



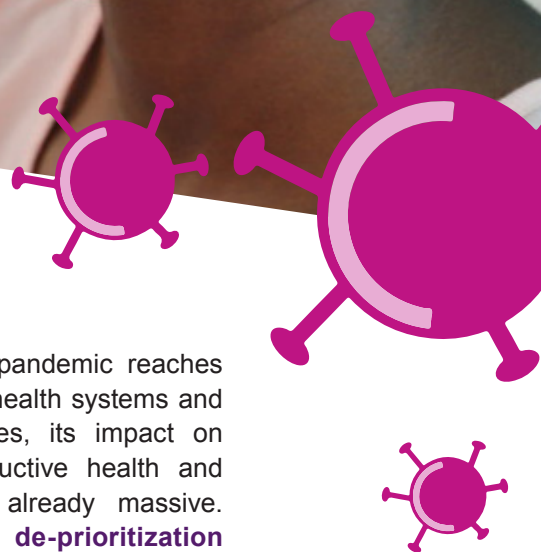
NO LOCKDOWN FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS !

HOW CAN THE EU
PROTECT SEXUAL AND
REPRODUCTIVE HEALTH
AND RIGHTS
IN TIMES OF COVID-19 ?



COMMUNITIES
LACK ACCESS TO
ESSENTIAL SEXUAL AND
REPRODUCTIVE HEALTH
AND RIGHTS IN THE
MIDST OF THE COVID-19
PANDEMIC

As the COVID-19 pandemic reaches regions with weak health systems and emerging economies, its impact on sexual and reproductive health and rights (SRHR) is already massive. This is due to the **de-prioritization and disruption in the provision of SRHR services** as well as **mobility restrictions and changes in health-seeking behaviours**.





A survey by IPPF showed that 5,633 static and mobile clinics and community-based care outlets across 64 countries have already closed because of the outbreak. In addition, lockdown measures worldwide may lead to stockouts and disruptions to supply SRH commodities such as contraceptives and maternal health medicines. Reduced family planning service access and use has been reported in several countries such as Burundi, Ethiopia, Kenya and Democratic Republic of Congo.¹ This means women and vulnerable groups have limited access to HIV testing, contraceptive care and services for survivors of sexual and gender-based violence (SGBV), reduced availability of abortion care and a lack of access to comprehensive sexuality education (CSE). **This has a direct and dire impact on lives and health, as SRH services are essential, time-sensitive and often lifesaving.**



A recent study estimated that in Low- and Middle-Income Countries the COVID-19 pandemic could result in **an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies** over the course of a year.² Conversely to **reductions in SRHR services**, the pandemic has led to an **increase of SRHR-related needs for communities in lockdown**: SGBV is on the rise and so is the need for SRHR services related to SGBV; the number of women wanting to avoid a pregnancy is increasing, due in particular to health and economic uncertainties; the need for CSE, including as a means to fight against SGBV or to obtain information on sex during a pandemic, is also felt more direly. In addition, the global focus on responding to COVID-19 risks leading to **increased illness and deaths in other areas**, including maternal mortality and HIV. Such a pattern has been documented during previous epidemic outbreaks, for example during the Ebola crisis in Sierra Leone, where it has been estimated that nearly 4,000 people died due to Ebola while child and maternal mortality reached a record level of 45,000³.

+49 million women with an unmet need for modern contraceptives because of COVID-19

+15 million unintended pregnancies because of COVID-19

THE PANDEMIC HAS EXACERBATED ALREADY-EXISTING INEQUALITIES FOR WOMEN AND GIRLS, YOUNG PEOPLE AND FOR GROUPS ALREADY MARGINALIZED AND EXPERIENCING DISCRIMINATION.

▶ For young people, the COVID-19 pandemic has complicated access to SRHR information and services. In many developing countries, the school or a youth club is a safe space where they can access SRHR. Therefore the closure of health and educational services raises concerns on the wellbeing of young people.

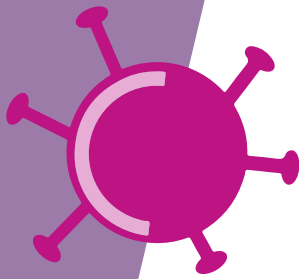
Lesbian, gay, bisexual, trans and intersex (LGBTI) people are also particularly vulnerable during the COVID-19 pandemic. They regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare. In addition, COVID-19 emergency powers are in some cases used to target particular groups such as LGBTI activists. In Uganda, 23 people living at an LGBTI shelter were arrested for disobeying COVID-19 regulations.⁴

¹ UNFPA Supplies, 8 May 2020, Covid-19 Update, No. 4.

