (Heidari et al., 2019). To ensure SRHR for all, it is therefore recognized that SRHR policies, strategies and programmes should incorporate humanitarian considerations and that humanitarian policies should include SRHR elements. The ICPD Programme of Action (PoA) acknowledges the importance of providing SRH services to persons affected by humanitarian crises, particularly women and girls, and their protection from sexual and gender-based violence (SGBV) (Heidari et al., 2019).

## Humanitarian, development and peace nexus

Humanitarian situations also exacerbate existing vulnerabilities. It is further recognized that sustainable development is not possible without peace. Humanitarian relief, development programmes and peacebuilding are therefore not mutually exclusive, but need to occur in tandem. This is the central argument of the 'humanitarian-development-peace nexus' concept (Reliefweb, 2019).



An estimated **60% of preventable maternal deaths, 53% of under-five deaths, and 45% of neonatal deaths** occur globally in humanitarian crises or fragile contexts.

## 2 Assessment Objectives



For the overall assignment, the assessment had two main objectives, namely:

**1** Assess and develop a baseline of the extent to which regional SRHR frameworks incorporate humanitarian issues, and the extent to which regional humanitarian frameworks incorporate SRHR.

**2** Measure and develop a baseline of the extent to which regional frameworks on SRHR are incorporated into national laws, policies and strategies.

This report focusses exclusively on the first objective. Objective two is covered in a separate companion report. The specific objectives addressed in this report are:

➤ To assess the extent to which the key continental and regional SRHR, HIV and GBV frameworks provide policy guidance for preparedness and resilience of health systems in responding to humanitarian crises.

➤ To identify and assess the extent to which key continental and regional humanitarian frameworks integrate SRHR, HIV and GBV.

➤ To make recommendations on how the United Nations agencies at a regional level can better support the African Union, Regional Economic Communities (RECs) and countries to integrate SRHR, HIV and GBV into their humanitarian response frameworks.

# 3 Methodological Approach

The assessment has two main methodological approaches, namely a desk review and key informant interviews. This document reports on the findings of the desk review only.

## The desk review was conducted in two stages:

- The first stage involved reviewing relevant programme and background documents (some provided by UNFPA) to better understand the context of the assessment.
- The second stage consisted of data collection and review. This involved collection and review of continental, regional and national policies, frameworks and strategies related to SRHR and humanitarian action, policy evaluation reports and similar documents from all 23 countries targeted by the UNFPA in ESA.

The policy documents were garnered through online searches and retrieved from UNFPA and partners, as well as from national policy stakeholders.

## Assessment of humanitarian frameworks

To assess the extent to which humanitarian frameworks include SRHR issues, the following documents were purposively selected and reviewed:

### 1 Continental

- i. African Union Humanitarian Policy Framework (2015)
- ii. Migration Policy Framework for Africa and Plan of Action (2018–2030)

### 2 Regional

- i. SADC Disaster Preparedness and Response Strategy and Fund (2016–2030)
- ii. East and Horn of Africa Regional Strategy for Migration (2020–2024)
- iii. Joint Interim Guidance on Continuity of Essential Health and Nutrition Services during the COVID-19 Pandemic

### 3 National

- i. Humanitarian Response Plans (HRPs)

A desk review guide was used to assess these documents.

# 4

# Continental Humanitarian Frameworks and Sexual and Reproductive Health and Rights

## ► 4.1. African union humanitarian policy framework

### Background and context

The African Union Humanitarian Policy Framework (AUHPF) was launched in November 2015 by the African Union to respond to various humanitarian crises on the continent. The AUHPF outlines innovative humanitarian principles and tools to prevent and mitigate continental crises and since 2015, more coordinated actions from African Union Member States have been taking shape. The AUHPF encompasses two imperative visions: (1) the need for regional cooperation; and (2) the need for humanitarian action to take on board measures for development and conflict resolution on a continent where the number of people in need of humanitarian assistance and protection keeps increasing. The strategic aim of the AUHPF is to: “preserve, protect and save lives, alleviate suffering and enhance physical, human security and dignity of affected populations affected humanitarian crises” (AUHPF, 2015:3).

