

# Sexual and Reproductive Health & Rights

GEC  
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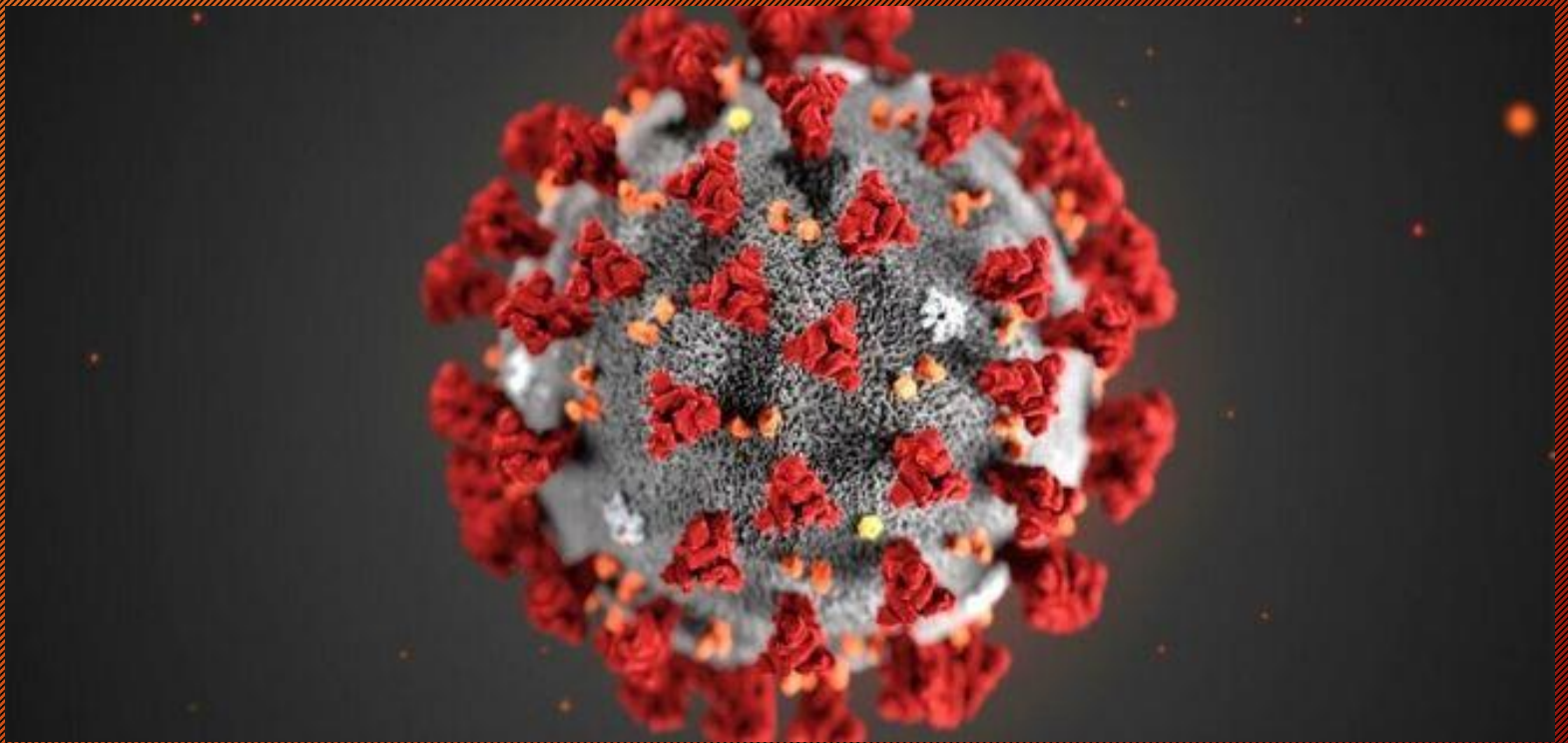
## under COVID-19

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# COVID-19



# Impact on SRHR



# Access to abortion care

- In countries where it is illegal or severely restricted, particularly problematic as it is time sensitive
- In countries where it is legal, pre-existing obstacles, are may become overwhelming in effectively accessing service



LockDown

# Access to contraception and reproductive health supplies

- Hindered due to:

increase in prices,

decrease in production,

delays in shipping,

delays in regulatory approvals, and

slow down of general business.

# Access to quality maternal health care

- Affected in some places in Europe with less staff working in maternity wards due to reassignment or other reasons
- Problems reported include harmful practices imposed on women in childbirth, medically unjustified separations of mothers and new-born babies, refusal of a birth companion's presence etc.

