

Ensuring the inclusion of sexual and reproductive health and rights in the Global Health Resilience Initiative

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The Center for Reproductive Rights* welcomes the opportunity to provide recommendations on the upcoming Global Health Resilience Initiative (GHRI).

Recent health crises have shown that sexual and reproductive healthcare services are often among the first essential health services to be disrupted, exacerbating inequalities, undermining human rights and weakening health system resilience. The development of the new GHRI offers a critical opportunity to ensure that sexual and reproductive health and rights (SRHR) are recognised as essential components of resilient health systems, both globally and within the EU. This submission outlines key recommendations to ensure that SRHR are effectively integrated across the core priorities of the GHRI.

Ensuring the continuity of essential SRH services during health crises

SRHR services are recognised as essential health services. These services are critical to reducing preventable mortality and morbidity, including maternal mortality and morbidity, and ensuring the health and wellbeing of millions of individuals.

However, health crises frequently disrupt access to essential health services, with sexual and reproductive health (SRH) services among the most severely affected. Evidence from recent crises demonstrates that when health systems are under strain, SRH services are often not prioritised, and access is impeded or interrupted. For example, during the COVID-19 pandemic, disruptions in access to family planning and maternal health services were estimated to result in 15.4 million additional unintended pregnancies and 28,000 preventable maternal deaths globally.¹ These disruptions also extended to abortion care, which became inaccessible, including in some EU Member States, due to abortion medication shortages and the suspension of non-life-threatening surgeries,² and contributed to over 3.3 million unsafe abortions worldwide. Beyond physical health outcomes, restricted access to SRH services is also associated with increased risks to mental health, including anxiety, stress, and loss of reproductive autonomy.³

¹ United Nations Population Fund (UNFPA), *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage*, 2020, <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>; Riley T, Sully E, Ahmed Z, Biddlecom A, *Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries*, International Perspectives on Sexual and Reproductive Health, 2020, 46:73–76, <https://doi.org/10.1363/46e9020>

² Moreau C, Shankar M, Glasier A, et al., *Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses*, *BMJ Sexual & Reproductive Health*, 2021;47:e14, <https://srh.bmj.com/content/47/4/e14.long>

³ UNFPA, *Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy*, 2022, <https://www.unfpa.org/swp2022>

The World Health Organization (WHO)'s guidance to States on maintaining essential health services during COVID-19 recognised sexual and reproductive health services as a high priority.⁴ This meant ensuring access to contraception, abortion care to the full extent allowed by law, and prevention and treatment services for sexually transmitted infections (STIs), including HIV and human papillomavirus (HPV). Similarly, the EU Global Health Strategy⁵ recognises the critical importance of SRHR services in crisis settings in particular in humanitarian context.⁶

Ensuring continuity of SRH services should therefore be a core element of health system resilience and crisis preparedness under the GHRI.

Recommendations:

- The GHRI should explicitly recognise SRH services – including contraception, maternal health care, abortion care, and STI prevention and treatment – as essential services that must be maintained during any health crisis.
- Preparedness and response frameworks supported under the GHRI should include measures to safeguard the continuity of SRH services during crises.

Embedding SRHR and civil society engagement in global health governance and financing frameworks

The GHRI is being developed in a context of increasing fragmentation in the global health architecture, declining official development assistance (ODA) to support national health systems, and renewed calls for stronger coordination and country ownership.

Despite its recognised importance, SRHR continues to be unevenly prioritised in global health governance and financing. In 2023, fewer than 25% of donors allocated more than 5% of ODA to SRHR, while the EU dedicated just 0.71%, and recent funding cuts risk leaving over 10 million women and girls without access to essential services.⁷ These trends also affect many civil society organisations (CSO), including those working on SRHR, as shrinking civic space and declining donor support reduce their capacity to deliver services and engage in policy processes.

