

THE MAPUTO PROTOCOL ON SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

What does the Maputo Protocol say about SRHR?

Article 14 of the Maputo Protocol, as seen in full below, goes beyond other women's rights and health mechanisms by specifying women's right to be protected from HIV/AIDS, be educated and informed to make their own choices about their bodies, including to seek a medical abortion in cases of sexual assault, rape, incest and where the continued pregnancy endangers the mother's mental and physical health. This means that **countries who ratify the Maputo Protocol are legally obliged to authorise these health services**; however, unfortunately some countries have yet to implement this for a variety of reasons.



Article 14 - Health & Reproductive Rights

1. States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes:
 - a) the right to control their fertility;
 - b) the right to decide whether to have children, the number of children and the spacing of children;
 - c) the right to choose any method of contraception;
 - d) the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS;
 - e) the right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS, in accordance with internationally recognised standards and best practices;
 - f) the right to have family planning education.
2. States Parties shall take all appropriate measures to:
 - a) provide adequate, affordable and accessible health services, including information, education and communication programmes to women especially those in rural areas;
 - b) establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding;
 - c) protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.

“ Under Article 14, States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. ”



HOW HAVE GOVERNMENTS IMPLEMENTED THIS SO FAR?



Almost all African states **maintain constitutional provisions** related to health and/or health care, and many enshrine the principle of non-discrimination based on health. Notably, six countries (**Angola, Ethiopia, Ghana, Kenya, South Africa and Zimbabwe**) enshrine rights related to reproductive health care, such as access to family planning education or reproductive/maternity care.



Legislative reforms related to Article 14, particularly those on reproductive health care, are integrated with laws addressing equality and gender-based violence (GBV), or come as standalone legislation. Regarding the right to medical abortion, national legislation differs regarding when it is permitted, ranging from at the woman's request to only under certain circumstances. **Nearly all countries have adopted individual HIV laws.**



Across the continent, **African states have implemented policy measures** to improve access to health and/or sexual and reproductive health services. There are examples of targeted health strategies addressing, for instance, obstetric fistula (Nigeria), menstrual hygiene management (Kenya), cervical cancer (South Africa), HIV (Cameroon) and maternal mortality (Chad).



Among the **institutional reforms** undertaken by African states are those seeking to reduce health problems faced by women, such as cervical cancer, and to improve access to health care, such as maternal care.

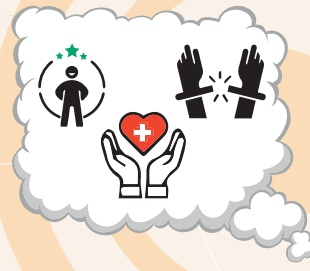
WHAT MORE COULD GOVERNMENTS BE DOING?



- ✓ **Provide comprehensive, inclusive healthcare services and universal health coverage (UHC)** to guarantee equitable access to quality sexual and reproductive health (SRH) services for all, particularly vulnerable populations such as low-income women, adolescents, and pregnant women.
- ✓ **Strengthen healthcare infrastructure and services in rural areas**, ensuring the availability of modern facilities, trained personnel, and adequate medical supplies to meet the unique needs of women and girls.
- ✓ **Eradicate gender-based discrimination** in healthcare policies and practices, empowering women and girls to realise their SRH rights, including access to modern contraceptives and safe family planning.
- ✓ **Implement culturally sensitive information campaigns** to educate communities, especially youth, on SRH rights. Use accessible mediums like radio, discussion forums, and locally produced films in indigenous languages to raise awareness and challenge taboos.
- ✓ **Integrate menstrual health and hygiene management** into national policies by ensuring affordable menstrual products, proper sanitation facilities, and awareness-raising campaigns, particularly in schools and underserved areas.
- ✓ **Strengthen laws and services ensuring access to safe abortion** where legally permitted, remove reservations to Article 14(2)(c), and raise awareness to eliminate unsafe practices.
- ✓ **Address social and economic barriers** that hinder access to SRH services, such as stigma, taboos, and lack of transportation in remote areas.
- ✓ **Invest in SRH education for healthcare providers**, equipping them with gender-sensitive, rights-based training to offer non-judgmental care.
- ✓ **Collaborate with community leaders, educators, and influencers** to promote understanding and acceptance of women's SRH rights within traditional and conservative contexts.

WHAT WOULD A FUTURE WHERE ARTICLE 14 OF THE MAPUTO PROTOCOL IS IMPLEMENTED LOOK LIKE?

Every woman and girl lives with the assurance of complete autonomy over her body, free from fear and stigma. Health systems thrive with accessible and high-quality sexual and reproductive healthcare for all, regardless of location or income. Young people receive comprehensive education on sexual health, equipping them with the knowledge to make informed decisions. **Maternal deaths are a relic of the past, as safe and affordable care during pregnancy, childbirth, and postpartum periods is universally guaranteed.** Women and girls are free to pursue their dreams without being held back by a lack of menstrual health products, and communities openly celebrate these rights. Legal frameworks unequivocally support access to safe abortion, ensuring no woman is forced to resort to unsafe alternatives. Dignity, health and freedom for every woman and girl are the norm, not the exception.



“ Maternal deaths are a relic of the past, as safe and affordable care during pregnancy, childbirth, and postpartum periods is universally guaranteed. ”



Where can I find more resources about this and how can I get involved?

Scan this QR Code to find out!



SOLIDARITY FOR
AFRICAN WOMEN'S RIGHTS
A force for freedom



MOUVEMENT DE SOLIDARITÉ
POUR LES DROITS
DES FEMMES AFRICAINES
Une force pour la liberté