# Most vulnerable suffers the most

- Need special attention to insure access : women at risk or who are victims of gender-based violence, women experiencing multiple and intersectional forms of discrimination, such as adolescent girls, women living in poverty, rural women, migrant women, Roma women, women with disabilities and LGBTI women.

# Global impact statistics

IPPF  
survey

Covid 19 is having a major impact on delivery of SRH services around the world:

- 5,633 static and mobile clinics and community-based care outlets have been closed, across 64 countries
- This is 14 % of the total service delivery points IPPF members ran in 2018
- More than one in five static clinic has been closed - 546 in total



# Impact statistics Europe

IPPF  
survey

- Europe region has seen 208 *static* clinics close
- Many SRH services are no longer available to women during the COVID-19 crisis due to closures or reduction in activities of service-providers
- Of 18 service-providing organizations that responded, 17 (94%) reported a decrease in the number and frequency of services and outreach activities since the outbreak of COVID-19

# Measures to mitigate the impact

IPPF  
survey

- WHO has classified reproductive health services as “essential”
- Overall, 50% of the EN Members surveyed reported that they are providing SRH programmes through innovative approaches like telemedicine, mHealth services or in partnership with other sectors (online commercial platforms or commercial service deliveries)
- These approaches are particularly useful for delivering information and counselling on SRH

# More measures

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survey

- Several governments have removed procedural or administrative barriers and have adapted their service delivery models, including by allowing telemedicine for SRHR services, i.e. through phone or online consultations
- Some governments have introduced new measures to enable telemedicine appointments for medical abortions

# Encouraging examples

- In England, Scotland and Wales measures have been adopted to allow women to take medical abortion pills at home following a teleconsultation
- In Northern Ireland further to a change in legislation, the abortion could be performed locally, in local hospitals even though no such a service has been put in place as yet

# Encouraging examples, cont.

- In France and Italy, the health authorities have clearly declared that access to abortion is a health care service that has to be maintained during the pandemic and cannot be deferred
- Particularly, the French authorities have extended the time limit for performing medical abortions at home from seven to nine weeks
- They also temporarily made it possible to buy contraception pills in pharmacies on the basis of a previous prescription without having to renew it

# Challenges still persist



- Guarantee the right to health, including the universal health care and coverage and achievement of SDG 3
- Addressing weaknesses in the way public services are being delivered when it comes to health and limited access to sexual and reproductive health and rights, especially during crisis
- Preserving vigilance in the face of worrying attempts by ultra-conservative groups to use the pandemic as an opportunity to call for the rolling back of women's sexual and reproductive health and rights

# Gender sensitive approach is crucial to COVID-19 and post COVID response



Women and girls face challenges unique to their gender during the pandemic. Photo: ADB

# Political will

## Protecting SRHR and promoting Gender-responsiveness in the COVID-19 crisis

- Diplomatic statement | 06-05-2020
- <https://www.government.nl/documents/diplomatic-statements/2020/05/06/protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis>



# Let us remind ourselves

In their response to the COVID-19 pandemic, Council of Europe member states must:

- Ensure full access to SRH care information, services and goods for all women without discrimination, and with specific attention for women at risk or victims of gender-based violence and other vulnerable groups of women;

# REMINDER

- Consider access to abortion care, contraception, including emergency contraception, and maternal healthcare before, during and after childbirth, as essential health care services to be maintained during the crisis and take all necessary accompanying measures;
- In particular: urgently remove all residual barriers preventing access to safe abortion care such as medically unjustified mandatory waiting periods; authorize telehealth consultations where appropriate and provision of emergency contraception over the counter without a prescription;

# REMINDER

- Address misinformation, gender stigma and norms that affect women's access to reliable, evidence-based information on their sexual and reproductive rights;
- Ensure that refusals of care on grounds of conscience do not jeopardize women's access to their sexual and reproductive health and rights;
- Follow [WHO guidelines](#) on access to health care for pregnant and breastfeeding women during the pandemic and guarantee women's informed consent and decision-making in the context of childbirth at all times;

# REMINDER

- Prevent any legislative or policy rolling-back in the field of women's sexual and reproductive rights;
- Support women's rights defenders, service providers such as health care staff, shelters for women victims of violence, family planning organizations and humanitarian assistance workers by enabling them to continue playing their essential role in assisting women during the pandemic.

# Final remarks

- The risk that European women end up paying a particularly heavy toll in this pandemic crisis, as they did during and in the aftermath of the 2008 economic crisis, is high
- It is of the utmost importance that this pandemic and related restrictions do not further deepen the gender gap and undermine the hard-fought progress in gender equality achieved in Europe in these last decades

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Anthony  
Wallace/AFP via  
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