



MITIGATING COVID-19 IMPACTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN LOW- AND MIDDLE-INCOME COUNTRIES

A CIVIL SOCIETY CALL TO ACTION

APRIL 2020

On March 11, 2020, the World Health Organization declared the new coronavirus a global pandemic and called for government action to halt the spread of the virus. To ensure that the failures of past global health crises are not repeated, civil society must advocate for the prioritization of sexual and reproductive health and rights (SRHR) in government responses to COVID-19, particularly in low- and middle-income countries. Women, girls, adolescents and other marginalized communities and their SRHR are especially vulnerable to the virus, and their safety relies on comprehensive local, national and global measures that account for existing gender and social inequalities in order to combat the pandemic.

The Ebola and Zika epidemics of the last decade demonstrate how health emergencies expose fragile health systems and disproportionately affect the rights of women. In the case of Ebola, governments managed the outbreak by diverting resources away from the needs of women and girls, despite their heightened risks. Notably, when Sierra Leone closed schools during the Ebola crisis, adolescent pregnancy rates spiked. In many Ebola-affected countries, the national responses did not prioritize sexual and reproductive health and respective programs did not sufficiently adapt to the outbreak, which created delays in the care that pregnant people received and increased maternal mortality and morbidity.¹ In Liberia, more women died from obstetric complications than from Ebola. Diminished public trust in the health system and fear of contracting Ebola increased poor health outcomes for women and girls who refused to seek lifesaving sexual and reproductive health services. Further, limited mobility due to lockdowns increased sexual and gender-based violence (SGBV) at home, contributing to unwanted pregnancies and unsafe abortions.²

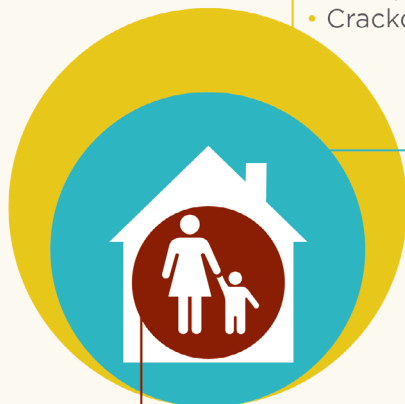
Civil society advocates in low- and middle-income countries are witnessing the re-emergence of these harmful effects on women, girls and other vulnerable populations and their SRHR with COVID-19. In Senegal, partners have shared that access to counseling and sexual and reproductive health services is already being limited, including the closure of safe spaces for adolescents. In Côte d'Ivoire, partners have reported that mobile sexual and reproductive health clinics are being shut down. Additionally, reports in India indicate that people living with HIV are unable to access medication, treatment and care due to lockdowns.³ Globally, civil society organizations have denounced governments that are taking advantage of the crisis to further restrict access to comprehensive abortion care.

With ongoing food insecurity, inaccessible clean water, poverty and the potential for increased displacement, violence and conflict, PAI's partners and their communities are navigating adherence to government orders while meeting their basic needs. In low- and middle-income countries, COVID-19 mitigation measures will not be effective if populations do not have the necessary accurate information, decision-making power and financial means to stockpile food, water and medication during self-isolation and quarantine. The proposed solutions to minimize transmission cannot be successful if they overlook those without access to clean water and those who cannot afford soap or an alcohol-based hand sanitizer. All of these factors are compounded by gender dynamics and other individual, social and structural inequalities as detailed below.

GENDER-SPECIFIC RISKS ASSOCIATED WITH IMPACTS OF COVID-19

STRUCTURAL LEVEL

- Deprioritization of sexual and reproductive health care
- Disruption of health supply chain
- Crackdown on human rights



SOCIAL LEVEL

- Limited educational services
- Unequal socioeconomic status
- Differential economic impacts
- Unequal health workforce
- Increased fear of health services

INDIVIDUAL LEVEL

- Increased SGBV
- Unequal access to water
- Unequal caregiving role
- Limited decision-making power
- Increased risk of maternal mortality and morbidity

INDIVIDUAL LEVEL

Increased SGBV

As strategies to combat COVID-19 include self-isolation and quarantine, a global increase in domestic violence and SGBV is being observed. Importantly, some of the most vulnerable populations do not have homes or they live in overcrowded, informal settlements. Many young people, including adolescent girls, live on the streets or in insecure locations with no access to food or water — much less health care. This reality is exacerbated during crises, increasing their risk of SGBV and related sexual and reproductive health treatment needs that may go unmet.