### Key provisions

The AUHPF supports the efforts of RECs and provides strategic coherence and coordination for humanitarian activities in Africa and at regional level. The AUHPF supports Member States to protect and assist displaced populations, and to strengthen their institutional framework and capacity, with respect to protection and assistance to

displaced populations and all categories of affected populations. It states that RECs and Member States shall undertake measures in the operationalization of the framework. They should also protect and assist with full respect to their national legislations, and support in cases of conflict, development projects and natural and human-induced disasters, persons in need of humanitarian assistance. Member States must take into consideration the special needs of women and vulnerable groups especially children, young people, the elderly and people with special needs. Further, the AUHPF brings together principles of extended duty of protection, non-discrimination, neutrality, better preparation and early response, and coordination. This was expounded in Section 1.2 above.

### Extent to which sexual and reproductive health and rights issues are integrated

The AUHPF proposes an array of interventions including those aiming at Early Warning; Preparedness and Response; Protection and Assistance; Disaster Management; Disaster Risk Reduction; Post Conflict Reconstruction; and Recovery and Development. Though the policy framework acknowledges that vulnerable women and children should be protected against SGBV of all forms (Section 43), it does not provide clear reference or linkages to SRHR issues.





The strategic aim of the AUHPF is to: **“preserve, protect and save lives, alleviate suffering and enhance physical, human security and dignity of affected populations affected humanitarian crises”** (AUHPF, 2015:3).

## ► 4.2. Migration policy framework for Africa and plan of action (2018–2030)

### Background and context

The Migration Policy Framework for Africa and Plan of Action 2018–2030 (MPFA) is a revision of the 2006 African Union Migration Policy Framework. This revised strategic framework was adopted in 2018 and reflects the current migration dynamics in Africa, providing comprehensive and integrated policy guidelines to African Union Member States and RECs in their efforts to promote migration and development, and address migration challenges on the continent. The framework mandate includes:

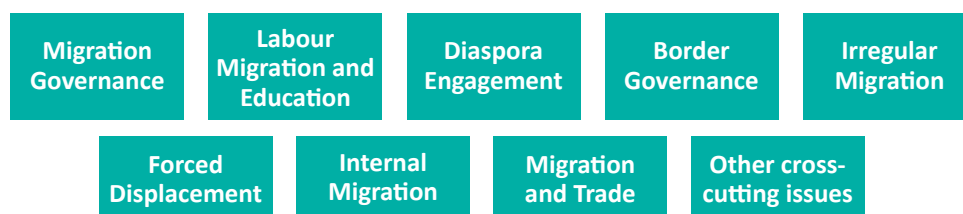
- Addressing the challenges posed by continental migration and ensuring the integration of migration and related issues into the national and regional agenda for security, stability, development and cooperation.

- Working towards the free movement of people and to strengthen intra-regional and inter-regional cooperation in matters concerning migration, on the basis of the established processes of migration at the regional and sub-regional levels.
- Creating an environment conducive to facilitating the participation of migrants, in particular those in the diaspora, in the development of their own countries

### Key provisions

The MPFA illustrates a holistic approach as it recommends that migration be governed in an integrated manner through comprehensive national migration strategies and policies based on human rights and gender equality.

The framework reflects the current migration dynamics in Africa and offers a strategic framework to guide Member States and RECs in the management of migration through the provision of guidelines in the following nine thematic areas:



## Country endorsements

According to the 2021 Institut Français des Relations Internationales report, the MPFA is essentially non-binding. The agreements on forced displacement are the exception, although their implementation is limited in practice. In reality, there is a disconnect between the African Union’s policies and Member States’ practice. The implementation of the MPFA depends on RECs and Member States as there is still little ownership of the framework’s objectives at sub-regional and national levels. At the time of writing this report, it was not clear which Member States endorsed the MPFA.