It is therefore essential for SRHR to be fully integrated into national health systems, financing frameworks, and global coordination mechanisms. Without explicit prioritisation, SRH services – often heavily reliant on external funding – risk being deprioritised in both domestic and international health agendas.⁸ In line with the GHRI's *whole-of-society approach*, CSOs should be recognised as key partners in global health governance, as they represent the needs of underrepresented

⁴ World Health Organization. *Maintaining essential health services during the COVID-19 pandemic*, April 2020, https://www.who.int/publications/i/item/WHO-2019-nCoV-essential_health_services-2020.2

⁵ European Commission, *EU Global Health Strategy: Better Health for All in a Changing World*, 28 November 2022, https://health.ec.europa.eu/publications/eu-global-health-strategy_en

⁶ European Commission, *Report on the implementation of the EU Global Health Strategy*, Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, COM(2025) 392 final, 10 July 2025, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52025DC0392>

⁷ Centre for European Policy Studies (CEPS), *Funding cuts and their implications for sexual and reproductive health and rights*, 28 November 2025, <https://www.ceps.eu/ceps-publications/funding-cuts-and-their-implications-for-sexual-and-reproductive-health-and-rights/>

⁸ Countdown 2030 Europe, *Tracking What Counts: A Trends Analysis of European Donor Support to Sexual & Reproductive Health and Rights & Family Planning 2024-2025*, 16 February 2026, <https://www.countdown2030europe.org/resources/tracking-what-counts-a-trends-analysis-of-european-donor-support-to-sexual-reproductive-health-and-rights-family-planning-2024-2025/>

communities, particularly critical in the area of SRHR, while playing a central role in service delivery, advocacy and accountability.

As the GHRI advances efforts to streamline global health governance, SRHR should be systematically integrated across these frameworks, with CSOs recognised as key partners. This should be developed in synergy with related EU initiatives, including actions under the Gender Equality Strategy 2026–2030⁹ with the WHO to improve the quality and accessibility of women’s healthcare and the new SHIELD initiative as well as the upcoming GAP IV.

Recommendations:

- The GHRI should prioritise gender-responsive health system strengthening through investments in primary health, maternal health, and SRH programmes.
- The GHRI should support the integration of SRHR into national health strategies and financing frameworks as part of efforts to strengthen country-led health systems and advance health sovereignty.
- CSOs should be systematically and meaningfully included in all stages of global health governance, from policy design to implementation and monitoring. This must be accompanied by dedicated, flexible, and long-term funding mechanisms to ensure their sustained engagement.
- These priorities should be supported through sustainable financing under the next Multiannual Financial Framework (MFF).
- Efforts to reduce fragmentation should ensure that SRHR are consistently integrated across health programmes and governance frameworks, rather than addressed through siloed approaches.
- Implementation should be carried out in synergy with relevant EU strategies, including the EU Global Health Strategy, the Gender Equality Strategy 2026–2030 and GAP IV.

Strengthening regional health capacity to secure SRHR supply chains

SRH medicines are particularly vulnerable to disruptions during health crises, as preventive measures to safeguard their supply are often insufficient. For example, during the COVID-19 pandemic, shortages of contraceptives and other reproductive health commodities across several regions highlighted the fragility of global supply chains.¹⁰ Export restrictions and production disruptions further affected availability, including of progesterone-based products and certain gender-affirming care.¹¹ As a result WHO called for access to routine and emergency oral contraceptives to be safeguarded as essential medicines whose disruption can have serious health consequences.¹²

⁹ European Commission. *Gender Equality Strategy 2026–2030*, 5 March 2026, https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

¹⁰ World Health Organization, *Pulse survey on continuation of essential health services during the Covid-19 pandemic*, 27 August 2020, https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1; International Planned Parenthood Federation European Network, *Contraception and COVID-19: Disrupted supply and access*, 15 April 2020, <https://www.ippf.org/blogs/contraception-and-covid-19-disrupted-supply-and-access>

¹¹ New York Times, *As Coronavirus Disrupts Factories, India Curbs Exports of Key Drugs*, 3 March 2020, <https://www.nytimes.com/2020/03/03/business/coronavirus-india-drugs.html>

¹² World Health Organization. *Maintaining essential health services during the COVID-19 pandemic*, April 2020, https://www.who.int/publications/i/item/WHO-2019-nCoV-essential_health_services-2020.2

Strengthening supply resilience for these essential medicines should be a key component of global health preparedness. As the GHRI seeks to reinforce regional manufacturing and health capacity, investments should support access to essential SRH commodities, including contraceptives, maternal health medicines and sexual and reproductive health supplies. Strengthening local production and supply chains will improve their availability and affordability, reduce global dependencies, and prevent shortages.

