



BRIEF

THE GLOBAL IMPACT OF COVID-19
ON SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS





Introduction

COVID-19 has exposed fault lines in the delivery of essential sexual and reproductive health services, global health policies, and respect for women's and girls' human rights worldwide. As an organization that works in Canada and globally to advance sexual and reproductive health and rights (SRHR), Action Canada for Sexual Health and Rights has explored the shared struggles related to SRHR across regions as well as the critical role that civil society has

played in responding to the impacts of COVID-19. The following brief centres the stark inequalities among countries that pre-existed the pandemic and were brought into focus through the disparate impacts of COVID-19 and unequal access to vaccines. As of September 2021, 5.5 billion vaccine doses have been administered globally, [80% of which have been administered in high and middle-income countries](#).

SNAPSHOT:

What are sexual and reproductive health and rights?

SRHR is a broad term used to describe the right of everyone to have control over and decide freely on all matters related to their sexuality, gender, and reproduction without discrimination, violence, or coercion. This includes the right to make decisions about one's sex life, gender expression, and whether to have children or not. It means being able to exercise these rights through **real and meaningful access to information, education and services**, including contraceptives, safe and legal abortion care, sexual health services, and comprehensive sexuality education.



COVID-19 has not stopped people from mobilizing [...] Despite all the difficulties, we have kept on working, we managed to connect with a lot of activists, we were creative, we crossed borders and screens.

*Rosa Posa Guinea
Akahatá – Paraguay*



The following resource is an account of the experiences of SRHR organizations in Canada and in Latin America and the Caribbean (LAC) in their provision of services, programming, policy, and advocacy during the pandemic.

Action Canada is grateful to everyone who has taken the time to share the insights that informed this resource.

A special thank you to Arlene Chaturia, GRPA (Guyana), Carmen Estapa, CIES (Bolivia), Dra. Carol Cristina Luján Angulo, INPPARES (Perú), Fernando d’Elio, Akahatá (Argentina), Frédérique Chabot, Action Canada for Sexual Health and Rights (Canada), Heather Hale, Saskatoon Sexual Health (Canada), Lita Martínez, CEPAM-G (Ecuador), Rosa Posa Guinea, Akahatá (Paraguay), and Rossina Guerrero, Promsex (Perú).

ADVOCATES TOLD US THAT:



1

SRHR has been sidelined.



2

Social and economic inequities have intensified.



3

Civil society has led the way in responding to SRHR needs.



[The pandemic] and our government’s response to it really brought to the forefront the interconnectedness of the world; how borders have stood in the way of global health, how nationalism has stood in the way of global health.

Frédérique Chabot
Action Canada for Sexual
Health and Rights – Canada





What We Heard from Advocates

1. Across contexts and countries, sexual and reproductive health has been sidelined as non-essential.

The concentration of resources toward pandemic response has meant a reduction in other essential services and [limited access to care](#). In many countries, private providers of contraceptives have [ceased services](#), and heavy restrictions have been placed on access by public institutions. A [survey](#) of 51 clinical providers, organizations, academics, and policy-makers representing 29 countries found that 62% of respondents reported less or much less access to surgical abortion, and 46% reported the same for medical abortion. A [predictive study](#) on the impact of a 10% decline in the use of short and long-acting reversible contraceptives in low and middle-income countries also forecasted an annual increase of over 48 million women with an **unmet need for contraceptives** and over 15 million additional unintended pregnancies.

In Canada, abortion clinics and sexual health centres are the main sexual and reproductive health service providers in many communities. Most have been forced to reduce hours and services, despite increased demands on sexual health lines and a spike in reported sexual and intimate partner violence. From March to July 2020, calls to [Action Canada's Access Line](#) more than doubled from around 200 calls per month to almost 500 calls per month and 1 in 6 calls since the onset of COVID-19 have been related to travel barriers in accessing services.

This translates into a [regression in progress made](#) to fulfill global commitments as set out in the International Conference on Population and Development Programme of Action, the Beijing Platform for Action, the [Sustainable Development Goals](#), and international human rights treaties.



Unfortunately, sexual and reproductive health care has not been a priority. Those services were not regarded as essential and this neglect has had an adverse impact in just a year.

*Rossina Guerrero
Promsex – Perú*



In fact, we have seen that one of the worst impacted services has been the right to therapeutic abortion and of course this is reflected in the number of maternal deaths.