Unequal access to water

The inability to manage menstrual hygiene where water is scarce demonstrates one of many connections between gender inequality and water, hygiene and sanitation access. Women and girls are often responsible for household chores and fetching water, which already puts them at risk of SGBV. Consistent, safe access to clean water — let alone the systematic washing of hands required during the COVID-19 pandemic — is an added stressor for women and girls.

Unequal caregiving role

Women and girls are often primary caregivers within their families and globally perform more than three

times more unpaid care work than men.⁴ As family members fall ill, women are more likely to shoulder the duty of care, which further increases their risk of contracting COVID-19.

Limited decision-making power

Inequality and gender norms, including the need for approval from husbands or male family members to seek health services for themselves or their children, continue to affect women's and girls' health-seeking behaviors. Limited decision-making also dictates women's and their families' use of financial resources, including paying for contraception — compounding the difficulty that exists in poorer communities to stockpile contraceptive methods and access emergency contraception, contributing to unwanted pregnancy.

Increased risk of maternal mortality and morbidity

COVID-19 mobility restrictions reduce access to essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. In response to COVID-19, certain hospitals are limiting the number of prenatal consultations and women and girls facing unwanted pregnancy are having difficulty accessing comprehensive abortion care.

SOCIAL LEVEL

Limited educational services

School closures not only interrupt education, but also restrict access to school nutrition and health programs; limit information on disease prevention, including pregnancy and contraception; suspend options for clean water and sanitation; and contribute to increased rates of SGBV and teenage pregnancy.

Unequal socioeconomic status

Resource-scarce and rural populations have restricted access to digital information and public services more broadly. Coupled with COVID-19 mobility measures that impact food security, these groups will face difficulty obtaining health information, education and services — including sexual and reproductive health care — as well as protecting themselves from the virus.

Differential economic impacts

Women are often engaged in low-paying, informal work — frequently as primary breadwinners for their families — and disruptions as a result of the COVID-19 response will compromise their ability to meet their families' needs. This includes the possibility of women and girls engaging in increased transactional sex for survival.⁵

Unequal health workforce

Globally, women make up the majority of the front-line health workforce as community health extension workers, midwives and nurses — putting them at greater risk of contracting COVID-19, particularly in low- and middle-income countries, where there is less access to personal protective equipment.⁶

Increased fear of health services

Misinformation about COVID-19 and its transmission, as well as a lack of trust in the health system, risks keeping patients, including pregnant people and others seeking sexual and reproductive health services, from accessing necessary medical treatment and prevention.⁷

STRUCTURAL LEVEL

Deprioritization of sexual and reproductive health care

Sexual and reproductive health services and medicines are essential and lifesaving. The pressures from the COVID-19 response on strained health services in low- and middle-income countries could disrupt essential care, including maternal health, cervical cancer screening, SGBV counseling and safe spaces, HIV care and treatment, contraception, safe abortion care and post-abortion care.

Disruption of health supply chain

Health supply chains, including contraception, are already burdened with manufacturing delays in countries impacted by the pandemic.⁸ This also includes other RMNCAH medical and essential lifesaving commodities and equipment shortages, including supplies for safe abortion care and post-abortion care.⁹ Additionally, low- and middle-income countries may have less purchasing power for contraception, including condoms, amidst their COVID-19 response — potentially putting populations at risk of sexually transmitted infections.

Crackdowns on human rights

Authoritarian responses in crises encroach broadly on human rights, target specific subpopulations, destabilize social movements and further restrict SRHR.¹⁰ Police violence has been reported in several countries with the enforcement of COVID-19 curfews and stay-at-home orders. Conservative populist governments, including those in Europe and the United States, are using the health emergency to further anti-choice and anti-gender equality agendas.

PRELIMINARY RECOMMENDATIONS

PAI and our partners call on civil society organizations to monitor the protection needs of women and girls and their SRHR in their governments' COVID-19 responses.