## Extent to which sexual and reproductive health and rights issues are integrated

Human rights of migrants is one of the cross-cutting issues in the MPFA. Within this thematic area, the framework proposes the effective protection of human rights as a fundamental component of comprehensive and balanced migration management systems. To address, exploitation, discrimination, xenophobia, racism and the historic deprivation of migrants’ rights, the MPFA recommends key strategies such as “access to basic health care, including reproductive health, anti-retrovirals for HIV, medication of non-chronic diseases and other services” (MPFA, 2018: 72). The framework provides a clear linkage between migration and health; migrants are especially susceptible to health risks because of their pronounced conditions of vulnerability, including their restricted access to health services, both during and after periods of mobility. In light with this, the MPFA proposes the following strategic recommendations in relation to SRHR:

- Conduct situation analyses and needs assessments of the health of migrants for planning purposes, with involvement and

participation of the most vulnerable, including women and girls.

- Ensure that migrants have adequate access to health-care services by granting access to national health-care systems and programmes, ensuring that culturally and/or linguistic barriers do not prevent migrants from seeking and/or obtaining care, especially in relation to pregnancies, communicable diseases such as STIs, tuberculosis, HIV and hepatitis.
- Ensure the minimal health-care service package for refugees and displaced persons, including prevention, treatment and health education, with special regard for the needs of vulnerable groups, and mobilize the required resources, by inter alia enhancing collaboration with the United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), WHO, International Committee of the Red Cross (ICRC), IFRI, UNFPA, UNAIDS and other relevant agencies.
- Support the implementation of continental and regional policies, particularly the Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis, Malaria and other related infectious diseases; the Abuja Call for Accelerated Actions towards Universal Access to HIV and AIDS, TB and Malaria Services; the Catalytic Framework to End HIV and AIDS, TB and Malaria; and Decision CM/Dec. 673 (LXXIV), which recognized the vital role played by human resources in the promotion of health and called upon states to develop a realistic plan for development of human resources for health (MPFA, 2018: 75-76).

Though the MPFA has integrated some aspects of the SRHR such STIs and HIV, it does not provide details on reproductive, maternal, newborn, child and adolescent health (RMNCAH), including the management of SGBV among migrants.

# 5

## Regional Humanitarian Frameworks and Sexual and Reproductive Health and Rights



### ► 5.1. Joint interim guidance on continuity of essential health and nutrition services during the COVID-19 pandemic

#### Background and context

The Joint Interim Guidance on Continuity of Essential Health and Nutrition Services during the COVID-19 pandemic (Joint Interim Guidance) was established in March 2020 by the WHO as a coordination mechanism to support ESA countries in their response to COVID-19. This guidance emerged in response to the increasing burden placed on already weakened or overstretched health systems. When the pandemic hit, the health systems of the ESA sub-region were already overwhelmed, resulting in reduced access to essential health services and subsequently, increasing mortality rates. Expert reports in 2020 show that some of the negative effects of the COVID-19 pandemic on access to health care and key essential

services included impacts on access to SRH services, maternal health services, neonatal services, malaria, HIV, TB treatments and vaccination (Goalkeepers Report, 2020). Furthermore, the same report shows that over the last decades, some African countries have made gains towards decreasing the rates of under-five neonatal mortality, acute malnutrition, and stunting. However, during the COVID-19 pandemic, a significant decline was observed in figures accessing the above health services. In order to mitigate the risk of a health system collapse, ESA countries needed to urgently create mechanisms to balance the demands of the COVID-19 outbreak response, while ensuring the provision of essential SRH and nutrition services. Hence the development of the Joint Interim Guidance.

## Key provisions

The Joint Interim Guidance was established with the aim of creating a regional health system that is “well-organized and prepared” and has the necessary “capacity to maintain equitable access to essential services throughout an emergency (COVID-19 and/or public health emergencies)” (Joint Interim Guidance, 2020:3, 5). It recommends certain critical and essential health and nutrition services that should be considered by ESA countries, the reasons these should be taken under consideration and the possible risks associated with a failure to comply. Recommended essential services include:

- Maternal and newborn health services, including antenatal care, labour and delivery, postpartum and neonatal care, prevention of mother-to-child transmission (PMTCT) and HIV testing services.
- Child health services, such as preventive and curative services.

