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Guaranteeing Access to Sexual and Reproductive Health Services during the COVID-19 Pandemic and Beyond

I. Introduction

The COVID-19 pandemic has created significant barriers to accessing sexual and reproductive health (SRH) services, which have been disproportionately borne by vulnerable and marginalized communities.[1] Lockdowns, travel restrictions, and shutdowns of public transportation have limited people's ability to leave their homes and travel to SRH clinics to obtain care. Women have disproportionately shouldered the financial burden of the pandemic,[2] making SRH services unaffordable for many. Disruptions in supply chains have caused shortages of medication and contraceptives,[3] increasing the likelihood of unintended pregnancies. Furthermore, severe disruptions of SRH services during previous outbreaks of contagious diseases have proven to be extremely harmful, particularly for women and girls, and resulted in a steep increase of unwanted pregnancies, unsafe abortions, and lack of timely care for high-risk pregnancies.[4] Estimates indicate that during a 12 month time span during the pandemic, there could be an additional 15 million unintended pregnancies, 3.3 million unsafe abortions, and 29,000 additional maternal deaths.[5]

Although considerable challenges remain in guaranteeing sexual and reproductive health and rights during the pandemic, there are a number of examples of States that have successfully implemented positive measures to guarantee access to SRH services. In addition to affirming the centrality of access to SRH services to individuals' lives and wellbeing, many of these measures represent important steps in the full realization of SRH services. Notably, a number of these are evidence-based self-care measures that have been shown to not only make care more accessible,[6] but are also the preferred method of accessing care for many seeking SRH services.[7]

This factsheet showcases examples of positive measures States have implemented during the pandemic, grounding them in States' human rights obligations and demonstrating that sustaining many of these measures after the pandemic is both a human rights and public health imperative.

II. Positive measures to guarantee access to sexual and reproductive health services

RECOGNITION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AS ESSENTIAL HEALTH CARE

States' human rights obligations include respecting, protecting and fulfilling the right to sexual and reproductive health as an integral part of the right to health.[8] As repeatedly established by human rights bodies, these obligations are in force even during a pandemic because SRH services are essential health care[9] and therefore States cannot postpone or delay these services when imposing protective public health measures to curtail the spread of the virus.[10] This includes access to contraception, including emergency contraception, quality and respectful maternity care, safe abortion and postabortion services.[11]

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Following the guidance from human rights bodies and recommendations from the World Health Organization (WHO), a number of countries have declared SRH services as essential healthcare. For example, Nepal,[12] Spain,[13] Argentina,[14] Mexico,[15] and Colombia[16] have all declared that SRH services are essential healthcare that must be accessible during the pandemic. Furthermore, a WHO survey of a subset of African countries found that 15 of the 17 countries included SRH services as part of their national "essential health care package."[17] Notably, the survey found that 12 of these countries included all aspects of sexual and reproductive health, including contraception and abortion care, as well as post-abortion care, in their essential health care package."[18]

States' recognition of SRH services as essential healthcare as part of their public health response to the COVID-19 pandemic is critical, as this results in the adoption of proactive measures to ensure continuity of and access to these services, while also complying with public health protocols. Such recognition also ensures greater resource allocations towards SRH services than those afforded for non-essential services. For instance, in previous outbreaks of contagious diseases, resources for SRH services have been diverted to other pressing needs since they were not considered essential. This caused severe disruptions of SRH services, with serious consequences for individuals' health, including a steep increase of unwanted pregnancies, unsafe abortions, and lack of timely attention for high-risk pregnancies resulting in higher maternal mortality ratio.[19] By categorizing SRH services as essential, States can ensure adequate resourcing throughout the pandemic.

The declaration of SRH services as essential healthcare also plays a critical role in countries where mandatory quarantines and movement restrictions are in place. For example, Argentina is subjected to a "Social, Preventive and Mandatory Distancing" policy that only allows circulation once a certificate is obtained.[20] This certificate is only granted for activities that have been declared essential, such as healthcare [21] – including SRH services.[22] This measure recognizes healthcare workers providing these services as essential personnel, enabling them to offer services in person if needed.

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES THROUGH TELEMEDICINE AND/OR SELF-MANAGED ALTERNATIVES

In recognizing sexual and reproductive health services as essential healthcare, some countries have embraced telehealth as a tool to ensure access to these services while ensuring social distancing and other protections against COVID-19. In this regard, the implementation of telecommunication and virtual or phone services, as well as adopting broader self-care policies, such as those permitting self-administration of contraceptive injections and medical abortions at home, have become effective practices to maintain access to SRH services during the pandemic. For example, three-quarters of the countries in the aforementioned WHO survey in Africa reported implementation of self-care interventions for contraception or safe abortion, with self-administered contraceptive injections being the most common.[23]

In Asia, Nepal adopted the Interim Guidelines for Reproductive, Maternal, Newborn, and Child Health Services, which ensures continuity of SRH healthcare during the pandemic, including through the use of telecommunication to provide access to

safe medical abortions; encourages home visits by approved health professionals from nongovernment organizations; and allows pharmacies to dispense medical abortion pills.[24] In Vietnam, the government developed an application for smartphones that enabled access to SRH and family planning services. The application focuses specifically on meeting the SRH needs of populations facing particular barriers in accessing these services, including ethnic minorities and migrant workers in Vietnam.[25] In the Philippines, in alignment with CEDAW's recommendations,[26] the Commission on Population and Development (POPCOM) launched a COVID-19 helpline to provide support through information sharing and guidance on family planning, adolescent sexuality, COVID-19, and gender-based violence.[27] Also, the Department of Health issued several policies for the adoption of a clinical approach to the management of COVID-19 in pregnancy and for newborns, directives on the continuous provision of essential health services including sexual and reproductive health services, guidelines on the continuous provision of family planning services during the enhanced community quarantine, and interim guidelines on the continuous provision of maternal health services during the pandemic.[28]

