



Submission to the Special Rapporteur on the right to physical and mental health: The right to sexual and reproductive health during COVID-19

Sexual Rights Initiative

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This submission is made by the Sexual Rights Initiative (SRI). The Sexual Rights Initiative is a coalition of national and regional organizations based in Canada, Poland, India, Egypt, Argentina and South Africa, that work together to advance human rights related to sexuality at the United Nations.¹

Introduction

1. This submission locates the impact of COVID-19 on the right to sexual and reproductive health within a broader context of racial capitalism, patriarchy, colonialism, ableism and austerity. It argues that the analysis of the state of the right to sexual and reproductive health during the COVID-19 pandemic must engage with these structures and systems of oppressions, as well as the macroeconomic and geopolitical factors impeding the equal enjoyment of SRHR across the globe. The submission also outlines SRHR trends reported by SRI partners and collaborators at the international, regional and national levels during this pandemic, including de-prioritization, de-funding, retrogression, opportunistic and “protectionist” actions taken by States.

Sexuality, bodily autonomy, intersectionality and sexual and reproductive health and rights

2. Any analysis of the right to SRH during COVID-19 must grapple both with the full extent of States’ obligations under the right to health, including its determinants and the material conditions necessary for its enjoyment, and with sexuality as a core component of the right to sexual and reproductive health. Sexuality cannot be reduced to “a problem,” to the prevention of violence, to reproduction² or to a narrow conception of the health framework; but must

¹ For more information about the Sexual Rights Initiative, please see <http://www.sexualrightsinitiative.com/>

² As noted by Paul Hunt during his mandate as Special Rapporteur, “[s]ince many expressions of sexuality are non-reproductive, it is misguided to subsume sexual rights, including the right to sexual health, under reproductive rights and reproductive health.” (E/CN.4/2004/49, para. 55).

encompass the full extent of sexual rights and well-being.³ As noted in the World Health Organization’s working definition, sexual health implies “a state of physical, emotional, mental and social well-being in relation to sexuality”⁴ and cannot be reduced to the absence of disease.

3. Also central to sexual and reproductive health and rights (SRHR) is the concept of bodily autonomy, which interrogates and encompasses the options and material conditions available to people for the exercise of autonomy and self-determination over their bodies and lives, without coercion, discrimination, or interference from the State, family, society and other external elements.⁵ As the right to bodily autonomy is increasingly recognized and affirmed by UN bodies⁶ following years of feminist advocacy, it is crucial that it retain its radical and transformative potential beyond an individual exercise of choice, its challenge to power structures and unequal resource distribution, and its grounding in intersectional analysis.
4. We welcome the Special Rapporteur’s intersectional approach and the report’s objective to deepen the analysis of structural and systemic issues, including colonialism and racism. This is crucial in a pandemic context that has exposed and deepened oppressions, and in a UN human rights system that has increasingly referenced intersectionality (usually adapted to “multiple and intersecting forms of discrimination”), but has often done so without credit to its Black feminist origins, often diluting its radical critique of white supremacy, patriarchy, and other systems of oppression and its complication of any sense of gender, sex, class, or race as singular and discrete identities.⁷

³ SRI submission to the Working Group on Discrimination against Women and Girls on women’s and girls’ sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, paras 4 and 5.

⁴ World Health Organization: “Sexual and reproductive health.”

https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/

⁵ For more on SRI and SRI partners’ conception of the right to bodily autonomy, see for instance the Highlights from the panel on Bodily Autonomy and Sexual Rights held on 20 September 2016 during the 33rd session of the UN Human Rights Council: <https://sexualrightsinitiative.com/ru/node/98>; and the SRI Submission to the Office of the High Commissioner for Human Rights on the elimination of discrimination against women and girls in sports (2019), paras 19-20, <https://www.sexualrightsinitiative.com/resources/submission-ohchr-elimination-discrimination-against-women-and-girls-sports>

⁶ See for instance Human Rights Council Resolution 40/5: Elimination of discrimination against women and girls in sport (2019), which called upon states to repeal rules, policies and practices that negate women and girl athletes’ rights to bodily integrity and autonomy ([A/HRC/RES/40/5](https://undocs.org/en/A/HRC/RES/40/5), OP3); HRC resolution 44/17: Elimination of all forms of discrimination against women and girls, <https://undocs.org/en/A/HRC/RES/44/17>, OP 7; UNFPA, My Body is My Own: Claiming the right to autonomy and self-determination (2021), https://www.unfpa.org/sites/default/files/pub-pdf/SoWP2021_Report_-_EN_web.3.21_0.pdf; Generation Equality Forum: Action Coalitions: A Global Acceleration Plan for Gender Equality (draft - 30 March 2021), https://forum.generationequality.org/sites/default/files/2021-03/AC_Acceleration%20Plan.Final%20Draft%20%28March%2030%29_EN.pdf; Report of the United Nations High Commissioner for Human Rights: Intersection of race and gender discrimination in sport, <https://undocs.org/en/A/HRC/44/26>, para. 34(f).

⁷ One telling example was the 2020 HRC panel discussion on “Gender and diversity: strengthening the intersectional perspective in the work of the Council,” during which many states did not mention racism in their

Structural discrimination

5. As recently noted by the Working Group on discrimination against women and girls, “[t]here are communities of women and girls whose lives have been shaped by histories of oppression, enslavement, exclusion, racial discrimination, forced assimilation and apartheid, linked to conquest and colonization, as well as systematic violence and disregard for their culture, spirituality and traditions, and, as a result, have been subjected to a “persistent state of crisis.” Many have been systematically subjected to reproductive violence, including forced pregnancy and sterilization, while others have been separated from their children.”⁸ Prior to the pandemic, the Special Rapporteur on Extrajudicial Executions had also found that “for the vast majority of women and girls, their human rights journey entails confronting a system of State actions and inactions, feeding and fed by systemic discrimination, resulting in violation of their rights to basic necessities and ultimately in a violation of their right to life.”⁹
6. It would therefore be misguided to view the state of SRHR during this pandemic only as a short-term consequence of COVID-19 restrictions and impacts; rather, it is the product of the same capitalist, neo-liberal, patriarchal, racist and ableist power structures that shaped disparities in COVID-19 infection and mortality rates, that treat some lives as expendable, and that continue to shape reproductive politics around population control and social control over women’s bodies rather than bodily autonomy and reproductive justice.¹⁰ In that context, it is important to resist the urge to view COVID-19 as an exceptional, short-lived disruption from a path to progress, and we must both heed and complicate calls for “building back better” in the wake of the pandemic.¹¹ Too often, “progress” is selective and achieved for the global north through racial capitalism¹² and economic exploitation of the global south and of marginalized communities in the north. A human rights-based approach to COVID-19 recovery cannot be satisfied with a return to pre-pandemic “normality” but must advocate bold actions to transform the economic systems, white supremacy and environmental destruction that have led