- SRH services, including family planning, STI prevention and management, cervical cancer prevention and control, prevention of unintended pregnancies and unsafe termination of pregnancy, adolescent reproductive health services.
- GBV services, such as referral pathways (health linked to police, justice and protection); resourcing existing shelters and identifying additional ones as needed; remote case management; strengthening/scale-up of hotlines and outreach services and clinical management of rape survivors need to be considered.

To ensure that migrants, mobile populations and other vulnerable groups, including the disabled, adolescents and young people are not left behind during the COVID-19 pandemic, the Joint Interim Guidance puts these groups at the centre of health services. It recommends that these groups be included in the plans for provision of basic health-care services by ESA countries.

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## Extent to which sexual and reproductive health and rights issues are integrated

The Joint Interim Guidance has integrated key aspects of SRHR. For instance, it provides guidance for maternal and newborn health (MNH) services, including keeping in “place a referral system and protocol to ensure that pregnant adolescents girls and women with complications reach the level where they can get appropriate care” (Joint Interim Guidance, 2020: 15). It further provides a link to the Joint Guidance on Continuity of Minimum Essential Maternal and Newborn Health Services at Health Facility Level in the Context of COVID 19. This is a resource that health-care professionals could use to provide quality MNH services.

Regarding services for adolescent and young people, the Joint Interim Guidance proposes supporting adolescents and young people with accessible, accurate and relevant SRH and other health

information packaged for a young audience. ESA countries are called upon to ensure that measures are in place to “prevent, protect and mitigate the consequences of all forms of sexual and gender-based violence against adolescents and youth” (p17). The Joint Interim Guidance provides links to resources such as Adolescents and Young People & Corona Virus Disease (COVID-19) developed by UNFPA, a technical member of one of the Continuity of Essential Services Sub-Working Group. Other considerations within the Joint Interim Guidance are the needs of adolescents with disabilities, those living with HIV, migrants, homeless people, displaced adolescents and youth, those engaged in sex work, adolescents and youth engaged in substance abuse, and incarcerated adolescents and youth.

## ► 5.2 Southern Africa Development Community disaster preparedness and response strategy and fund

### Background and context

The SADC region has experienced an increasing frequency and severity of droughts, floods, cyclones and locusts, attributed to climate change and variability in the past decades. This has had a number of socioeconomic impacts including food insecurity (SADC, 2023). SADC Member States, such as the Comoros, Madagascar, Malawi, Mozambique, South Africa, Tanzania and Zimbabwe have faced several weather-related phenomena, such as tropical cyclones that caused extensive flooding. These multiple hazards have highlighted the importance of cooperation and coordinated responses, as well as the need for the region to develop innovative mechanisms to strengthen resilience, preparedness and responsiveness for disasters, such as pandemics, epidemics and related hazards. This has led to the establishment of the SADC Disaster Preparedness and Response Strategy and Fund 2016–2030 (Response Strategy and Fund), with the overall goal of strengthening preparedness and response systems in the SADC region by 2030. The Response Strategy and Fund was approved by the SADC Council of Ministers in 2017.



### Key provisions

The Response Strategy and Fund is one of a range of initiatives that aim to provide SADC and its Member States with opportunities to implement the right decisions and develop strategies and recommendations that mitigate all forms of hardship resulting from floods, drought and other natural hazards.

It contains three key priorities:

#### Priority 1

Understanding risk and disaster management information systems. This includes considerations for risk assessments, disaster management information systems, early warning and early action systems.

#### Priority 2

Strengthening disaster preparedness and response planning. This focuses on strengthening disaster preparedness and response capacity of the Member States. Key themes, such as regional preparedness and response planning, simulation exercises, response planning and standby arrangements, have been considered.

