SRJC

SEXUAL AND REPRODUCTIVE JUSTICE COALITION

Civil Society Role: Government Sexual and Reproductive Justice Strategy for South Africa

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History of The Sexual & Reproductive Justice Coalition

Formation of SRJC

- SRJC was founded in **November 2015** to meet the need for a cohesive movement. At the time, no real SRHR movement existed in South Africa, and earlier attempts to sustain one had unfortunately failed.
- In February 2016, we encouraged members to join our coalition - we released a **statement of intent** on our politics, ethics, and vision, and asked interested people working in the Sexual & Reproductive Health & Rights (SRHR) space to sign on.
- In 2018, we registered as a Non-Profit Organisation (NPO) and formed our first board.

Member of SRJC

- SRJC membership includes **27 National and international organisations and 157 individual members.** Our membership includes healthcare providers, academics, lawyers, activists and community leaders.
- We work collectively to strengthen **policy implementation and accountability, build a movement, and advance reproductive autonomy.**

Functions of the Sexual Reproductive Justice Coalition

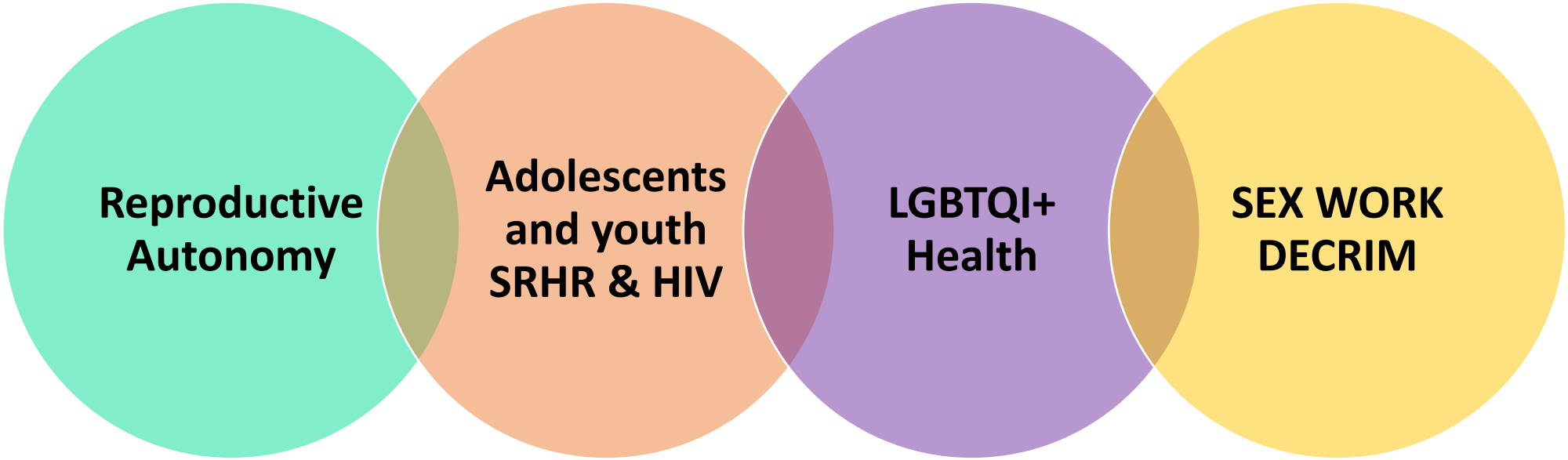
Building collective power

Facilitating linkages

Capacity Strengthening

Advancing Resources

Sexual & Reproductive Justice Coalition Focus Areas



Civil Society's Role in the Development of the SRJ Strategy:

Shaping the approach

Civil society worked with government to connect sexual and reproductive health and rights with social justice, inequality and freedom from discrimination.

Building early policy foundations

Civil society helped advance the inclusion of an SRJ approach in the **2015 National Adolescent SRHR Framework Strategy**.

Bringing diverse expertise

Activists and academics contributed experience in healthcare, law, queer and trans health, gender-based violence, teenage pregnancy, migration, poverty and inequality.

Developing the national strategy

Civil society worked alongside government through the scientific committee established in 2022 and contributed to provincial consultations in 2022–2023.

SRJC's contribution

Most civil society members on the scientific committee came from the coalition, helping shape the strategy adopted in February 2025.

Shared evidence and priorities

Documented on-the-ground lived experiences of individuals facing reproductive injustices.

Our Understanding of SRHR and Framing of SRJ for SA

- Our understanding of sexual and reproductive health and rights (SRHR) is rooted in longstanding human rights principles and was strengthened by the **1994 International Conference on Population and Development in Cairo** and the **1995 Fourth World Conference on Women in Beijing.**

- These landmark conferences placed reproductive health, individual choice and gender equality at the centre of development, affirming that reproductive rights are human rights. They helped establish the understanding that decisions about our bodies and reproductive lives are inseparable from dignity, privacy, equality and freedom from discrimination.