statements, as noted by Dr Joia Crear Perry in her closing remarks (see <http://webtv.un.org/search/panel-discussion-on-gender-perspective-24th-meeting-45th-regular-session-human-rights-council/6195343025001/?term=strengthening%20the%20intersectional%20perspective&cat=Meetings%2FEvents&sort=date&page=8>).

⁸ Report of the Working Group on discrimination against women and girls: Women’s and girls’ sexual and reproductive health rights in crisis, 2021, <https://undocs.org/A/HRC/47/38>, para. 63.

⁹ Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings, A/HRC/35/23, <https://undocs.org/A/HRC/35/23>, para. 90.

¹⁰ Joint civil society statement on abortion, delivered during the 45th session of the UN Human Rights Council and endorsed by 354 organizations and 643 individuals:

<https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

¹¹ SRI: “A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020.” (forthcoming)

¹² See for instance Laster Pirtle WN. 2020. “Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States.” *Health Education & Behavior : the Official Publication of the Society for Public Health Education*. 47 (4): 504-508. <https://journals.sagepub.com/doi/full/10.1177/1090198120922942>

us here - while also resisting the portrayal of the pandemic as a war, which justifies increased militarization,¹³ securitization¹⁴ and criminalization¹⁵ at odds with human rights-based approaches.¹⁶

Geopolitics, macroeconomic policies and SRHR

7. As outlined in a previous SRI submission on this topic, crises are often aggravated and followed by neo-liberal economic responses with conditionalities accompanying loans by international financial institutions and donor countries.¹⁷ In many countries, health systems were already stretched and underfunded before the pandemic,¹⁸ after decades of austerity, structural adjustments, and privatization pushed by global financial institutions, donors, and governments.¹⁹ The same conditions are now imposed in IMF COVID-19 loans,²⁰ which will further deplete health systems and social security nets in the global south for years to come. Persistent deficits, unavailability of public funds and low prioritization of health by governments in their public expenditure exacerbate the strain on health systems. In Egypt for instance, inadequate budgetary allocations for health in the 2020-2021 budget adopted during the

¹³ For analysis on this war analogy, see for instance <https://www.wilpf.org/covid-19-militarise-or-organise/> and <https://www.wilpf.org/covid-19-waging-war-against-a-virus-is-not-what-we-need-to-be-doing/>

¹⁴ On health securitization, see for instance <https://www.e-ir.info/2019/12/04/the-dangers-of-securitizing-health/>; <https://www.internationalhealthpolicies.org/featured-article/indias-health-securitisation-under-the-covid-19-pandemic/>; and https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/is-the-gradual-securitization-of-most-health-issues-a-positive-or-a-negative-development-for-effective-global-health-governanc-1/5083982/9003?customblogportlet=WAR_customblogportlet_entryId=6298737

¹⁵ See for instance UNAIDS press statement: “UNAIDS condemns misuse and abuse of emergency powers to target marginalized and vulnerable populations” (9 April 2020),

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200409_laws-covid19; Report of the Working Group of Experts on People of African Descent, <https://undocs.org/en/A/74/274>, paras 54-69; and RESURJ and Vecinas Feministas’ cross-regional feminist analysis on the criminalization of a pandemic at <https://resurj.org/wp-content/uploads/2021/03/ENG-The-Criminalization-of-a-Pandemic.pdf>

¹⁶ SRI: “A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020.” (forthcoming)

¹⁷ SRI submission to the Working Group on Discrimination against Women and Girls on women’s and girls’ sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, paras 6-7, 20-22.

¹⁸ ECLAC and UNFPA: Risks of the COVID-19 pandemic for the exercise of women’s sexual and reproductive rights, https://repositorio.cepal.org/bitstream/handle/11362/46508/1/S2000905_en.pdf, page 1.

¹⁹ Joint civil society statement on abortion, delivered during the 45th session of the UN Human Rights Council and endorsed by 354 organizations and 643 individuals:

<https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

²⁰ Oxfam research has found that austerity was encouraged or required in 84% of 91 IMF COVID-19 loans approved to 81 countries by September 2020. See Nadia Daar and Nona Tamale: “A Virus of Austerity? The COVID-19 spending, accountability, and recovery measures agreed between the IMF and your government.” Oxfam (October 2020), available at <https://www.oxfam.org/en/blogs/virus-austerity-covid-19-spending-accountability-and-recovery-measures-agreed-between-imf-and>

pandemic failed to reach the constitutional minimum spending on health and to make adjustments to face COVID-19.²¹

8. Privatization of health and other services prioritizes profit over the rights of patients, who are instead treated as customers. Access to health services is dependent on buying power, further marginalizing lower-income groups who are often turned away or accrue significant debts to access basic health care.²² All of this has a gendered impact,²³ with women and girls having to step into the gaps left by the state without compensation.²⁴
9. Aid, international funding and technical cooperation practices modelled like aid, are often harmful to existing health systems and undermine women's human rights, particularly on SRHR. Generally, "funders fail to focus their activities on the health needs of recipient states and direct assistance towards health systems development, inadequately incorporate the inputs of affected communities in their activities, and attach conditionalities to the receipt of funding for health."²⁵ International health financing is not designed to make existing domestic health systems sustainable. On the contrary, it has the impact of making health financing reliant only on international financing. Consequently, donor priority changes require an overhaul of health infrastructure in the recipient country.²⁶ One prominent example is the Global Gag Rule by the USA.²⁷ Recent cuts by the UK to its budgetary contributions to UN agencies such as UNFPA and

²¹ Egyptian Initiative for Personal Rights: "Despite expected continuity of the pandemic, Covid-19 is missing in government fiscal plans" (1 July 2020), <https://eipr.org/en/press/2020/07/launch-position-paper-titled-despite-expected-continuity-pandemic-covid-19-missing>

²² See the SRI submission to the Working Group on Discrimination against Women and Girls on women's and girls' sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, para. 21.