Among European countries, France released new guidelines allowing consultations for abortion care to take place via phone or internet. The guidelines also enable individuals to take both medical abortion pills at home, when this is preferred by the patient and when there are not any medical contraindications.[29] Also, doctors and midwives have been authorized to prescribe medications by teleconsultation, [30] and access to medical abortion for home use has been extended from seven to nine weeks of pregnancy.[31] Similar measures to provide remote consultations prior to abortion and self-administration at home of medical abortion pills have also been put in place in other parts of Europe such as in Ireland, and in some parts of the United Kingdom with the exception of Northern Ireland.[32]

In South America, Argentina has intensified the distribution of information about contraceptives and family planning through toll-free services.[33] Mexico has implemented ambulatory or self-managed services to guarantee access to abortion care and follow-up procedures through mobile phones.[34] Colombia has also been providing medical consultations, including for SRH services, through telemedicine or in the patients' house if possible and needed.[35]

FUNDING FOR SRH SERVICES

Some States have responded to the economic uncertainty during the pandemic in the form of subsidies for SRH services. For example, the municipality of Azcapotzalco in Mexico City implemented a program to subsidize the cost of legal terminations of pregnancy through medical abortion and manual vacuum aspiration with analgesic.[36] In Argentina, the Ministry of Health arranged for distribution of twelve types of contraceptives through home delivery, which means that the government is covering the cost of both the contraception and delivery, thereby ensuring the contraceptives are free of charge.[37]

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OTHER POSITIVE MEASURES

States have also implemented a variety of other initiatives to increase access to SRH services during the pandemic. In France, the law has been amended to explicitly include "psychosocial distress" as a valid reason for abortion past the 12-week term limit.[38] Previously, although abortion was permitted after 12 weeks where the woman's health was at risk, this did not explicitly include mental health. In Argentina, the government of the Province of Buenos Aires has recommended outpatient treatment for abortion through medical abortion until 12 gestational weeks and that access to contraceptives post-abortion be guaranteed.[39] In Colombia, the Ministry of Health has attempted to build capacity by facilitating over 40 workshops for healthcare professionals throughout the country on the different ways to provide sexual and reproductive health services during the pandemic. These workshops also prepared community leaders, nurses, NGOs, and others to conduct HIV and other STI rapid testing in the communities in which they work.[40]

III. States' obligations to sustain positive measures to guarantee access to SRH services

The Committee on the Elimination of Discrimination Against Women (CEDAW Committee) has called on States to ensure the continuity of sexual and reproductive health services during the pandemic[41] and recognize them as essential services.[42] Recognizing the disproportionate impact that the pandemic has had on women,[43] the CEDAW Committee has urged States to "ensure access to health care to all who need it, without discrimination,"[44] emphasizing how women's rights should be upheld in public health responses to the pandemic. In this regard, the Office of the High Commissioner for Human Rights (OHCHR) recognized some "promising practices" by countries that were making sexual and reproductive health services available through technology-aided alternatives, as well as care from home provisions.[45] Regional human rights bodies such as the Inter-American Commission of Women have also called on States to consider the use of mobile phones to deliver certain SRH services.[46] The International Federation of Gynecology and Obstetrics (FIGO), one of the leading medical authorities worldwide on evidence-based practices in ensuring access to quality reproductive health services, has recognized that abortion services should be permanently available via telemedicine.[47] FIGO has highlighted that this is especially important for marginalized and disadvantaged groups, who generally face the greatest barriers in accessing timely abortion services. This is reinforced by the World Health Organization, which recognizes that, with the proper information and support, people can safely self-manage abortions.[48]

The adoption of measures to guarantee access to SRH services during the pandemic is not only a human rights imperative, but in many contexts also constitutes an important step toward the progressive realization of the right to health.[49] Under the International Covenant on Economic, Social, and Cultural Rights, a number of rights are subject to progressive realization, meaning that States must take steps to the maximum of their available resources to progressively achieve the full realization of these rights, including the right to health. Critically though, this also imposes on States an obligation to refrain from "*deliberately retrogressive measures,*"[50] meaning that States may not, directly or indirectly, move backward from the realization of the enjoyment of rights in the Covenant.[51] A number of the measures that States have adopted, such as the use of telemedicine and self-administration of SRH services, constitute proactive steps towards the progressive realization of the right to health and removal of these measures will constitute backward movement in the enjoyment of this right– particularly after recent research has shown that, for instance, the implementation of telehealth in SRH services have improved health outcomes.[52] Therefore, withdrawing or suspending these measures, even after the COVID-19 pandemic subsides, would constitute retrogression in direct violation of State's international human rights obligations.

IV. Recommendations

It is critical that States continue to take positive measures to remove obstacles to and guarantee all individuals access to comprehensive SRH services, both for the duration of the pandemic and in its aftermath. To this end, States should:

- Continue recognizing SRH services as essential healthcare throughout the pandemic and beyond.
- Ensure evidence-based measures to increase accessibility of SRH services, such as telehealth options, home administration of injectable contraceptives and medical abortion, and other self-care alternatives, are sustained throughout and after the pandemic.
- Maintain all proactive measures to enable greater access to SRH services, in compliance with their human rights obligations under progressively realization and non-retrogression.
- Refrain from suspending or revoking any proactive measures that have increased and even improved access to sexual and reproductive health services and incorporate them into permanent public health policies and protocols.
- Permanently remove the barriers that impede access to safe abortion services, including by fully decriminalizing abortion, and take positive measures to guarantee universal access to safe abortion services.

Endnotes

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