#### Priority 3

Establishing the regional disaster preparedness and response fund. This defines the objective of the Fund, its scope, size, resources, governance, administration and management.

The Response Strategy and Fund further defines the role of stakeholders, partnerships and cooperation, as well as coordination, resources, implementation, and monitoring and evaluation mechanisms.

## Countries endorsements

In 2016, all 14 SADC Member States endorsed the Response Strategy and Fund with many, for example the Comoros, aligning it with their National Contingency Plan.

## Extent to which sexual and reproductive health and rights issues are integrated

The Response Strategy and Fund does not pay much attention to the integration of SRHR in its core mandate. However, under Priority 2: Strengthening disaster preparedness and response planning, it proposes some early recovery programmes that are focused on food aid, agriculture and natural resources, social and human development and special programmes, and infrastructure and services. Within this, HIV and AIDS are mainstreamed as crosscutting themes/activities of the early recovery interventions. Other SRHR issues have not been addressed though the strategy places the ownership of disaster preparedness and response processes and outcomes not only on Member States, but also on non-state actors. These include academia, the private sector, civil society organizations and groups such as women, farmers, people living with disabilities, people living with HIV (PLHIV) and children.

## ► 5.3. East and Horn of Africa Regional Strategy on Migration (2020–2024)

### Background and context

The East and Horn of Africa Regional Strategy on Migration (2020–2024) was launched in October 2020 by the IOM and is considered by the EAC as the first ever continental strategy on migration. The strategy provides an excellent opportunity to further develop synergies for more robust migration dialogues and outcomes across regions and with all relevant partners. The strategy was conceived to reinforce commitment towards safe, orderly and regular migration within and outside the African continent. Through multi-stakeholder engagement, the strategy is expected to give impetus for adaptive measures for better migration management and scale up the positive impacts, opportunities, and benefits of migration for the whole of society. It is believed that through this strategy, the governance framework for migration, as well as the realization of benefits arising from migration on the continent would be enhanced. The strategy is also expected to enhance and guide the harmonization of Member States' and regional migration policies and legal frameworks. Therefore, the strategy aims to leverage migration for sustainable development and ensure that no one is left behind. It is centred around the human rights of migrants, the SDGs, Agenda 2063 of the African Union, and the strategic priorities of its Member States and RECs.



## Key provisions

The East and Horn of Africa Regional Strategy on Migration (2020–2024) has set clear regional strategic priorities and areas of intervention. There are seven priorities defined to support migrants on their migratory journey. These include:

### Priority 1

Mitigate adverse drivers of displacement and irregular migration. The strategy within this priority is to increase Member States' and key stakeholders' efforts to address adverse drivers of irregular migration.

### Priority 2

Promote and provide timely and effective assistance and protection to people at risk and/or affected by crisis. The strategy recommends the support of crisis preparedness and continuous provision of rapid effective humanitarian responses according to humanitarian principles.

### Priority 3

Promote durable solutions and reintegration for displaced persons and returning migrants. The strategy promotes the traditional peacebuilding engagement; disarmament, demobilization, reintegration; prevention of violent extremism; and community stabilization.

### Priority 4

Facilitate mobility and support regional integration. The strategy advocates for the promotion of regional integration.

### Priority 5

Promote inclusion and conditions that empower migrants and the diaspora to contribute to sustainable development. The strategy suggests empowering migrants and the diaspora as agents of transformative and inclusive economic growth.

### Priority 6

Promote robust and whole-of-government structures, coherent policies and normative frameworks underpinning migration at the sub-national, national, regional and global levels that are supportive of sustainable development objectives. Through this, priority Member States will be provided with more effective policy support to pursue a whole-of-government, whole-of-society approach and ensure policy coherence with broader sustainable

### Priority 7

Reduce the incidence of irregular migration, including smuggling of migrants and trafficking of persons. The strategy advocates for the promotion of the rule of law, and maintenance of the integrity of migration and mobility schemes.