²³ Report of the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights: Impact of economic reforms and austerity measures on women's human rights, <http://www.undocs.org/A/73/179>, 2018, paras. 7, 10, 78, 89.

²⁴ SRI statement for the HRC44 Annual full-day discussion on the human rights of women - panel 2: COVID-19 and women's rights, <https://www.sexualrightsinitiative.com/resources/hrc-44-statement-covid-19-and-women-rights>

²⁵ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on health financing in the context of right to health, <https://undocs.org/A/67/302>, 2012.

²⁶ Some examples include the forced "modernization" of traditional systems in global south states without adapting to the context of these states, the kinds of contraception available and pushed into global south economies like Depo-Provera, and the dismantling of traditional birth attendant systems instead of training or adapting the existing systems, among others. (See Caitlin Lambert (2020) 'The objectionable injectable': recovering the lost history of the WLM through the Campaign Against Depo-Provera, *Women's History Review*, 29:3, 520-539, DOI: [10.1080/09612025.2019.1695354](https://doi.org/10.1080/09612025.2019.1695354); SRI submission to the Working Group on Discrimination against Women and Girls on women's and girls' sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, para. 22).

²⁷ Please see IPPF: "Global Gag Rule" at <https://www.ippf.org/global-gag-rule>; Human Rights Watch: "Trump's 'Mexico City Policy' or 'Global Gag Rule'" (8 February 2018), <https://www.hrw.org/news/2018/02/14/trumps-mexico-city-policy-or-global-gag-rule>

UNAIDS will also have devastating impacts on SRHR²⁸ and perpetuate the underfunding of the UN system,²⁹ including the OHCHR.

De-prioritization and retrogressions on SRHR during the pandemic

10. States' consistent failure to comply with their SRHR obligations, both before and during crises, "is discriminatory and constitutes a major crisis in itself."³⁰ Pre-existing SRHR violations and the common punitive regulations and criminalization that fuel them, including laws criminalizing abortion, contraception, adolescent sexuality, same-sex relations and sex work, have only been exacerbated during the pandemic.³¹ Women and girls' rights to bodily autonomy and safe abortion have been some of the first rights to be sacrificed under the guise of prioritizing COVID, as if health was a zero-sum game.³²
11. Feminist political economic analyses of COVID-19 point to "a common trend concerning whose interests are prioritised and whose are neglected"³³ along gender, class and racial lines – from decisions to restart male-dominated industries first in China, to lack of childcare in the UK for essential workers, most of whom are women, the exclusion of non-citizens from relief support in Hong Kong and Canada, to the inadequate prevention of gender-based violence across the world.³⁴ States' de-prioritization of SRHR also reflects "societal hierarchies about who matters and who does not,"³⁵ just as their failure to consider the social determinants of health and to act against systemic racism has led to a higher rate of mortality and morbidity for people of African descent³⁶ and other racialized people.

²⁸ UN News: "UK's 85% family planning aid cut will be devastating for women and girls says UNFPA, while UNAIDS also 'deeply regrets' cuts" (29 April 2021), <https://news.un.org/en/story/2021/04/1090892>

²⁹ Thalif Deen: "UN's \$5.1 Billion Shortfall Threatens Operations Worldwide," InterPress Service, 5 November 2020, <http://www.ipsnews.net/2020/11/uns-5-1-billion-shortfall-threatens-operations-worldwide/>

³⁰ Report of the Working Group on discrimination against women and girls: Women's and girls' sexual and reproductive health rights in crisis, 2021, <https://undocs.org/A/HRC/47/38>, paras 25 and 71.

³¹ See the SRI submission to the Working Group on Discrimination against Women and Girls on women's and girls' sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, para. 17.

³² Joint civil society statement on abortion, delivered during the 45th session of the UN Human Rights Council and endorsed by 354 organizations and 643 individuals: <https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

³³ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021): More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, DOI: [10.1080/17441692.2021.1896765](https://doi.org/10.1080/17441692.2021.1896765), page 11.

³⁴ *Ibid.*, page 11.

³⁵ Report of the Working Group on discrimination against women and girls: Women's and girls' sexual and reproductive health rights in crisis, 2021, <https://undocs.org/A/HRC/47/38>, para. 38.

³⁶ Report of the Working Group of Experts on People of African Descent: COVID-19, systemic racism and global protests, <https://undocs.org/en/A/HRC/45/44>, 2020, para. 16.

12. In Canada, COVID-19 has had a significant impact on the availability and accessibility of SRH services. In many communities, abortion clinics and sexual health centres are the main SRH service providers and were forced to reduce hours and services despite increased calls to sexual health lines and a spike in reported sexual and intimate partner violence.³⁷ During the initial months of the pandemic, calls to Action Canada for Sexual Health and Rights' Access Line service³⁸ more than doubled from about 200 calls a month to almost 500 calls. STI testing remains limited due to the decreased capacity of community-based providers and the prioritization of COVID-19 demands in labs.

Contraception

13. Due to the disruption of SRH services, including access to contraceptives and disruptions in supply chains, straining of health systems and movement restrictions as well as reluctance to go to clinics, UNFPA estimated that between 13 to 51 million women in low- and middle-income countries would be unable to use modern contraceptives depending on the duration of lockdowns and the severity of the disruption.³⁹

14. In Egypt, the Egyptian Initiative for Personal Rights has warned against the intensification of pre-existing shortages of contraceptives, medicine for pregnant women, and menstrual hygiene products, especially for women in prisons.⁴⁰

15. In Sudan, the pandemic has worsened access to contraception, antenatal care and emergency obstetric care, especially in conflict zones, and in a context of increased gender-based violence intensified by lockdown measures and school closures.⁴¹

16. In Namibia, teenage pregnancies have increased dramatically under COVID-19 lockdown regulations, including because of a lack of access to sexual and reproductive health services.⁴²

³⁷ Action Canada for Sexual Health and Rights: *Abortion and COVID-19 in Canada* (forthcoming, as part of the SRI's SRHR in review publication).