² Guttmacher Institute, 2020. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. https://www.guttmacher.org/sites/default/files/article_files/4607320.pdf

³ Source Anders Nordström, Swedish Ambassador of Global, WHO representative in Sierra Leone during Ebola Outbreak at press conference 24 Mars 2020

⁴ UN Office of the High Commissioner on Human Rights OHCHR, 2020. COVID-19 and the human rights of LGBTI people. <https://www.ohchr.org/Documents/Issues/LGBTI/LGBTIpeople.pdf>




THE EU'S GLOBAL RESPONSE TO COVID-19


The COVID-19 crisis is an opportunity for the EU to further align its development policies on the Agenda 2030 and on the three pillars of sustainable development, economic, social and environmental. While the world starts planning for a post-pandemic recovery, **the SDGs can help focus this recovery on inclusion, equality, and sustainability**. The EU should seize the opportunity to “**build back better**” by creating more sustainable, resilient and inclusive societies where SRHR are well recognized and integrated.

Continued **provision of essential SRH services** and **respect of SRHR** remain critical during both the short and the long-term global response to the pandemic. We welcome the contributions the EU and its Member States have already made as part of the joint communication on **the Global EU response to COVID-19**, also known as the ‘Team Europe Package’. **In this regard sufficient support for health** system strengthening and the achievement of the Universal Health Coverage (UHC), including SRHR, should be considered as essential in the implementation of this response. A **human-rights-based and gender-transformative approach** and **access to SRHR** must be at the centre of the investments. In addition, the COVID-19 pandemic also requires a more long-term approach to move towards sustainable, resilient and inclusive societies. Therefore, more attention for health systems strengthening, human development, gender equality and SRHR will have to be reflected in all future international cooperation policies and in the future long-term budget. In order not to worsen already existing inequalities, the EU should in both its short and long-term response pay specific attention to women and girls, youth and other groups that are underserved and face discrimination.


► A TEAM EUROPE PACKAGE FOCUSING ON PEOPLE'S NEEDS


 **Balance better human development and economic needs.** In its joint communication on the Global EU response to COVID-19, the EU focuses mainly on the economic recovery of partner countries, leaving out entire aspects of human development. Although the economic challenges created by the crisis will need to be addressed, the priority must be the support to human development, including health, SRHR, education and social protection, as part of the social consequences of the crisis.


 **Include SRHR in its short- and long-term response to the COVID-19 pandemic.** Although we welcome the inclusion of SRHR in the humanitarian response section of the EU joint communication, we deeply regret that **the importance of focusing on SRHR is not reflected in the broader longer-term health response**. SRHR are a continuous need for communities and they must be protected and promoted as part of a comprehensive approach to strengthening health systems in partner countries.

 Support coordinated solutions to minimize disruptions to **supply chains for SRH commodities** brought about by lockdown measures taken to respond to COVID-19. Shortages of vital supplies for sexual and reproductive health are a real risk due to the breakdown of global and local supply chains. The EU should urgently mobilize and provide adequate resources to ensure continued provision of essential SRH commodities, including contraception (and emergency contraception), menstrual hygiene, obstetric and other reproductive and primary health care commodities, throughout – and beyond – this crisis. This should include **increased collaboration with key stakeholders in this space, including the UNFPA Supplies programme**.


 Take into account the **SRHR needs of communities in partner countries**. This is particularly essential for EU Delegations who have a key role to play in programming the EU's global response to COVID-19. While they are limited by the already existing programming choices in partner countries, the needs of communities in partner countries should be taken into account to the maximum extent possible.


 **Include women and youth at the heart of its global response:** the impact of COVID-19 on these groups must be assessed and adequately addressed. The EU should fully involve women and young people, listening to their voices and empowering them to be an active part of the response to the pandemic.


 Participate, with its global response to COVID-19 in a **coordinated approach at country level with all donors** to ensure that all aspects of health are covered and adequately resourced, and that other priorities are not neglected.


 According to the joint communication on the **Global EU response to COVID-19**, the EU contribution to the Team Europe Package builds particularly on regional blending platforms such as the European Investment Bank (EIB) and the European Fund for Sustainable Development (EFSD). However, the impact of this type of funding for health projects on countries' existing debt vulnerabilities is currently not clear. Before going ahead, an evaluation of health and human development projects with this type of funding should take place. Only if such an evaluation indicates that there is no risk of increasing debt vulnerabilities, this financing method can be used.


► EU DEVELOPMENT POLICIES RESPONDING TO COMMUNITIES' LONG-TERM NEEDS


 Ensure that the adapted **proposal for the Multiannual Financial Framework (MFF) guarantees adequate funding for development cooperation and global solidarity during and after the pandemic.** It must not undermine the funding allocated to civil society organisations, human development and social protection, the defense and promotion of human rights, women's rights, including SRHR, and gender equality.

