The Partnership for Maternal, Newborn & Child Health
Hosted by the World Health Organization

World Health Organization

PMNCH CALL TO ACTION COVID-19

Knowledge to Action Briefs

Ask #2: Advancing sexual and reproductive rights and gender equality

These seven knowledge-to-action briefs support partners to carry forward the PMNCH Call to Action on COVID-19, which aims to increase investment and policy support to mitigate the devastating effects of the COVID-19 pandemic on the health of women, children and adolescents, and the societies and economies that support them. The knowledge-to-action briefs synthesize relevant evidence to the COVID-19 Call to Action, focusing on: 1) key impacts of COVID-19; 2) policies and mitigation strategies; and 3) strategic gaps in knowledge and action, including in humanitarian and fragile settings.

Background

Past experiences demonstrate that sexual and reproductive health and rights (SRHR) and gender equality suffer in times of epidemics and health emergencies. For example, in the Zika epidemic of 2015–2017, governments recommended that women avoid or delay pregnancy; however, comprehensive information about reproductive choices was not widely available, and most governments did not include abortion in Zika response protocols.[1] In the Ebola outbreak in West Africa, the social and economic changes brought about by the outbreak and response measures (e.g. school closures, increased economic vulnerability, inaccessibility of services) led to increases in teenage pregnancy in Sierra Leone of up to 65% in some communities.[2] Moreover, national and global responses to past health emergencies often failed to consider gender issues. Financing for SRHR often also decreases during epidemics and health emergencies, as resources are diverted for the immediate response.

Key impacts

Restrictions on abortion

Disruptions to essential health services during the COVID-19 pandemic, as well as concerted efforts by some stakeholders to use the pandemic to scale back policies and programmes, are producing negative impacts on SRHR. This is particularly the case regarding abortion services. In Malta, which has one of the world's most restrictive abortion laws, the only legal means of obtaining abortions is to travel abroad. Travel suspensions due to COVID-19 ruled out this option, leading women to secretly order abortion pills online or resort to unsafe methods.[3] In the American

state of Arkansas, USA, anti-abortion legislators and activists halted surgical abortions, forcing clinics to cancel appointments and women to travel out of state during the pandemic for an abortion.[4] In Poland, with one of the most restrictive abortion laws in Europe, the House of Commons voted in April 2020 to submit a bill to further restrict abortion.[5] In humanitarian settings, the Acting Administrator of the United States Agency for International Development sent a letter in mid-March to the United Nations (UN) Secretary-General to request removal of any reference to sexual and reproductive health from the Global Humanitarian Response Plan and to remove the provision of abortion as an essential component of the UN's COVID-19 response priorities; this request was broadly condemned by Democratic senators in early June.[6] The Guttmacher Institute estimates that if 10% of safe abortions become unsafe there will be an additional 3 million unsafe abortions and an additional 1000 maternal deaths.[7]

Adolescents and young adults

COVID-19 has led to major social and economic shifts in the lives of many adolescents and young adults around the world, caused by social distancing, stay-at-home orders, school and university closures and rising economic insecurity. COVID-19 has also disrupted romantic and sexual relationships, and the ability of adolescents and young adults to access affordable and confidential health-care services and resources.

Child marriage

The United Nations Population Fund (UNFPA) and its partners project that the pandemic will result in an additional 13 million child marriages that would otherwise not have occurred between 2020 and 2030.[8] Moreover, there is concern that COVID-19 will disrupt campaigns and advocacy to end child marriage.

Female genital mutilation

COVID-19 may also hinder efforts to end female genital mutilation (FGM), with UNFPA and partners anticipating a one third reduction in progress towards ending FGM by 2030. They estimate that disruptions to prevention efforts (such as community empowerment programmes and abandonment proclamations) will lead to 2 million FGM cases over the next decade that otherwise would have been avoided.[8]

Gender equality

There are already signs that COVID-19 is having an impact on gender equality, with many COVID-19 containment and mitigation measures disproportionately affecting women. For example, in mid-April 2020, an estimated 90% of the world's school and university population was out of school; in many households, school closures affect women more than men since they provide most of the informal care within families, including home schooling.[9,10] COVID-19 mitigation measures have exacerbated the domestic labour burden for many women around the world, with negative consequences for their economic and work opportunities.

Equity

Marginalized populations were already facing structural and systematic barriers (legal, economic, social, cultural and logistical) to SRHR, and these have been compounded during the COVID-19 pandemic. For example, immigrant populations in the United States of America have faced major restrictions to SRHR because of increasing insecurity and xenophobia, rising health-care barriers, exclusionary migration policies and secondary effects of the COVID-19 response.[11] Moreover, efforts to restrict abortion in some American states will worsen the already significant economic and structural roadblocks to timely abortion care for poor and marginalized women and women of colour.

Actionable interventions and solutions to mitigate impact

Remote consultations and telemedicine

To ensure access to SRHR for women and adolescents, som e countries have adopted remote consultations and telemedicine. For example, Ireland has approved remote consultations during the COVID-19 pandemic for medical abortion[12] and, in France, access to medical abortions was extended to nine weeks of pregnancy (from seven weeks) to ensure access to sexual and reproductive rights during the pandemic, with providers allowed to prescribe through remote consultations.[13] In England, Wales and Scotland, the Department of Health and Social Care approved remote consultations for early medical abortion, and a treatment package (mifepristone and misoprostol)

can be mailed to a person's home to avoid the necessity of attending a clinic.[14]