During global health crises, the existing dynamics of individual, social and structural inequalities further reinforce each other, increasing the risk of rights violations for the most vulnerable populations. In addition to tracking the developments in its countries, civil society should call upon its governments to safeguard SRHR and prevent an increase in poor health outcomes by adopting these actions in their COVID-19 approach:

- **Include women as well as SRHR and gender experts in their COVID-19 response teams;**
- **Include contraceptives and other RMNCAH supplies on the lists of essential COVID-19 medicines;**
- **Eliminate payments for contraception and RMNCAH medications for the duration of their COVID-19 response and ensure their inclusion in social security schemes;**
- **Prioritize access to sexual and reproductive health services and ensure populations' ability to seek care amidst restricted mobility;**
- **Facilitate access to clean water by mapping water insecurity and implementing emergency measures, including deferring water utility bills during the pandemic, tapping water from alternative sources and providing water through supply tankers;**
- **Increase availability of telehealth and telemedicine where possible to communicate how to avoid infection and track COVID-19 transmission and treatment; as well as to provide sexual and reproductive health counseling, which should include self-managed medication abortion;**
- **Ensure communication and outreach on their COVID-19 response are accessible to the most hard-to-reach and most at-risk communities, including women and girls, people living with disabilities, people living with HIV, lesbian, gay, bisexual, trans and intersex persons, refugees and displaced populations, sex workers and rural groups; and**
- **Collect disaggregated data on COVID-19 with multiple dimensions, including gender, as the exclusion of women's and girls' health experiences obscures inequalities and upholds harmful norms.¹¹**

These preliminary recommendations, based on current information and lessons learned from past global health crises, will continue to evolve with the development of the COVID-19 pandemic. To counter the exacerbation of existing gender inequality and SRHR violations, vulnerable communities and their SRHR must be at the center of government responses. Bilateral, multilateral and private donors have a role in mitigating harm and addressing SRHR vulnerabilities during and after the crisis — namely, by allowing national governments to reallocate funds to incorporate SRHR into COVID-19 responses.

Understanding that the COVID-19 pandemic and response affect civil society partners and their operations, PAI is dedicated to support civil society advocacy and efforts to monitor and track the impacts of COVID-19 and government responses on SRHR.

ENDNOTES

- 1 Guttmacher Institute. (2020, March). The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights. Retrieved from <https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights>
- 2 International Rescue Committee. (2019). *Not All That Bleeds Is Ebola: How has the DRC Ebola outbreak impacted Sexual and Reproductive Health in North Kivu?* Retrieved from <https://www.rescue.org/sites/default/files/document/4416/srhebolareport1172020.pdf>
- 3 Sohini, C. (2020, March 30). India's COVID-19 lockdown hits HIV+ and chronic patients hard. *Al Jazeera*. Retrieved from <https://www.aljazeera.com/news/2020/03/india-covid-19-lockdown-hits-hiv-chronic-patients-hard-200329200022525.html>
- 4 International Labour Organization. (2018, June 27). ILO: Women do 4 times more unpaid care work than men in Asia and the Pacific. Retrieved from https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm
- 5 Denney, L., Gordon, R., & Ibrahim, A. (2015, December). *Teenage Pregnancy after Ebola in Sierra Leone: Mapping response, gaps and ongoing challenges*. Retrieved from https://securelivelihoods.org/wp-content/uploads/Teenage-Pregnancies-after-Ebola-in-SierraLeone_-_Mapping-responses-gaps-and-ongoing-challenges.pdf
- 6 United Nations Population Fund. (2020, March). *COVID-19: A Gender Lens: Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality*. Retrieved from https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf
- 7 Kostelny, K., Lamin, D., Manyeh, M., Ondoro, K., Stark, L., Lilley, S., & Wessells, M. (2016). *'Worse than the war': An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone*. Retrieved from <https://resourcecentre.savethechildren.net/node/14092/pdf/worse-than-the-war-post-ebola-ethnographic-report-on-sierra-leone.pdf>
- 8 Ravelo, J.L. (2020, March 17). COVID-19 disruptions on health supply chains a challenge for aid orgs. *Devex*. Retrieved from <https://www.devex.com/news/covid-19-disruptions-on-health-supply-chains-a-challenge-for-aid-orgs-96764>
- 9 Purdy, C. (2020, March 11). Opinion: How will COVID-19 affect global access to contraceptives - and what can we do about it? *Devex*. Retrieved from <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745>
- 10 Human Rights Watch. (2020, March 19). Human Rights Dimensions of COVID-19 Response. Retrieved from <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>
- 11 Cleveland, N. (2020, March 23). An Intersectional Approach to a Pandemic? Gender Data, Disaggregation, and COVID-19. *Data2x*. Retrieved from <https://data2x.org/an-intersectional-approach-to-a-pandemic-gender-data-disaggregation-and-covid-19>