 Ensure that the Neighbourhood Development and International Cooperation Instrument (NDICI) prioritises **in its regulation (including in its annexes) and its programming, health systems strengthening, achievement of UHC, as well as specific funding for SRHR.** This funding should support in particular the provision of a comprehensive package of SRHR services that are youth-friendly and include CSE.

 **Prioritise support for local women and girls' rights and SRHR organisations** who have extensive experience and reach in delivering care and protecting the health and safety of the most underserved communities. This includes consulting them in the programming process, to ensure gender equality and SRHR issues are included in the EU flagship initiatives, and allocating funding through the programming process to the support of CSOs in partner countries. While the COVID -19 pandemic might prevent face to face meetings and consultations; there are many innovative digital ways of ensuring diverse civil society input, including women and girls' rights and SRHR organisations.

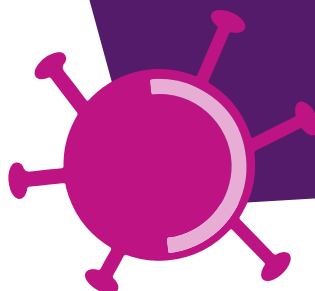
 **Continue working in favour of gender equality in its external action and keep the renewal of the Gender Action Plan (GAP) in the European Commission 2020 annual work programme.** The COVID-19 crisis has exacerbated already existing inequalities for women and girls, and for groups already marginalized and discriminated against, such as LGBTI+ people. It has highlighted the need to pursue the EU global efforts in favour of gender equality, including through the GAP.

 Prioritise the access to a **comprehensive package of SRHR in the GAP III** during the pandemic and in its aftermath. The GAP III should also be a tool to move towards **Universal Health Coverage and to contribute to strengthening health systems with adequate resources for SRHR.**

 Ensure through the Gender Action Plan III that **services are available and accessible for victims and/or survivors of SGBV** while promoting the inclusion of **SGBV services in the 'essential services' category**, such as food, hygiene and health services.

 Build a strong and effective partnership between the EU and Africa and **prioritise health systems strengthening, universal access to health services, including SRHR, and global health research and development in the future EU-Africa Strategy.** The COVID-19 pandemic shows that human development is crucial to reduce inequalities and build resilient societies. In this regard, promoting massive investments in public services, in universal coverage and in access to social protection is essential.

CIVIL SOCIETY'S INNOVATIVE APPROACHES TOWARDS SAFE AND DIGNIFIED REPRODUCTIVE LIVES FOR ALL



IPPF members are finding ways to continue delivering care when face-to-face consultations and exchanges are harder or not possible. **The Palestinian Family Planning & Protection Association** (PFPPA) provides psycho-social services through a mobile telephone line for victims and survivors of SGBV. IPPF **Member Associations in Burundi and CAR** are offering CSE through social media, Whatsapp, Skype or other virtual channels, as well as home delivery/doorstep delivery of SRH products like contraceptives and pregnancy test kits. In Sudan, the **Sudan Family Planning Association** (SFPA) has started working with corporations to support the continuation of SRHR services in emergency conditions. A call center offers the full package of SRHR services to the 18 states of Sudan, 24 hours per day, and is expected to reach 73.8% of the population who own phones. When patients need a specific intervention, they will be referred to SFPA clinics or to Ministry of Health associated clinics. An app will also be developed and will offer live communication with healthcare providers to discuss sexuality education and information, responses to misconceptions raised by the community, as well as information on women's health, contraceptive methods, abortion and post-abortion care, antenatal, natal and postnatal care, STIs including HIV/AIDS, and sexual and gender-based violence.

Young people often get access to SRH/FP services via specific youth-friendly centers or youth clubs. Due to COVID-19 these have been closed and SRH services are channeled through mainstream health care centers and hospitals – places that young people avoid out of fear of judgment or stigma. This, together with limited hours of provision because of the curfew has resulted in a drop in young people seeking out such services. **DSW Kenya** is converting a selected number of Youth Empowerment Centres to actual non-contact youth friendly service provision points. The centres are equipped with IT infrastructure, apps for information sharing and online training modules are developed. **Action 4 Health Uganda**, is using their existing youth truck to reach out to communities and provide information and supplies on SRHR and on COVID-19.

Since the start of the COVID-19 pandemic, an increase of SGBV was observed in Kenya. To address this DSW Kenya is partnering with public media, including a nation wide radio channel called Maishia. During interviews the radio presenter asks pertinent questions on SGBV and by responding DSW sensitizes the community and general public. As the COVID-19 pandemic creates additional barriers to addressing SGBV a hotline for victims was established. Via this line they can be linked up with the necessary support.



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