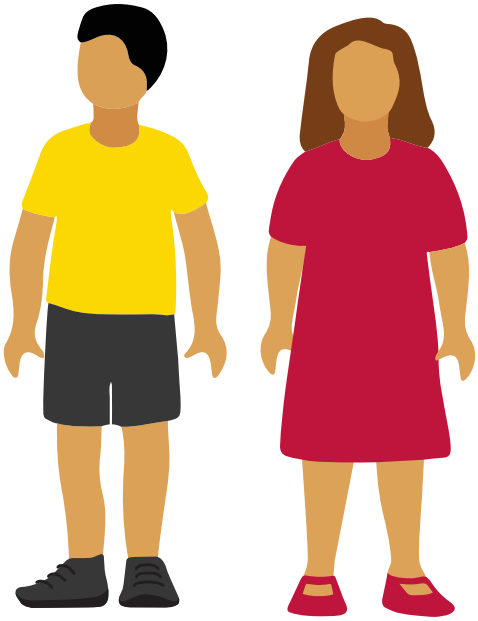
Programmatic guidance

Stakeholders are also developing programmatic guidance on SRHR and addressing gender issues in COVID-19 responses. For humanitarian settings, the Inter-Agency Working Group on Reproductive Health in Crises, a network of 2500 experts from over 120 countries and territories, is actively developing clinical and programmatic guidance, assessments, policy papers and statements to ensure the continued prioritization of SRHR throughout the COVID-19 response and to ensure consideration of gender issues in response efforts. The Inter-Agency Standing Committee has published guidance on how to develop a gender-integrated response to COVID-19 in humanitarian settings.

Priority knowledge gaps

Past experiences have shown the importance of both applying a gender lens to the global COVID-19 response and having an adequate level of women's representation in national, regional and local responses. The World Health Organization's Executive Board has emphasized the need to engage and involve women in outbreak preparedness and response, and the media has covered the role of women leaders in many countries' pandemic responses; however, women's representation in global and national COVID-19 decision-making bodies is still inadequate.[15] Credible and robust data systems are needed to understand the gendered impact of COVID-19. Global Health 50/50 is tracking sex-disaggregated data on COVID-19 cases and deaths for the most affected countries, although some countries are still not reporting gender- and age-disaggregated data.

Global Health 50/50 and other organizations have called for governments to disaggregate data (on testing, cases, admissions and deaths) and to include a gender and generational focus in all research on COVID-19, in order to ensure that the health needs of men, women, adolescents and children are addressed in prevention and treatment, vaccine development and post-pandemic recovery efforts. In the light of decreases in financing for SRHR during previous health emergencies, data on SRHR financing during the COVID-19 pandemic now need to be tracked to examine whether funds are being diverted, and if so to what extent, where and for which populations, in order to identify and address resulting gaps in services and access.



References

1 Wenham C, Arevalo A, Coast E et al. Zika, abortion and health emergencies: a review of contemporary debates. Global Health. 2019; 15:49. doi: 10.1186/s12992-019-0489-3

2 UNDP, Irish Aid. Assessing sexual and gender based violence during the Ebola outbreak in Sierra Leone. New York: UNDP; 2015. https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html

3 Caruana-Finkel L. Abortion in the time of COVID-19: perspectives from Malta. Sex Reprod Health Matters. 2020; 28:1780679. doi: 10.1080/26410397.2020.1780679

4 Jeltsen M. The inside story of how Arkansas exploited COVID to stop abortions. Huffington Post; 22 June 2020. https://www.huffingtonpost.co.uk/entry/arkansas-coronavirus-abortion_n_5eeba27ac5b6413b964e4caa?ri18n=true

5 Skoric T. Repressive draft laws in times of COVID-19: human rights violations on parliamentary agenda in Hungary and Poland. 4liberty.eu; 30 April 2020. http://4liberty.eu/repressive-draft-laws-in-times-of-covid-19-human-rights-violations-on-parliamentary-agenda-in-hungary-and-poland/

6 Acting Administrator John Barsa letter to UN Secretary General Guterres. Press release. Washington, DC: USAID; 2020. https://www.usaid.gov/news-information/press-releases/may-18-2020-acting-administrator-john-barsa-un-secretary-general-antonio-guterres

7 Ahmed Z, Cross L. Crisis on the horizon: devastating losses for global reproductive health are possible due to COVID-19. New York: Guttmacher Institute; 2020. https://www.guttmacher.org/article/2020/04/crisis-horizon-devastating-losses-global-reproductive-health-are-possible-due-covid

8 Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage. Interim Technical Note. New York: UNFPA; 2020. https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

9 COVID-19: A gender lens. Protecting sexual and reproductive rights, and promoting gender equality. Technical brief. New York: UNFPA; 2020. https://www.unfpa.org/resources/covid-19-gender-lens

10 COVID-19 impact on education data. Paris: UNESCO; 2020. https://en.unesco.org/covid19/educationresponse

11 Desai S, Samari G. COVID-19 and immigrants' access to sexual and reproductive health services in the United States. Perspect Sex Reprod Health. 2020; 52:69–73. doi: 10.1363/psrh.12150

12 Ryan V. Telemedicine abortion consultations permitted - Health Minister. Irish Medical Times; 27 March 2020. https://www.imt.ie/uncategorised/telemedicine-abortion-consultations-permitted-health-minister-27-03-2020/

13 Elzas S. France extends access to abortion during COVID-19 pandemic. Radio France Internationale; 11 April 2020. https://www.rfi.fr/en/france/20200411-france-extends-access-to-abortions-during-covid-19-pandemic

14 Lord J, Lohr P, Masters T, Hal S, Black B. Coronavirus (COVID-19) infection and abortion care. London: Royal College of Obstetricians and Gynaecologists; 2020. https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/

15 Wenham C, Smith J, Morgan R. COVID-19: the gendered impacts of the outbreak. Lancet. 2020; 395:846–848. doi: 10.1016/S0140-6736(20)30526-2

Available online at
http://www.who.int/pmnch/knowledge/publications/summaries/en/