*Rossina Guerrero
Promsex – Perú*



2. Policies to limit the spread of COVID-19 have magnified existing inequities.

The crisis has had markedly unequal impacts. In LAC, COVID-19 death rates are [eight times higher](#) than the global average, reflecting persistent social and economic inequities rooted in colonial and neo-liberal policies and the consequent segmentation, privatization, and fragmentation of health systems.

The pandemic has had **extensive gendered impacts** tied to pre-existing power differentials and entrenched legal and social discrimination. This is evident in labour patterns, where women represent [73%](#) of the LAC health care sector and are overrepresented in some of the most precarious and unregulated sectors; the pandemic has resulted in increases in job insecurity and [unpaid](#) or underpaid work that disproportionately affects women, in addition to the increasing burden of [care work](#). The risk

of gender-based or intimate-partner violence, or both, has also increased in [LAC](#), as in much of the [world](#). In Canada, [women were more severely impacted by employment losses than men](#), experienced an [increased risk of gender-based violence](#), [faced increased burdens within the care economy](#), and took on [additional childcare work](#) as schools and daycares closed.

2SLGBTQIA+ people are facing increased discrimination in access to sexual and reproductive health care, as in all health and social service realms. In several countries, gender-based restrictions, including applying men- and women-only days for public mobility, have left trans and non-binary people in [legal limbo](#), further contributing to [harassment](#), police detentions, and arrests.



The impact of the pandemic across populations has been diverse.

*Dra. Carol Cristina Luján Angulo
INPPARES – Perú*



In the country we already had a serious problem in terms of sexual and reproductive rights and what the pandemic has done is to aggravate it, impoverish women and burden them with double, triple and even quadruple workdays.

*Rossina Guerrero
Promsex – Perú*



Sex workers are also experiencing disproportionate impacts. As work that sometimes necessitates close physical contact and mobility between venues, many public health guidelines have effectively prohibited engagement and, thus, limited income. As with other criminalized groups, increased restrictions and stigma significantly inhibit access to care. Sex workers have been [excluded](#) from income relief measures and other social supports and have faced increased punitive actions during the pandemic.

Existing inequities for **Black, Indigenous, and people of colour (BIPOC)** have been further aggravated. [Afrodescendant peoples in LAC are overrepresented in hospitalization and death](#) due to COVID-19, and maternal mortality rates for Indigenous and Afrodescendant women are significantly higher. In Canada, data from selected urban

areas show that cases are [1.5 to 5 times higher for racialized populations](#). In both regions, the lack of consistent disaggregation of data based on race has masked the differential impacts of the pandemic on communities subjected to multiple and intersecting forms of discrimination. This reflects the [systemic racism and social, economic, and cultural barriers](#) that render racialized people [more vulnerable](#) to the consequences of infection with COVID-19 and the effects of public health measures to limit transmission.

For people with **undocumented migration status**, who struggle to access all realms of basic health care, the pandemic has presented increased barriers. Abortion care, in particular, often necessitates travel between public health regions or countries, increasing insurmountable obstacles.



We work with a lot of undocumented folks, and those are people who cannot cross the border and whose access to health care is already extremely difficult.

*Frédérique Chabot
Action Canada for Sexual
Health and Rights – Canada*





3. Civil society has led the way in learning and adapting, but there is more work to be done.

The pandemic has limited the vital function of civil society organizations. Restrictions to mobility and assembly, cuts to funding, and exploitation of the situation by anti-rights actors have led to new and unique challenges. Despite these challenges, activists and advocates continue to fight for sexual rights and have made historic progress. Amidst the pandemic, activists in Argentina celebrated a [landmark victory](#) in the decriminalization of abortion. The Mexican states of Hidalgo and Veracruz joined two others in [decriminalizing](#) abortion in the first trimester, [and the Supreme Court ruled that laws in the state of Coahuila criminalizing abortion were unconstitutional](#). In Ecuador, the Constitutional Court ruled

to [decriminalize abortion in cases of rape](#), marking a step towards the ultimate goal of freely accessible abortion care. These advances represent a changed terrain and new possibilities for the region.

The many difficulties related to the pandemic have sparked **creative strategies, collaborations, and tools to ensure access to sexual and reproductive health services**. For example, in Canada, sex worker organizations have [led](#) in the development of resources, projects, and peer-support networks. These advances have left advocates more prepared to take on challenging situations and ensure continuity of care.



In such hard times, proposals, pilot experiences and outreach to different sectors on the ground are all being brought forward by civil society.

*Rossina Guerrero
Promsex – Perú*



Advocacy was also affected by the pandemic being instrumentalized for actions and discourses that oppose human rights.