Recommendations:

- As the EU expands regional manufacturing capacity for medicines and health technologies, the GHRI should ensure that SRH medicines are included among priority products. This should include all essential SRH medicines in line with the WHO list of essential medicines, including contraceptives, maternal health medicines, and other sexual and reproductive health supplies.
- The GHRI should build on existing EU initiatives, including the Team Europe Initiative on Manufacturing and Access to Vaccines, Medicines and Health Technologies, to strengthen regional supply resilience for SRH medicines.

Countering SRHR disinformation and rebuilding trust in health systems

Health disinformation has emerged as a significant threat to public health and democratic governance. The rapid spread of dis/misinformation through digital platforms can undermine trust in health institutions and weaken public health responses during crises.¹³ SRHR are particularly targeted in dis/misinformation efforts, including false claims about contraception, fertility, abortion, and vaccines. Such dis/misinformation impacts health-seeking behaviours, reinforce harmful social norms, disrupt service delivery, and undermine legal protections for SRHR. At the same time, platform design and content moderation practices can further amplify dis/misinformation while restricting dissemination of reliable SRHR information.¹⁴

Recognising these risks, the WHO has emphasised the need for evidence-based health communication and improved access to reliable SRHR information, including through digital tools designed to counter myths and misconceptions about family planning and SRH services.¹⁵ At the EU level, the Digital Services Act (DSA) recognises the systemic risks posed by dis/misinformation on online platforms and set obligations for large digital platforms to assess and mitigate the spread of harmful content, including health-related dis/misinformation.¹⁶ The GHRI should build on the DSA to improve targeted responses to SRHR-related dis/misinformation.

¹³ European Observatory on Health Systems and Policies, *Trust: the foundation of health systems*, 23 October 2024, <https://eurohealthobservatory.who.int/publications/i/trust-the-foundation-of-health-systems-study>

¹⁴ Ibid.

Purnat T, Wilhelm E, Scales D, Wardle C, Bastien S, Ganatra B, Lavelanet A, Mburu G, Tamrat T, Nihlén Å, *Impacts of Sexual and Reproductive Health and Rights Misinformation in Digital Spaces on Human Rights Protection and Promotion: Scoping Review*, JMIR Infodemiology, 30 December 2025, <https://infodemiology.jmir.org/2025/1/e83747>

¹⁵ World Health Organization, *Toolkit and content repository for digital client-facing platforms: family planning*, 25 June 2025, <https://www.who.int/publications/i/item/9789240111424>

¹⁶ European Parliament and Council, Regulation (EU) 2022/2065 on a Single Market for Digital Services (Digital Services Act), 19 October 2022, <https://eur-lex.europa.eu/eli/reg/2022/2065/oj>

Recommendations:

- The GHRI should support initiatives to address health dis/misinformation, with a focus on SRHR-related dis/misinformation, by strengthening evidence-based health communication, supporting trusted public health actors, and strengthening the accountability of digital platforms in line with the DSA framework.

* The Center for Reproductive Rights is the leading global human rights organisation dedicated to advancing the legal protection of reproductive rights as fundamental human rights around the world. The Center works across Africa, Asia, Europe, Latin America and the United States to strengthen legal and policy protections for reproductive autonomy and access to essential sexual and reproductive health services. We work in close partnership with national civil society organizations and human rights defenders. The Center has been engaging with European Union institutions for a decade to advance sexual and reproductive health and rights and gender equality. We advocate for EU policies that promote gender equality, expand access to essential SRHR services, and address persistent barriers globally and across EU Member States.