Fact Sheet

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CLIMATE CHANGE AND SRHR IN AFRICA: EVIDENCE FROM A REVIEW OF CLIMATE-HEALTH POLICY FRAMEWORKS

Key facts from a review of regional and national climate-health frameworks

Despite growing evidence that climate change threatens sexual and reproductive health and rights (SRHR), most climate-health policies in Africa fail to explicitly integrate SRHR, limiting countries' ability to build resilient and equitable health systems.

> Extreme climatic events such as floods, droughts, heatwaves and cyclones are disrupting essential sexual and reproductive health and rights (SRHR) services across Africa. Yet, SRHR remains one of the most overlooked and least prioritised issues in climate change and health policy frameworks in Africa.

> Of all the climate-health policies in Africa, only the Uganda Health National Adaptation Plan (H-NAP) explicitly identifies SRHR as a priority issue.

> Financing, monitoring and accountability for climate-SRHR integration remain major gaps.

What the research found

- SRHR is largely absent from climate-health policy frameworks: Only Uganda's Health National Adaptation Plan consistently recognises SRHR as a climate-sensitive priority. At the Africa regional/global level, Africa CDC's Climate Change and Health Strategic Framework does not mention SRHR as a priority area.
- Maternal health dominates the policy response: Where reproductive health appears at all, it is framed almost exclusively through maternal and newborn outcomes, leaving out family planning, adolescent SRHR, GBV prevention, reproductive autonomy, etc.
- Adolescents remain largely invisible: Despite Africa having the world's youngest population, adolescent SRHR is consistently overlooked across the climate-health frameworks reviewed, leaving a critical gap in adaptation planning.

- Indirect pathways are acknowledged, not acted on: Although several frameworks acknowledge the links between climate stress, displacement and reproductive health risks, very few include targeted interventions, implementation strategies or measurable indicators to address these impacts.

- Financing & accountability are the weakest links: No framework reviewed includes a dedicated SRHR budget line or climate-SRHR monitoring indicator, meaning no accountability exists for policymakers, donors, or affected communities. Emergency planning overlooks SRHR and climate emergencies are moments of acute SRHR vulnerability, yet emergency preparedness planning across all frameworks reviewed lacks operational mechanisms for maintaining reproductive health services.

Why Integrating SRHR into climate-health policies matters

- Direct health impacts: Extreme climatic events affect SRHR directly by disrupting access to facility-based delivery, antenatal care, contraception, and HIV services, driving pregnancy complications, maternal and newborn deaths, and unintended pregnancies.

- Indirect social impacts: climate change-induced food insecurity, displacement, and loss of livelihood are linked to transactional sex, child marriage, and gender-based violence, especially among adolescent girls.

- Persistent policy gap: Failure to integrate SRHR into climate-health policies undermines progress towards:

1. Universal Health Coverage (UHC)
2. Sustainable Development Goal 3 (Good Health and Well-being)
3. Sustainable Development Goal 5 (Gender Equality)
4. The Maputo Plan of Action
5. African Union Agenda 2063

Integrating SRHR into climate adaptation and health systems planning will help ensure that women, adolescents and vulnerable populations continue to access essential health services before, during and after climate-related emergencies.

Recommendations

- Mainstream SRHR into climate-health frameworks: Embed SRHR as a foundational pillar in NAPs, HNAPs, and other national climate change strategies using a rights-based, life-course approach.

- Strengthen financing, accountability & coordination: Create dedicated SRHR budget lines and legally binding cross-sectoral mandates between climate, health, and gender ministries.

- Prioritise adolescents & marginalized groups: Design tailored adaptation protocols for adolescents, displaced populations, and persons living with disabilities.

- Build climate-resilient SRHR service delivery: Climate-proof reproductive health supply chains, midwifery capacity, and mobile service platforms for disasters.

- Expand research & data systems: Invest in longitudinal, localized research and climate-disaggregated SRHR indicators.

- Drive community-led, gender-transformative approaches: Shift from top-down planning to funded, community-led climate-health governance.

Climate change is no longer solely an environmental challenge; it is a public health and reproductive justice issue. Integrating SRHR into climate-health policies is essential to building resilient health systems that protect the health, rights and well-being of women, adolescents and communities across Africa, while accelerating progress towards Universal Health Coverage and sustainable development.