- The **2015 National Adolescent Sexual and Reproductive Health and Rights Framework Strategy** laid an early foundation for South Africa's **Sexual and Reproductive Justice** approach. It brought SRJ framing into national policy, recognising the need to understand young people's sexual and reproductive lives in relation to discrimination, inequality and their wider social circumstances.

- Civil society helped advance this framing by engaging with government and connecting health and rights with social justice. This provided a foundation for the subsequent national SRJ strategy and its broader focus on the conditions that enable people to exercise meaningful choice and bodily autonomy.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

The Strategy Adopts SRJC's Own Definition on SRHR

- Locating sexualities and reproduction within intersecting power relations (race, gender, class, geography, age, and ability).
- Overcoming systemic oppressions, silencing, stigma, and judgment to enable access to information, resources, and services.
- Affirming diverse identities and recognising unique vulnerabilities.
- Addressing violations and cross-cutting social challenges, such as transport, safety, water, sanitation, crime, and labor exploitation.
- Promoting comprehensive care (inclusive of physical, mental, emotional, and social well-being) and affirming sex-positive and positive reproductive decision-making approaches.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

The Differences Between SRHR and Sexual and Reproductive Justice

	SRHR	SRJ
Scope and Core Definition	Comprehensive framework focused on sexual health, reproductive health, and legal rights protections. It emphasises individual rights, bodily autonomy, and access to healthcare services.	broader, movement-building framework that integrates SRHR with social justice, equity, intersectionality, and structural transformation. It is both a rights-based and systems-based approach.
Legal Rights vs. Structural Barriers	Relies heavily on progressive legal frameworks and health policies. However, the strategy notes that protective legal rights alone cannot guarantee real choices.	Focuses on the structural, institutional, and economic inequalities that dictate whether an individual can actually exercise those rights.
Centrality of Intersectionality and Power Relations	Treats individuals through specific health interventions, SRJ explicitly centres on intersectionality. It locates sexual and reproductive experiences within intersecting dynamics of race, gender, class, age, sexuality, ability, and geography.	Directly examines power structures and places the most marginalised populations at the centre of advocacy and policy design.
Individual Health vs. Holistic & Community Well-being	Centres on health service delivery and personal choice regarding healthcare and reproduction.	Links individual health to broader socio-economic development and community well-being.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

Civil Society’s Perspective on the Department of Health and Clinicians’ Role

The overall goal of the SRJ Strategy is to contribute towards improving socio-economic, health, structural, institutional, and political conditions that enable individuals — especially women — to make informed and autonomous decisions regarding their sexual and reproductive health and rights through coordinated multisectoral interventions at all levels.

The Department of Health has a central role across all six priority areas.

Strong leadership is needed at national, provincial and local levels, alongside regional and international engagement.

Clinicians’ voices are essential to translating the strategy into practical change.

Implementation must support both healthcare providers and service recipients.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

Priority 1: Knowledge and information

Build and share the evidence needed for change

- Partner with **DSD** and **UNFPA** to develop an **SRJ knowledge portal**.
- Use evidence to inform policy, implementation and advocacy.
- Support clinicians to use evidence to advocate for a stronger health system.
- Make accurate, accessible SRHR information available to the public.

Priority 2: Support and strengthen the health workforce

Address staffing gaps and strengthen respectful care

- Close the **patient–provider ratio gap** through adequate staffing and resources.
- Identify practical interventions that reduce pressure on healthcare providers.
- Provide ongoing **values clarification and attitude transformation training (VCAT)** to address bias and discrimination.
- Support clinicians in advocating for the staffing, resources, and working conditions they need.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

Priority 3 & 4: Strengthen services and coordination

Choice on Termination of Pregnancy

- Revise and implement the **CTOP guidelines**.
- Strengthen collaboration among the Department of Health, clinicians, and civil society, including SRJC members.
- Translate legal protections into accessible services that prevent unwanted births and deaths from unsafe abortion.

Integrated School Health Programme

- Strengthen Department of Health leadership and coordination.
- Ensure clinicians help shape the programme's direction and implementation.
- Sensitising healthcare workers to the needs of vulnerable and marginalised populations to ensure stigma-free, quality care.

Priority 5 & 6: Participation, influence and decision-making

Ensure communities help shape implementation

- Centre **persons with disabilities, LGBTQI+ people and young people** in implementation as decision-makers shaping the agenda.
- Address the exclusion and discrimination that affect their sexual and reproductive lives.
- Ensure these constituencies influence decisions and hold leadership roles.
- Include them in provincial coordination and decision-making structures.

Source: Government Sexual and Reproductive Justice Strategy for South Africa

Launch of SRJ Strategy

59th Session CPD

Roadmap to the Realisation of Sexual and Reproductive Justice: Reframing Pop Policy through Evidence, technology and community agency

The message to CPD re-framed the entire conversation.

“Sexual and reproductive health is beyond clinics and contraceptives but justice. Structures holding women and girls back such as inequality, poverty, exclusion cannot be addressed by health systems alone. What is needed is a whole-of-government commitment to SRJ, a framework that moves beyond legal rights to dismantle the conditions that prevent those rights from being real.”

Deputy Minister Steve Mmpaseka Letsike’s

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Thank You.

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