

# FACT SHEET:

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE CONTEXT OF COVID-19

The impacts of COVID-19 are currently being documented as the crisis evolves and it is clear that the virus places a substantial burden on health systems all over the world. The effects of Covid-19 will be uneven and unequal; it will hit even harder in countries where health systems are already vulnerable or weak and where social protection is generally low and where infrastructure is malfunctioning. It is likely that the COVID-19 pandemic will worsen existing inequalities for women, adolescents, children and sexual minorities, and as a result, it may impact how they receive treatment and care, including for matters concerning their sexual and reproductive health (SRH).

### **COVID-19 and SRHR in low-and-middle income countries**

SRHR is a matter of life and death, but when health care systems are forced to channel all of their resources to combat an epidemic, there is a risk that **sexual and reproductive health care will be overlooked**.<sup>1</sup> Acute and emergency maternal and reproductive health services may be hit hardest, with limited facilities to assess and care for pregnant women, women in labour and those in need of safe abortion.<sup>2</sup> At the same time, due to the profound impacts that COVID-19 has on people's lives (isolation at home, travel restrictions, an increase in SGBV), it is likely that individuals will now have an **increased need for SRHR**.<sup>3</sup>

Evidence shows that the Zika and Ebola outbreaks significantly limited availability to family planning and posed serious threats for pregnant women. In Sierra Leone, one of the countries worst affected by Ebola, **more women died of obstetric complications than the infectious disease** itself during the outbreak from 2013 to 2016.<sup>4</sup> In DR Congo, the recent Ebola outbreak has claimed almost 2300 lives. Meanwhile, 24000 women died from maternal health consequences (UNFPA). Reports have also demonstrated that there was a significant rise in teenage pregnancies in West Africa during the Ebola outbreak.<sup>5</sup>

An additional complication is that SRH supplies are being affected, **including the supply of contraceptives and abortion medication**. We are already witnessing disruptions in every link of the supply chain: production (closing down of companies in China, Malaysia and Asia that are producing contraception/contraception ingredients), shipping and distribution lines within countries. With increased economic constraints, pharmacies and distributors will be less willing to invest cash, resulting in fewer products and potential stock-outs.<sup>6</sup>

Access to **HIV testing and treatment is also likely to be interrupted** and, according to UNAIDS, there have been some early reporting of stock-outs. Peer to peer outreach to patients is a main method used in securing adherence to treatment and psycho-social support. This is

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<sup>1</sup> <https://www.unfpa.org/news/pandemic-rages-women-and-girls-face-intensified-risks>

<sup>2</sup> Julia Hussein, Sexual and reproductive health matters (SRHM), *A Critical need, addressing SRHR*, March 2020

<sup>3</sup> IPPF March 2020

<sup>4</sup> <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>

<sup>5</sup> <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/>

<sup>6</sup> Article by Chris Purdy, CEO of DKT International 17 March 2020; *The Guardian* Biggest producer says lockdown has caused shortfall 27 March

now being disrupted in combination with an increased stigma to PLHIV and being infected with COVID-19, which might be more likely to delay a person to go to the hospital.

**In many countries LGBTIQ persons already face discrimination in accessing health information and services.**<sup>7</sup> This discrimination may increase and make LGBTIQ+ people particularly at risk of suffering serious illness or death as a result of COVID-19. In the context of COVID-19, LGBTIQ+ persons may also be exposed to increased levels of GBV.<sup>8</sup>

### **The effects of COVID-19 on access to comprehensive abortion services**

Reduced access to comprehensive safe abortion services has been reported from a number of countries. In several US states, abortion restrictions have been introduced, followed by warnings by leading medical experts about the consequences of such policies<sup>9</sup> and safe abortion defenders claiming politicians are using the pandemics as an excuse to advance their political agenda.<sup>10</sup> A decrease in access to safe abortion is also reported from CSOs in Italy, Spain and Croatia. More detailed information is currently being gathered.

Additionally, in many countries where legal abortion is restricted, people are only able to access safe abortion care by travelling to another city/country or by purchasing abortion medication via the internet or pharmacies. They will, of course, be affected as shown by the experiences of women in Poland<sup>11</sup> who can no longer leave the country to access safe services.

Importantly, there are also signs that access to (medical) abortion is becoming temporarily easier in some countries (UK, Ireland), through reduction in required medical appointments.

### **Increase of sexual and gender-based violence (SGBV) and sexual exploitation**

During previous epidemics, there has been an increase in sexual and gender-based violence (SGBV). As has already been documented in countries like Denmark, China and France, we can expect to see an increase in cases of sexual and gender-based violence (SGBV), including intimate partner violence (IPV) and rape.<sup>12 13</sup> With more women having to self-isolate and be confined to the home, for those in abusive relationships, the risk to their physical and emotional health increases. The economic effects of the COVID-19 outbreak can also lead to exacerbated risk of sexual exploitation for women and children and other marginalised groups.

Despite many countries still being in the early phases of the COVID-19, we already see worsening conditions in access to sexual and reproductive health services. **This shows the urgency of keeping SRHR information and services, as a central component of essential health services during the COVID-19 pandemic.**



<sup>7</sup> Human Rights Watch has documented (non-COVID -19 related) health care discrimination based on sexual orientation and gender identity in countries including the US, Tanzania, Japan, Indonesia, Bangladesh, Russia, and Lebanon.

<sup>8</sup> Human Rights Watch, March 2020

<sup>9</sup> See for example National Abortion Federation (NAF), 17 March 2020; and ACOG, March 2020

<sup>10</sup> Time magazine, 24th March 2020; The New York Times, 26th March 2020, CNN Opinion, 28 March, CBS News

<sup>11</sup> Abortion Activists in Poland Fret as Coronavirus Curbs Access

<sup>12</sup> <https://foreignpolicy.com/2016/02/02/the-ebola-rape-epidemic-west-africa-teenage-pregnancy/>

<sup>13</sup> UNEPA, 2020 and 2020. Case from China in SIXTYONE, 2nd March 2020