The strategy also considers the promotion of institutional development, such as policy capacity and regional cooperation, innovation, institutional learning, knowledge management, including data collection and dissemination, research production and monitoring and evaluation to ensure the above priorities are achieved.

## Country endorsements

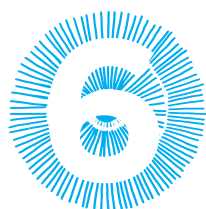
The East and Horn of Africa Regional Strategy on Migration (2020–2024) has been ratified by Djibouti, Ethiopia, Kenya, Rwanda and Uganda. Though the EAC has called for deliberate efforts by other RECs to incorporate the strategy's interventions and recommendations in their policy frameworks and strategies, only Kenya, Rwanda and Uganda have endorsed the strategy.

## Extent to which sexual and reproductive health and rights issues are integrated

The East and Horn of Africa Regional Strategy on Migration (2020–2024) has been developed within a gender-sensitivity framework to facilitate mobility, promote inclusion, and provide assistance and protection to people at risk of, or affected by, crisis. Under Priority 5: Promote inclusion and conditions that empower migrants and the diaspora to contribute to sustainable development, the strategy caters to the specific needs of women and girls, including addressing obstacles to SRH before, during and after humanitarian crises. The strategy also recognizes that GBV, trafficking and prostitution, and forced pregnancies and marriages are critical issues to be addressed within the migratory journey of vulnerable women and girls. Therefore, the strategy proposes the promotion of the SRHR of migrants. It plans to assist Member States in strengthening public health programmes to, as an essential component of regional integration, reduce health inequality including through the progressive inclusion of migrants in UHC.







# Humanitarian Response Plans and sexual and reproductive health and rights at country level

Table 1 below shows the status of humanitarian and SRHR in ESA.

**Table 1: Humanitarian and SRHR issues in ESA<sup>2</sup>**



Humanitarian and SRHR issues	Angola	Botswana	Burundi	Comoros	DRC	Eritrea	Eswatini	Ethiopia	Kenya	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Rwanda	Seychelles	South Africa	South Sudan	Tanzania	Uganda	Zambia	Zimbabwe
Humanitarian Response Plan (HRP) 2021/22	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Most recent HRP includes SRHR issues	No	No	No	No	Yes	No	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes
SRHR/HIV/GBV policies include humanitarian situations	No	Yes	No	No	No	No	Partial	Yes	Yes	No	Partial	No	No	Yes	Yes	No	Yes	No	Yes	Partial	Yes	No	No

■ Yes
 ■ Partial
 ■ No

<sup>2</sup> Data sourced from <https://gho.unocha.org/appeals/southern-and-east-africa>, <https://projects.hpc.tools/map>, and country policy documents (see References below)

In 2021-2022, except for Seychelles, all the countries in ESA had HRPs. However, given the countries' humanitarian contexts, some countries had more extensive response plans than others.

The countries with the largest response plans based on the **number of people in need and funding requirements**

	 <b>Number of people in need</b>	 <b>Funding requirements</b>
<b>Ethiopia</b>	<b>25.9 million</b>	<b>US\$2.75 billion</b>
<b>South Sudan</b>	<b>8.4 million</b>	<b>US\$1.67 billion</b>
<b>Mozambique</b>	<b>1.5 million</b>	<b>US\$388.5 million</b>
<b>Burundi</b>	<b>1.8 million</b>	<b>US\$183 million</b>

Another country with a large number of people in need is **Democratic Republic of the Congo (DRC) (US\$27 million)**, which has a funding requirement of **US\$1.88 million**, followed by Tanzania, Uganda and Kenya<sup>3</sup>.