³⁸ Action Canada's Access Line is a 24h/7 phone and text line that provides information, support, and referrals for sexual and reproductive health and rights. For more information please see <https://www.actioncanadashr.org/resources/access-line>

³⁹ UNFPA: Impact of COVID-19 on access to contraceptives in the LAC region: Technical Report (August 2020) https://lac.unfpa.org/sites/default/files/pub-pdf/technical_report_impact_of_covid_19_in_the_access_to_contraceptives_in_lac_1_2.pdf, page 3.

⁴⁰ See EIPR's gender tracker monitoring the impact of the pandemic on women and other marginalized groups, available and updated at <https://eipr.org/en/publications/tracking-impact-epidemic-containment-policies-women-and-vulnerable-groups-egypt>

⁴¹ UPR stakeholder report submitted by the Sexual Rights Initiative and an anonymous human rights defender from Sudan, para. 27, <https://sexualrightsinitiative.com/sites/default/files/resources/files/2021-05/UPR%2039%20Sudan%20SRI.pdf>.

⁴² Joint Stakeholder Submission for the Universal Periodic Review of Namibia by Positive Vibes Trust, Women's Leadership Centre, Young Feminists Movement Namibia (Y-Fem), the Coalition of African Lesbians, AIDS and Rights Alliance for Southern Africa, and the Sexual Rights Initiative, para. 31,

17. In Canada, contraception care and especially IUD insertion have been impacted. In some regions, family doctors and specialists refer patients to overwhelmed sexual health centres because of their own new COVID protocols.⁴³ With many people out of work, there has also been increased pressure on sexual health centres that offer free or low-cost contraception.

Abortion

18. As reported to the Human Rights Council in September 2020 in a collective civil society statement,⁴⁴ during the pandemic, some governments increased barriers to abortion by deeming it a non-essential medical procedure,⁴⁵ or instrumentalized the crisis to further restrict access in law or practice.⁴⁶ In health systems, inadequate planning and the redeployment of medical personnel and resources to COVID-19 have decreased access to abortion and contraception. Confinement measures have restricted the ability to travel to health facilities exacerbating the onerous requirements to comply with strict gestational limits on abortion. The dramatic rises in domestic and intimate partner violence, the exponential increase in care burdens on women and girls, the loss of livelihoods, closing of borders, crackdowns based on migration status, as well as systemic racism in policing and lockdown enforcement all limit access to sexual and reproductive health services. At the same time, the expansion of abortion access through increased legal limits for medical abortion and facilitated telemedicine procedures in some countries have proved that these barriers were never medically necessary.⁴⁷

<https://sexualrightsinitiative.com/sites/default/files/resources/files/2020-12/UPR38%20Namibia%20WLC%20and%20SRI.pdf>.

⁴³ Action Canada for Sexual Health and Rights: *Abortion and COVID-19 in Canada* (forthcoming, as part of the SRI's SRHR in review publication).

⁴⁴ Joint civil society statement on abortion, delivered during the 45th session of the UN Human Rights Council and endorsed by 354 organizations and 643 individuals:

<https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

⁴⁵ See e.g. the statement by the UN Working Group on discrimination against women and girls: "Responses to the COVID-19 pandemic must not discount women and girls," available at

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25808&LangID=E>

⁴⁶ See e.g. Sexuality Policy Watch: "Abortion under attack during COVID-19 pandemic" (16 April 2020) available at <https://sxpolicy.org/abortion-under-attack-during-covid-19-pandemic/20624>; Joint statement from the Working Group on Discrimination against Women and Girls and the Special Rapporteurs on the right to health, on violence against women, and on cultural rights: "Poland urged not to criminalise sex education or tighten access to abortion" (16 April 2020), available at

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25796&LangID=E>; Joint statement

from the Working Group on Discrimination against Women and Girls and the Special Rapporteurs on the right to health and on violence against women: "United States: Authorities manipulating COVID-19 crisis to restrict access to abortion, say UN experts" (27 May 2020) available at

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25907&LangID=E>

⁴⁷ Joint civil society statement on abortion, delivered during the 45th session of the UN Human Rights Council and endorsed by 354 organizations and 643 individuals:

<https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

19. The exacerbation of existing barriers to safe abortion is visible across the world. In Canada, many people must travel hundreds of kilometers to access abortion providers in urban centres, and cover travel and accommodation costs. People requiring access to abortion after 24 weeks must travel to the United States as these services are not available in Canada. These barriers can become impossible to overcome when someone does not have a passport or Canadian citizenship, is precariously housed, does not have a cell phone, has a criminal record, lives with mental health or substance use issues, is subject to domestic violence or reproductive coercion, faces constant emergencies due to poverty, has a disability, is underage, or lives in a province that has not established a policy to ensure cost coverage for procedures abroad. With rolling lockdowns across Canada, the border closure with the United States for all except essential travel, the need to quarantine before and after traveling, job loss, and the cancelation of bus routes and flights, more and more people have found these barriers insurmountable.⁴⁸
20. In Hungary, the ban on Mifepristone and Misoprostol has left women with only one option to access medical abortion (and avoid the 2 mandatory counselling sessions required for surgical abortion), which is to travel to a neighboring country such as Austria. This has meant that women had to continue to travel during the pandemic and risk their health and safety to access medical abortions - if they could afford it at all.⁴⁹
21. In Georgia, the pandemic and related lockdown and transportation restrictions have exacerbated existing affordability and accessibility barriers to abortion, especially for rural and women and girls, in a context of privatized health care that contributes to gaps in sexual and reproductive health services.⁵⁰
22. UNFPA has reported shortages in mifepristone and misoprostol in Chile and of misoprostol in Argentina, while in Colombia the treatment of abortion as a non-priority health service has intensified access barriers.⁵¹

⁴⁸ Action Canada for Sexual Health and Rights: *Abortion and COVID-19 in Canada* (forthcoming, as part of the SRI's SRHR in review publication).

