

Access to
Comprehensive
Sexual and
Reproductive Health
Care is a Human
Rights Imperative
During the COVID-19
Pandemic

In response to the COVID-19 pandemic, human rights experts call on governments to ensure the provision of the full range of sexual and reproductive health services.

The COVID-19 pandemic is pushing health care systems to their limits and compelling governments and health care institutions to make difficult and increasingly urgent decisions about how to deliver care while also curbing virus transmission. International human rights experts have made clear that, in the midst of the crisis, sexual and reproductive health services remain essential, and government responses to the pandemic must respect individuals' human rights, including the rights to life, health, sexual and reproductive health, privacy, bodily integrity, equality and non-discrimination, and freedom from cruel, inhuman, and degrading treatment. Moreover, human rights experts have stressed that governments must ensure that responses do not exacerbate existing and entrenched structural inequalities and inequities.

I. HUMAN RIGHTS MUST GUIDE THE PUBLIC HEALTH RESPONSE TO THE GLOBAL HEALTH CRISIS

The UN Secretary General, the UN Office of the High Commissioner for Human Rights (OHCHR), many UN independent human rights experts (known as “special procedures”), and the World Health Organization have affirmed that human rights must guide the public health

response to COVID-19. Such responses should ensure that any emergency measures — including states of emergency — are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health, human rights, and the rule of law. Human rights-based responses to the crisis must be inclusive, equitable, and universal, to ensure that no one is left behind. And they must ensure that health care is available, accessible, acceptable, and of good quality.

II. GOVERNMENTS SHOULD ENSURE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS DURING THE PANDEMIC

UN human rights treaty monitoring bodies, UN special procedures, and the World Health Organization have reiterated that sexual and reproductive health care is essential health care that governments must prioritize and include as part of their COVID-19 responses. Essential sexual and reproductive health services include confidential access to contraception, safe abortion and post-abortion services, maternity care, and easy-to-access procedures such as online prescriptions, if necessary, free of charge.



Ensure Access to Comprehensive Sexual and Reproductive Health Services

International experts have provided guidance on how governments should ensure timely, uninterrupted access to the full range of essential sexual and reproductive health care during the COVID-19 pandemic:

The Committee on the Elimination of Discrimination Against Women has called on governments to ensure that COVID-19 responses are gender-sensitive, intersectional, and address the disproportionate impact of the pandemic on women's health. The Committee has urged governments to ensure uninterrupted access to gender-sensitive essential health services, such as pre and post-natal care, termination of pregnancy, and the availability of contraceptives. The Committee has noted that guaranteeing uninterrupted access requires governments to ensure there is no disruption in the supply chain of sexual and reproductive health commodities, including production, shipping, and distribution.

The UN Secretary General has recommended that governments dedicate attention to the continued delivery of sexual reproductive health services, including the need for access to contraceptives without prescription during the crisis.

OHCHR and many special procedures have further recommended that governments mitigate the impact of the COVID-19 crisis on women and girls' access to sexual and reproductive health and rights and ensure their full and equal representation in all decision-making on short-term mitigation and long-term recovery.

The World Health Organization has recognized that increased restrictions on mobility affecting access to essential health services, including sexual and reproductive health, violate human rights and has recommended that governments consider and address such impacts when responding to COVID-19.

Ensure Access to Abortion, including Medication Abortion

The UN human rights treaty bodies have repeatedly and consistently affirmed that access to abortion care is a human right. The World Health Organization and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) have made clear that, even in emergencies, abortion care is essential for preventing maternal mortality and morbidity and protecting the right to life with dignity, and thus should remain available.

In order to sustain accessibility to abortion care during the COVID-19 pandemic, regional human rights experts have recommended that governments should ensure uninterrupted supplies for all essential sexual and reproductive health services.

In order to further improve access to abortion care, IAWG has noted that governments should ensure support for self-management of medical abortion care for up until 12 weeks of pregnancy and that remote approaches can be considered for counseling on self-management. Relatedly, the World Health Organization recommends that governments ensure the availability of all essential medicines covered under the WHO Model List of Essential Medicines, which includes the active drugs for medication abortion, misoprostol and mifepristone.