*Fernando d'Elio
Akahatá – Argentina*



Many advocates noted that the pandemic **facilitated deepened connections** with rural and remote regions through virtual platforms, social networks, radio, television, and other tools—online services have allowed more people to access information.

The use of technology has also been celebrated for allowing the continued provision of services, but vast inequities in access run along social and economic lines.



We had to innovate and I think that has been one of the strengths of civil society.

Lita Martínez
CEPAM-G – Ecuador



We started working with community outreach officers because we realized that there are gaps in information delivery and access to services.

Arlene Chaturia
GRPA – Guyana



This pandemic has created some opportunities around public awareness of what public health means and even a better understanding of terms and concepts like ‘contact tracing’. So that’s helpful for the work that we do.

Heather Hale
Saskatoon Sexual Health –
Canada



There are huge gaps in access to technology, to an Internet connection, to computer hardware.

Lita Martínez
CEPAM-G – Ecuador





Towards Government Accountability on SRHR

The advocates we spoke to have made significant strides and filled **gaps left by governments, public institutions, and health care systems**. However, the crucial role of these organizations in advancing sexual and reproductive rights cannot replace government accountability.



In a way we have been compensating for what the public sector should have done, because it has few resources and has concentrated them on COVID-19 care.

Carmen Estapa
CIES – Bolivia



We see the stress that was already existing in the sector, the lack of resources, the lack of support, the fact that it often relies on teams of volunteers, on underpaid, under-resourced frontline community workers.

Frédérique Chabot
Action Canada for Sexual Health and Rights – Canada



What We Need Governments to Do

1. Centre SRHR in policy and programming

It is crucial that governments prioritize sexual and reproductive health and rights, especially during times of crisis. Governments must continue to protect and fulfil the free exercise of sexuality and the right to health as part of their [commitment to fundamental human rights](#).

2. Support organizations in doing the work

Organizations have carried their work forward throughout the pandemic and have **outpaced governments and public institutions in their responsiveness**. This agility has not come without a cost, and **their exertion of financial, material, technical, and human resources is unsustainable**. Funders and governments must step in to meet increased demand and work with **flexible funding models** that respect the pandemic's limitations.



It is important for us to reiterate that sexual health and reproductive health services must in effect be considered as comprehensive health care services.

Lita Martínez
CEPAM-G – Ecuador



Now, more than ever, civil society needs to be strengthened, needs resources – technical, economic and political support from funders and governments that also provide resources.

Rossina Guerrero
Promsex – Perú





3. Address existing inequities

SRHR services and information cannot be truly accessible without **addressing physical and economic barriers and root causes of discrimination**. Too often, policy and programming are alienated from people's lived realities.

4. Respect and integrate the expertise of civil society

Organizations have deep understandings of the varied contexts in which they work. Their knowledge of needs, gaps, and barriers (many of which have been intensified or shifted due to the pandemic) must be heard, respected, and incorporated. Effective policy requires meaningful consultation with the people most affected and the organizations that support them.



It is very clear to us that gaps, inequities, social inequalities do not emerge only in the light of the pandemic but, rather, are historical and structural.

Lita Martínez
CEPAM-G – Ecuador



Laws and public policy responses are usually devised in big cities, ignoring other diversities. Because ours is a very culturally diverse country and it also has many inequities, civil society is obliged to mobilize around that.

Lita Martínez
CEPAM-G – Ecuador

Additional resources

[COVID-19: A Gender Lens – Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality \(UNFPA\)](#)

[COVID-19's Gender Implications in Development and Humanitarian Settings \(CARE\); Full Policy Paper](#)

[How will the coronavirus affect access to safe abortion?](#)

[The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights](#)

[Sexual and Reproductive Health During the COVID-19 Crisis](#)

[Gender and COVID-19: advocacy brief](#)

[UN Special Rapporteur in the Right to Enjoyment of the Highest Attainable Standard of Physical and Mental Health Report to the General Assembly: Sexual and Reproductive Health and Rights: Challenges and Opportunities During the COVID-19 Pandemic](#)



Action Canada for Sexual Health & Rights is a progressive, human rights based charitable organization committed to advancing and upholding sexual and reproductive health and rights (SRHR) in Canada and globally. This resource was created as part of the *Rights from the Start* project, which uses feminist and human rights-based approaches to promote and advance SRHR in collaboration with partners in Peru, Ecuador, Guyana, and Bolivia. We are deeply grateful to those who took the time to thoughtfully share the insights that informed this resource.

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