⁴⁹ Joint Stakeholder Submission for the Universal Periodic Review of Hungary by PATENT: Association of People Opposing Patriarchy and SRI: <https://sexualrightsinitiative.com/sites/default/files/resources/files/2021-05/UPR%2039%20Hungary%20PATENT%20and%20SRI.pdf>, para. 9.

⁵⁰ Joint Stakeholder Submission for the Third Universal Periodic Review of Georgia, by HERA-XXI and SRI: <https://sexualrightsinitiative.com/sites/default/files/resources/files/2020-08/UPR37%20Georgia%20HERAXXI%20and%20SRI.pdf>, paras. 11-13.

⁵¹ ECLAC and UNFPA: Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights, https://repositorio.cepal.org/bitstream/handle/11362/46508/1/S2000905_en.pdf, page 6.

Retgression, roll-back and crackdown on dissent

23. States have also used the pandemic to further conservative agendas, to restrict SRH access and to crack down on protest and dissent. In Poland, a ruling by the “Constitutional Tribunal”⁵² introduced a near-total ban on abortion in the country following years of SRHR retrogression, threats of further abortion restrictions, and judicial reforms compromising the independence of the Polish justice system.⁵³
24. This ruling was followed by massive protests in defense of abortion which were met by violent police repression⁵⁴ and serious threats against women human rights defenders.⁵⁵ In the United States, protests against systemic racism were also met with repression and militarization,⁵⁶ while the Brazilian government handed oversight of the health crisis management to the military⁵⁷ and cracked down on critics of its pandemic response.⁵⁸

⁵² The quotation marks are added to reflect the serious concerns regarding the legality and legitimacy of the Tribunal following controversial judicial reforms. Among many other international experts and bodies, the Special Rapporteur on the independence of judges and lawyers, after visiting Poland in 2017, stated that “the legitimacy and independence [of the Constitutional Tribunal] have been seriously undermined by the coordinated set of actions put in place by the Government to bring [it] under its control. Today, the Tribunal cannot ensure an independent and effective review of the constitutionality of legislative acts adopted by the legislator. This situation casts serious doubts over its capacity to protect constitutional principles and to uphold human rights and fundamental freedoms.” (Report of the Special Rapporteur on the independence of judges and lawyers on his mission to Poland, [A/HRC/38/38/Add.1](#), 2018, para. 73).

⁵³ See the Federation for Women and Family Planning’s updates on the judgment and its impacts at <https://en.federa.org.pl/constitutional-tribunal-rules-to-ban-abortion/>; <https://en.federa.org.pl/poland-introduces-a-nearly-total-ban-on-abortion/>; <https://en.federa.org.pl/polish-constitutional-tribunal-publishes-justification-for-the-abortion-banning-ruling/>; <https://en.federa.org.pl/srhr-in-poland-overview-may-2021/> and <https://en.federa.org.pl/srhr-update-on-poland-apr-2021/>.

⁵⁴ See for instance CIVICUS: “Polish government must stop violent crackdowns on protesters.” (28 October 2020): <https://www.civicus.org/index.php/media-resources/media-releases/4710-polish-government-must-stop-violent-crackdowns-on-protesters>

⁵⁵ See for instance Human Rights Watch: “Poland: Escalating Threats to Women Activists.” (31 March 2021): <https://www.hrw.org/news/2021/03/31/poland-escalating-threats-women-activists>. On the targeting of women human rights defenders for violence, intimidation and retaliation because of their efforts to ensure sexual and reproductive health rights, see also the Report of the Working Group on discrimination against women and girls: Women’s and girls’ sexual and reproductive health rights in crisis, 2021, <https://undocs.org/A/HRC/47/38>, para. 42.

⁵⁶ See the Special Procedures’ Statement on the Protests against Systemic Racism in the United States (5 June 2020) at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25927>

⁵⁷ For details please see Sexuality Policy Watch: “Sexual politics in times of pandemic” (29 April 2020): <https://sxpolitics.org/sexual-politics-in-times-of-pandemic/20734>

⁵⁸ Human Rights Watch: “Brazil: Crackdown on Critics of Covid-19 Response.” (28 January 2021): <https://www.hrw.org/news/2021/01/28/brazil-crackdown-critics-covid-19-response>

Protectionism and criminalization

25. During crises and certainly during this pandemic, the state apparatus compensates for instability by increasing measures to control its population, punish dissent and use fear-based narratives to monitor and police people.⁵⁹ Research by RESURJ and Vecinas Feministas into governments' reliance on punitive measures and criminalization in the name of public health during the pandemic has found political opportunism in all regions, with governments pushing forth laws and measures under the guise of pandemic response to further other agendas, with the effect of closing civil society space, furthering marginalization, and restricting democratic debate on key issues.⁶⁰ Policing and control also take the form of protectionism, an approach treating women and girls not as autonomous but as "vulnerable" and in need of protection - from themselves and/or from real and perceived dangers⁶¹ - and reducing their identity to their sexual and reproductive capacities in the face of sexual violence it views as inevitable.⁶²

Gender-based violence

26. Confinement measures have exposed and exacerbated gender-based violence, and have clearly shown, if it was still needed, that families and homes are also sites of violence, belying conservative conceptions of "the family" as a safe space.⁶³

⁵⁹ SRI submission to the Working Group on Discrimination against Women and Girls on women's and girls' sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, para. 18.

⁶⁰ RESURJ and Vecinas Feministas: "The criminalization of a pandemic: a cross-regional feminist analysis." (February 2021), <https://resurj.org/wp-content/uploads/2021/03/ENG-The-Criminalization-of-a-Pandemic.pdf>, page 8.