<sup>3</sup> <https://gho.unocha.org/appeals/southern-and-east-africa>



The pattern shows that those countries with big HRPs are likely to include SRHR issues in their plans. However, since 2019, there have been inconsistencies regarding the inclusion of SRHR issues in HRPs, with some countries including SRHR in some years and excluding it in others. It is also worth noting that most HRPs from 2021 to 2022 focused more on the COVID-19 response. A few countries in ESA (Botswana, Kenya, Mozambique, Namibia, South Sudan and Uganda) include humanitarian situations

in their key SRHR, HIV and GBV policies. There is no consistency across the countries in terms of HRPs having SRHR issues included in the plans and SRHR, HIV and GBV policies having humanitarian situations included in the policies. Only in Kenya, Mozambique, South Sudan and Uganda do HRPs include SRHR issues and the SRHR, HIV and GBV policies include humanitarian situations. These countries also happen to be among the countries with acute humanitarian situations.





# Discussion

Much as there is a growing recognition of the need to include SRHR issues in humanitarian policy frameworks and for SRHR frameworks to provide guidance in humanitarian situations, many frameworks (including national HRPs) do not provide for SRHR considerations in humanitarian situations. Given the vulnerabilities created by humanitarian situations, it is imperative to advocate for the inclusion of SRHR issues in humanitarian frameworks and for SRHR frameworks to provide guidance in humanitarian situations.

At a continental level, the Migration Policy Framework for Africa and Plan of Action (2018–2030) recognizes the increased vulnerability of migrants to health risks and recommends strategies to ensure migrants have access to SRHR services. This is especially important given, for example, the high burden of HIV in Africa generally, and ESA in particular. Other than the provisions in this migration policy, there is limited integration, at a continental level, of SRHR into guidance and frameworks for humanitarian contexts, and of humanitarian concerns in general SRHR strategies.

At the regional level, there is slightly better levels of integration of SRHR and humanitarian frameworks. This is demonstrated in the Joint Interim Guidance on

Continuity of Essential Health and Nutrition Services during the COVID-19 Pandemic, which provided guidance on MNH and supported adolescents' access to SRHR services, including HIV testing and treatment. The SADC Disaster Preparedness and Response Strategy and Fund has limited focus on SRHR issues, except in identifying HIV as a crosscutting theme in early recovery interventions. It is encouraging that the East and Horn of Africa Regional Strategy on Migration (2020–2024) addresses obstacles to SRHR before, during, and after humanitarian crises. It also recognizes the increased risk of GBV in humanitarian contexts. In line with the continental-level MPFA, this regional migration strategy also recognizes the greater SRH risks faced by migrants and promotes the inclusion of migrants into regional UHC plans.

Some important steps have been made in these documents towards recognizing the unique challenges to achieving effective SRHR services in humanitarian contexts and the increased risk of GBV in these contexts. It is clear that more work is needed to fully integrate these two thematic areas and promote more robust responses to the SRHR and GBV response needs in humanitarian contexts at both a continental and regional level.

# 8

# Recommendations

Considering the gravity of SRHR issues in humanitarian situations, the review proposes the following recommendations:

## 1 African Union Humanitarian Policy Framework and SRHR

**Issue:** The African Union Humanitarian Policy Framework does not provide clear linkages to, or guidance on, SRHR.

**Recommendation:** Review the African Union Humanitarian Policy Framework to provide guidance on SRHR.

## 2 SADC Disaster Preparedness and Response Strategy and Fund

**Issue:** SADC Disaster Preparedness and Response Strategy and Fund does not provide clear linkages to or guidance on SRHR.

**Recommendation:** Advocate for regional humanitarian response strategies and plans to provide guidance on SRHR.

**Remarks:** Similar to Recommendation 1 above.

## 3 Humanitarian Response Plans (HRPs) and SRHR at country level

**Issue:** Some HRPs do not include SRHR issues.

**Recommendation:** Advocate for HRPs to provide guidance on SRHR.

**Remarks:** Similar to Recommendation 1 and Recommendation 2 above.

.....  
**Issue:** SRHR and humanitarian thematic areas are often coordinated from different departments.

**Recommendation:** Strengthen coordination mechanisms of SRHR and humanitarian issues.

# 9

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