(Read more on the critical importance of ensuring abortion as essential health care in the United States [here](#).)

(Read more on how U.S. state governments' responses to COVID-19 are impacting abortion access [here](#).)

Ensure Access to High Quality, Human Rights Affirming Maternal Health Care

Pregnancy carries heightened risks during crises, and COVID-19 may create new barriers to pregnancy-related care that governments should consider when developing responses. The COVID-19 crisis will also exacerbate the already racially disparate maternal health outcomes in the United States, particularly for Black and Indigenous women. UN human rights experts, including the Committee on the Elimination of Racial Discrimination, have previously called upon the United States to address such racial disparities.

To support positive maternal health outcomes and address racial inequities in the context of the COVID-19 crisis, human rights experts have urged governments to implement policies to guarantee pregnant people access to high quality, human rights affirming health care.

The World Health Organization has reaffirmed that “[a]ll women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID-19 infection.” This includes being able to labor and birth accompanied by a support person of their choosing.

Likewise, the World Health Organization recommends that parents should be supported during the COVID-19 pandemic to breastfeed safely, hold newborns skin-to-skin, and share a room with their baby. Moreover, the UN Working Group on Discrimination Against Women notes that any pandemic-related decision to separate newborns from parents in hospitals is a violation of their human rights and

recommends that governments ensure access to health services essential to women, including pre and post-natal care.

(Read more on how governments can safeguard maternal health and rights in the United States during the COVID-19 pandemic [here](#).)

III. ENSURE THAT NON-DISCRIMINATION, EQUALITY, AND EQUITY GUIDE GOVERNMENT RESPONSE

The COVID-19 pandemic poses particular threats to poor and marginalized people, including women of color, low-income people, people with disabilities, LGBTQI+ people, people in rural areas, immigrants, non-English speakers, and people in criminal or migrant detention. These communities face greater risk, including greater difficulty in protecting themselves from transmission of COVID-19, due to systemic discrimination, racism, lack of information, resources, and access to quality health and social services. The rights and health of these communities must be central considerations as governments and other stakeholders formulate their response to the public health crisis.

The UN Special Rapporteur on Poverty found that the COVID-19 crisis has been especially harmful to poor and low-income people in the United States — particularly communities of color, who face a persistent racial wealth gap — who are more likely to work in jobs with a high risk of exposure, live in crowded and insecure housing, and lack access to health care.

To ensure that international human rights and humanitarian and refugee law and standards are at the center of all COVID-19 responses, OHCHR and many special procedures recommend that governments ensure that national and local response and recovery plans, including sexual and reproductive health

care responses, identify and put in place targeted measures to address the disproportionate impact of the virus on certain communities, including migrants, racial and ethnic minorities, people living in poverty, persons with disabilities, women, indigenous peoples, LGBTQI+ people, and people in detention or institutions.

Both the UN Working Group of Experts on People of African Descent and the UN Working Group on Discrimination Against Women and Girls recommend that governments develop an intersectional response to the pandemic that acknowledges the specific health needs of various communities and addresses how assumptions based on gender or race, particularly at their intersections with disability, chronic illness, sexual orientation and gender identity, poverty, age, ethnic origin, and immigration or residence status, may impair equity in pandemic-related health policies. Both mandates further recommend that governments systematically gather disaggregated data, to examine and report on the gender and race-specific health and human rights impacts effects of COVID-19 and utilize this data in the formulation of responses.

The UN Working Group of Experts on People of African Descent, the UN Working Group on Discrimination Against Women and Girls, and the UN Special Rapporteur on Poverty have acknowledged that this pandemic has complicated existing crises for marginalized communities and called on governments to refrain from actions that exacerbate existing inequalities and recognize the urgency of guaranteeing fundamental human rights during this crisis, as in ordinary times.

IV. CONCLUSION

Human rights experts have made clear that timely, uninterrupted access to comprehensive sexual and reproductive health care—including contraception, abortion and maternal health care—remains essential and that public health responses to the COVID-19 crisis must be guided by and respect human rights. Principles of non-discrimination, equality, and equity must be core to government responses to the pandemic, to ensure that such responses do not exacerbate existing and entrenched structural inequalities and inequities.