⁶¹ An example of this is the practice of "rescuing" and "rehabilitating" sex workers, with no regard for the wishes, desires or decisions of the sex workers themselves. See, for instance, the SRI & NSWP submission to the Working Group on Discrimination against Women and Girls for its report on women deprived of liberty, <https://www.ohchr.org/Documents/Issues/Women/WG/DeprivedLiberty/CSO/Sexual%20Rights%20Initiative%20and%20Global%20Network%20of%20Sex%20Work%20Projects.docx>

⁶² See SRI: "A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020." (forthcoming)

⁶³ The way crisis exacerbates violence is best explained by this quote from Sonia Corrêa (translated from Spanish): "The COVID 19 pandemic, like other crises, brings to light structures, processes and formations that produce inequalities, exclusions, stigma and risks, and which under normal conditions remain hidden. It is as if the crisis opens up a kaleidoscope of very old and very new issues in terms of politics, economics and, above all, biopolitics. Quarantine is revealing in how it tends to accentuate the gender biases of the separation between public and private and the sexual division of labour. Above all, it has unambiguously illuminated how the "family", the private world, is not a safe place for women, children, or even the elderly. This puts in check the conservative ideology that views the "family" as a sacred refuge. These revelations also tell us how deeply rooted and difficult to transform the orders of gender and sexuality are." (Interview with Sonia Corrêa in the newspaper *Página 12*: "The crisis brings to light inequalities that in normality remain hidden", available at: <https://www.pagina12.com.ar/263425-sonia-correa-la-crisis-saca-a-luz-desigualdades-que-en-la-no>).

27. In Paraguay, reported instances of discrimination and violence based on sexual orientation and gender identity have significantly increased during the pandemic, especially cases of violence against queer women and girls in families, and against trans women in public spaces.⁶⁴
28. In Perú, Panamá, and a few Colombian cities, sex/gender segregated permissions to go out for supplies were issued to contain the COVID-19 pandemic and “to facilitate the task of monitoring.”⁶⁵ This measure proved ineffective,⁶⁶ and increased the risk of violence against trans persons and anyone else with non-normative gender expression, and acts of physical and verbal violence were perpetrated by police and civilians.⁶⁷

Maternal health

29. Some specific SRHR issues that have long been neglected, such as maternal health, morbidity and mortality⁶⁸ have been especially affected by the re-prioritization of health services and re-deployment of personnel and resources during the pandemic.⁶⁹ Recent research has found that “[g]lobal maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression”

On the misconception of housing as “safe” during the pandemic, see also the Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context: COVID-19 and the right to adequate housing: impacts and the way forward, A/75/148, 2020, <https://undocs.org/A/75/148>, para. 9.

⁶⁴ In the absence of official data from the Paraguayan government on this issue, this is based on cases reported to the civil society hotline “Rohendu” organized by Aireana (see <https://www.aireana.org.py/tomando-fuerza/rohendu/>) and to the organization Panambi (<http://www.panambi.org.py/contacto/>). See the joint UPR stakeholder submission by Aireana-Grupo por los Derechos de las Lesbianas; Panambí; Red contra toda forma de Discriminación; Somos Pytyvöhára; Akahatá-Equipo de Trabajo en Sexualidades y Géneros, Synergia and SRI, <https://sexualrightsinitiative.com/sites/default/files/resources/files/2020-12/UPR38%20Paraguay%20Akahata%20and%20Aireana%20.pdf>, para. 16.

⁶⁵ See the SRI submission to the Working Group on Discrimination against Women and Girls on women’s and girls’ sexual and reproductive health and rights in situations of crisis, <https://sexualrightsinitiative.com/resources/sri-submission-working-group-discrimination-against-women-and-girls-womens-and-girls>, para. 14.

⁶⁶ Perú withdrew the measure shortly after its enactment, because the days allocated to women saw huge numbers of persons in supermarkets and grocery stores while the same shops were almost empty on the days allocated to men.

⁶⁷ For more details please refer to Tania Tapia Jáuregui: “Las lecciones que dejó el (fallido) intento del ‘Pico y Género’ en Perú” (15 April 2020), available at <https://cerosetenta.uniandes.edu.co/las-lecciones-que-dejo-el-fallido-intento-del-pico-y-genero-en-peru/>

⁶⁸ See the SRI submission to the OHCHR on preventable mortality and morbidity and human rights, available at https://www.ohchr.org/Documents/Issues/Women/WRGS/TechnicalGuidanceMMM/NGOs_and_Individual/Sexual%20Rights%20Initiative.docx, as well as the OHCHR report on this topic, <https://undocs.org/A/HRC/45/19>, para. 2.

⁶⁹ See for instance RESURJ and Vecinas Feministas: “The criminalization of a pandemic: a cross-regional feminist analysis.” (February 2021), <https://resurj.org/wp-content/uploads/2021/03/ENG-The-Criminalization-of-a-Pandemic.pdf>, page 30.

with notable disparities between high-and low-resource settings⁷⁰ and the gravest consequences for marginalized groups.⁷¹ In Latin America and the Caribbean, UNFPA has warned against likely increases in maternal mortality, especially among Indigenous and Afro-descendent women, in adolescent pregnancies, in violent obstetric practices, and a reversal of the progress made regarding HIV/AIDS in recent years owing to reduced access to treatment and testing.⁷²

Impact of the pandemic on sex workers' rights

30. In addition to the confinement and self-isolation which affected sex workers' ability to earn a living, the criminalization of sex work in many countries has meant that sex workers are excluded from emergency social protection measures and government support and face very precarious situations.⁷³ Despite the fact that sex work often requires close proximity and contact with clients, sex workers in Eswatini have struggled to access personal protective equipment such as masks, in addition to facing reduced access to condoms and HIV treatment.⁷⁴ The pandemic and related curfew and confinement measures have also impacted sex workers' livelihoods, in a context in which they are often excluded from government support and relief programs.⁷⁵ In Tanzania, stereotypes about sex workers lead to them being blamed for spreading HIV and COVID-19.⁷⁶ In Denmark, the inability to access proper workspaces, COVID-19 lockdown measures and a legal framework criminalizing aspects of sex work have increased the

⁷⁰ Chmielewska, Barbara, Imogen Barratt, Rosemary Townsend, Erkan Kalafat, Jan van der Meulen, Ipek Gurul-Urganci, Pat O'Brien, et al. 2021. "Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis". *The Lancet Global Health*. 9 (6): e759-e772.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00079-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00079-6/fulltext)

⁷¹ *Ibid.*, page e770.

⁷² ECLAC and UNFPA: Risks of the COVID-19 pandemic for the exercise of women's sexual and reproductive rights, https://repositorio.cepal.org/bitstream/handle/11362/46508/1/S2000905_en.pdf, pages 3-6.

⁷³ See for instance the NSWP submission in response to the joint questionnaire by Special Procedure mandate holders on protecting human rights during and after the COVID-19 pandemic, 2020, available at <https://ohchr.org/Documents/HRBodies/SP/COVID/NGOs/NSWP.docx>, and the UNAIDS and NSWP joint press statement "Sex workers must not be left behind in the response to COVID-19" at https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200408_sex-workers-covid-19

⁷⁴ Joint stakeholder submission by the African Sex Workers Alliance (ASWA) and the Sexual Rights Initiative for the Universal Periodic Review of Eswatini, <https://sexualrightsinitiative.com/sites/default/files/resources/files/2021-05/UPR%2039%20Eswatini%20ASWA%20and%20SRI.pdf>, para. 26.

⁷⁵ *Ibid.*, para. 27.

⁷⁶ Joint stakeholder submission by an anonymous human rights defender from Tanzania, the Southern Africa Litigation Centre, and the Sexual Rights Initiative for the Universal Periodic Review of Tanzania, <https://sexualrightsinitiative.com/sites/default/files/resources/files/2021-05/UPR%2039%20Tanzania%20SALC%20and%20SRI%20%20.pdf>, para. 19.

precarity of sex workers, exacerbating a context in which abusive clients can act with impunity.⁷⁷

Key SRHR trends within the Geneva-based human rights system

31. At the multilateral level, the treatment of SRHR during the pandemic has largely reflected the trends witnessed at the regional and national level. Both at home and in multilateral spaces such as the Human Rights Council, many governments have neglected the structural discriminations and underlying causes compounding the impact of the pandemic on human rights, and perpetuated protectionist approaches to women's rights.⁷⁸ While 2020 saw the adoption of a resolution on discrimination against women and girls advocating an intersectional approach to eliminating discrimination against women and girls and promoting the right to bodily autonomy as well as universal access to sexual and reproductive health services,⁷⁹ the past year and a half has also seen northern states resisting southern states' initiatives on eliminating inequalities between and among states,⁸⁰ on access to vaccines,⁸¹ on systemic racism and police murders of Black people in the US,⁸² and on Israel's violations against

⁷⁷ Joint stakeholder submission by That's What She Said and the Sexual Rights Initiative for the Universal Periodic Review of Denmark, <https://sexualrightsinitiative.com/sites/default/files/resources/files/2020-12/UPR%2038%20Denmark%20WSS%20and%20SRI.pdf>, para. 7.

⁷⁸ See SRI: "A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020." (forthcoming)

⁷⁹ HRC resolution 44/17: Elimination of all forms of discrimination against women and girls, <https://undocs.org/en/A/HRC/RES/44/17>.

⁸⁰ HRC Resolution 45/14: Eliminating inequality within and among States for the realization of human rights, <https://undocs.org/en/A/HRC/RES/45/14>.

⁸¹ HRC Resolution 46/14: Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic, <https://undocs.org/A/HRC/RES/46/14>. For more information on the negotiations leading to the resolution, please see <https://www.sexualrightsinitiative.com/news/2021-apr/did-you-miss-it-heres-what-happened-hrc-46>.

⁸² HRC Resolution 43/1: Promotion and protection of the human rights and fundamental freedoms of Africans and of people of African descent against excessive use of force and other human rights violations by law enforcement officers, <https://undocs.org/A/HRC/RES/43/1>. For more information on this resolution please see www.cal.org.za/2020/06/26/press-release-un-human-rights-council-resolution-on-racial-dismcimation-and-police-brutality/ and <https://www.sexualrightsinitiative.com/news/2020-jun/urgent-debate-and-resolution-racism-and-police-brutality-and-other-updates-hrc-43>

Palestinians despite important civil society mobilization⁸³ and UN expert positions⁸⁴ on these issues. Northern states have also used this selective interpretation of accountability at the Council relating to the role of international financial institutions, which is rarely acknowledged or addressed, transnational corporations,⁸⁵ and international sporting bodies,⁸⁶ while a resolution's focus on accountability for women and girls' rights in humanitarian situations was initially met with resistance by several states.⁸⁷

⁸³ On access to vaccines, see the joint statement by IWRAP Asia Pacific, the Cairo Institute for Human Rights Studies, the Sexual Rights Initiative and endorsed by a total of 71 organizations during the 46th session of the Human Rights Council: <https://www.iwraw-ap.org/resources/statement-on-the-human-rights-obligation-to-ensure-equitable-access-to-covid-19-vaccine/>; see also the joint statement delivered by Action Canada for Sexual Health and Rights on behalf of a group of 15 organizations based in the Global North at https://www.youtube.com/watch?v=JlSI8o5_3uE.

On systemic racism and police violence in the USA, see the Coalition Letter: Request for U.N. Independent Inquiry Into Escalating Situation of Police Violence and Repression of Protests in the United States, <https://www.aclu.org/letter/coalition-letter-request-un-independent-inquiry-escalating-situation-police-violence-and?redirect=letter/coalition-letter-request-un-investigation-escalating-situation-police-violence-and-repression>

On Israel, see the civil society call on Palestine: 120 Regional and International Organizations Call on States to Ensure Accountability and Address Root Causes in HRC Special Session: <https://www.sexualrightsinitiative.com/resources/palestine-120-regional-and-international-organizations-call-states-ensure-accountability>

⁸⁴ See the Statement from the UN Special Rapporteur on Contemporary Forms of Racism, Racial Discrimination, Xenophobia and Related Intolerance and the Working Group of Experts on People of African Descent (17 June 2020): <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25969&LangID=E>; the Special Procedures' Statement on the Protests against Systemic Racism in the United States (5 June 2020) at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25927&LangID=E>; "UN experts condemn modern-day racial terror lynchings in US and call for systemic reform and justice" (5 June 2020) at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25933>; Statement by UN Human Rights Experts Universal access to vaccines is essential for prevention and containment of COVID-19 around the world (9 November 2020): <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26484&LangID=E>; and Guidance note by the Independent Expert on the effects of foreign debt and other related international financial obligations of States on the full enjoyment of all human rights, particularly economic, social and cultural rights: "COVID-19: Urgent appeal for a human rights response to the economic recession" (15 April 2020): https://www.ohchr.org/Documents/Issues/Development/IEDebt/20200414_IEDebt_urgent_appeal_COVID19_EN.pdf

⁸⁵ See the negotiations related to the elaboration of a draft legally binding instrument to regulate the activities of transnational corporations and other business enterprises, including during the 6th session of the open-ended intergovernmental working group (2020) at <https://undocs.org/A/HRC/46/73>.

⁸⁶ This was apparent during the negotiations on [draft resolution A/HRC/45/L.56](#) on Elimination of discrimination against women and girls in sport (which was later withdrawn).

⁸⁷ HRC Resolution 45/29: Promoting, protecting and respecting women's and girls' full enjoyment of human rights in humanitarian situations, <https://undocs.org/en/A/HRC/RES/45/29>.

32. The worrying increase over the past few years of proposed amendments⁸⁸ and dissociations⁸⁹ from selected SRHR and gender-related resolution paragraphs has also continued during the pandemic. Under the guise of “efficiency” and “rationalization” of the HRC’s program of work, resolutions on discrimination against women and girls, on violence against women and girls, and on the rights of persons with disabilities, among others, have been bi-annualized, and avenues and time for civil society participation at the Council have been reduced, which has had a disproportionate impact on feminists and women human rights defenders, especially on those from the Global South.⁹⁰
33. The pandemic-related impacts on modalities for civil society participation in the UN human rights system must also be part of this analysis, as reduced participation jeopardizes the system’s ability to fulfill its mandate, including regarding SRHR. Many treaty body sessions have been postponed,⁹¹ Special Procedures country visits were suspended, and modalities for HRC and UPR sessions were often announced late and subject to changes. The longstanding and systematic underfunding of the Office of the High Commissioner for Human Rights (OHCHR) and States’ failure to pay their contributions have also undermined the ability of the system to fulfill its mandate,⁹² including ensuring robust civil society participation and accessibility, which are de-prioritized in this context. All of this has limited defenders’ ability to engage meaningfully, created human rights protection gaps and ultimately compromised the participatory dimension of a human rights-based approach.

⁸⁸ In 2020, there were five amendments on the resolution on discrimination against women and girls, 15 amendments on the resolution on promoting, protecting, and respecting women’s and girls’ full enjoyment of human rights in humanitarian situations (all of which were withdrawn following last-minute oral revisions), and eight amendments on the resolution on the rights of the child (six of which were withdrawn following oral revisions), many of which sought to weaken language relating to sexual and reproductive health, gender, and/or to add qualifiers on “parental guidance” to recommendations on women’s and girls’ meaningful participation and access to justice. (SRI: “A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020.” (forthcoming))

⁸⁹ 9 states disassociated from consensus on SRHR and gender-related paragraphs in the resolution on discrimination against women and girls in 2020, compared to 12 in 2019 and seven in 2018. In 2019, there were 15 dissociations from the entire resolution on discrimination against women and girls in sport, and 11 from selected paragraphs in the resolution on violence against women and girls, compared to six in 2018. There were also 12 dissociations from paragraphs in the resolution on child, early, and forced marriage in 2019 compared to none in both 2017 and 2015. (SRI: “A review of key trends in relation to SRHR in Geneva-based human rights spaces in 2020.” (forthcoming))

⁹⁰ See for instance the Joint statement by the Sexual Rights Initiative, the Women’s International League for Peace and Freedom and the Center for Reproductive Rights for the informal conversation on the implementation of the Human Rights Council’s ‘efficiency measures’ (November 2020): <https://www.sexualrightsinitiative.com/news/2020-dec/joint-statement-informal-conversation-implementation-hrc-efficiency-measures>

⁹¹ See, e.g., IWRRAW, CEDAW 79th session <https://cedaw.iwraw-ap.org/cedaw79/>; UN OHCHR, Committee against Torture Opens Seventieth Online Session <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27025&LangID=E> (26 April 2021)

⁹² UN OHCHR, *Work of human rights treaty bodies at risk, warn UN Committee Chairs* <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26147&LangID=E> (4 August 2020)

Recommendations

- Strengthen and finance public health systems through taxation and free from control from other governments, multilateral agreements and transnational corporations. This requires donor states, international financial institutions and other creditors and donors to adhere to human rights and ensure that financial and other assistance is sustainable, designed with meaningful participation of local feminist movements, women human rights defenders, young women and gender non-conforming people and does not depend on any conditionality negatively impacting human rights, such as austerity measures, privatization and structural adjustments.⁹³
- Ensure uncompromised access to available, accessible, acceptable and quality sexual and reproductive health commodities and services, including modern contraception and comprehensive abortion and post-abortion care on request, as part of universal health coverage and as essential health care, at all times, including during COVID-19. This should include the option of telemedicine, medical and self-managed abortion.⁹⁴
- Adopt an intersectional and rights-based approach to COVID-19 response and recovery that addresses white supremacy and other systemic oppressions and determinants of health in law and practice. Center reproductive justice and its emphasis on the rights to bodily autonomy, self-determination and to parent or not in safe and healthy environments when regulating access to abortion, contraception, sexual and reproductive health services and all the material conditions necessary to enjoy these rights.⁹⁵
- Remove all laws and policies criminalizing or otherwise punishing abortion, contraception, adolescent sexuality, same-sex conduct, and sex work.⁹⁶ These laws and policies are inherently discriminatory, contrary to bodily autonomy, and their effects are compounded in times of crisis.
- Preserve and expand civic space and civil society participation at the domestic and international level, during and after the pandemic, as a core component of a human-rights based approach to the COVID-19 pandemic and to SRH.

⁹³ See *e.g.* Special Rapporteur on the Right to Health, Report on health financing in the context of the right to health, A/67/302, para 28; and Independent Expert on Foreign Debt, COVID-19: Urgent appeal for a human rights response to the economic recession, page 12. This was part of the recommendations made by 354 organizations and 643 individuals in a joint statement on abortion delivered to the Human Rights Council in September 2020: <https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

⁹⁴ This was one of the recommendations endorsed by 354 organizations and 643 individuals in a joint statement on abortion delivered to the Human Rights Council in September 2020: <https://www.sexualrightsinitiative.com/resources/hrc-45-joint-civil-society-statement-abortion>

⁹⁵ *Ibid.*

⁹⁶ See for instance <https://undocs.org/A/HRC/14/20> and <https://undocs.org/A/66/254>