



AS/Ega/Inf (2020) 17

19 June 2020

Committee on Equality and Non-Discrimination

Parliamentary Webinar

COVID-19 and Sexual and Reproductive Health and Rights: Challenges and Opportunities

Information document prepared by the Secretariat

1. On 19 May 2020, the Committee on Equality and Non-Discrimination of the Parliamentary Assembly of the Council of Europe organised a webinar on “COVID-19 and Sexual and Reproductive Health and Rights: Challenges and Opportunities”.
2. Interventions focused on raising awareness of the current threats to sexual and reproductive health and rights, as well as sharing good practices in tackling the problems encountered. Points raised in the discussion and the good practices mentioned will be taken into account in updating the report “[Empowering women: promoting access to contraception](#)”.
3. The event took note of the fact that the COVID-19 crisis has acted as a magnifying lens on the persisting violence against women, gender inequalities and barriers in women’s access to sexual and reproductive health care which were already analysed in the Council of Europe’s Commissioner for Human Rights Issue Paper on [Women’s sexual and reproductive health and rights in Europe](#) (December 2017). This gender lens has also revealed intersectional discrimination affecting, among others, women with disabilities, women of African descents and women belonging to minorities. Several speakers drew attention to equal treatment and non-discrimination to ensure no one is left behind.
4. All resources available in public health services across Europe and throughout the world have been redirected to fighting the COVID-19 pandemic, ranking other operations and services as “less essential” care. Sexual and reproductive healthcare are among the first services to be negatively impacted. While it is often said that “the pandemic does not discriminate”, women and girls, as well as people from minorities and vulnerable people, are in fact disproportionately affected by it.
5. Lockdown measures and travel restrictions designed to contain the spread of the coronavirus have hindered access to essential sexual and reproductive healthcare information and services, especially time-sensitive ones such as contraception, including emergency contraception, abortion or maternal care. New barriers seem to have appeared in accessing decent maternal care in the context of the COVID-19 crisis such as the medically unjustified separation of mother and new-born soon after birth, or the refusal of the presence of a birth companion. Panellists pointed out that the closure of facilities and the cancellation of appointments may lead to complications in pregnancies and other long-term effects.
6. Furthermore, distortions in supply chains may lead to a significant shortage of modern means of contraception such as condoms. According to one of the speakers, it may deprive a further 47 000 women, in addition to the 230 000 already in this situation, of access to contraception, potentially resulting in 7 million unwanted pregnancies worldwide, an increase in the risk of transmission of sexual diseases and in the number of abortions. Furthermore, the disruption of programmes to end female genital mutilation could increase the number of mutilations by 2 million and the number of child marriages by 30 000 within the next decade.
7. The event showed that the challenges to sexual and reproductive health and rights, including for LGBTI people, are significant. As one panellist explained, in times of crisis, marginalised groups are targeted first. The COVID-19 pandemic is no different. The crisis should not be used to justify restricting LGBTI people’s rights and tolerating hate speech targeting them. Participants also drew attention to the fact that LGBTI people continue to face serious barriers in access to healthcare services and that they are more subject to discrimination and poverty. Those barriers are exacerbated by COVID-19. A recent study¹ mentioned by one of the panellists shows that 52% of LGBTI people considered that their general health is very bad and that they do not always have access to the care they really need. Access to hormonal and gender-affirming treatment, which are crucial for many trans and intersex people’s health, has become much more difficult during the pandemic. The interventions recommended that all forms of healthcare be provided based on the body parts of the person, not on the person’s gender and that health care systems must be adapted to the diversity of people’s bodies so that LGBTIQI people are not left behind.
8. In this regard, the role of civil society is crucial. Interventions from the panellists and online discussions also highlighted that organisations on the ground, as first respondents, have found innovative ways to protect sexual and reproductive rights during the COVID-19 crisis. Where sexual and reproductive health services have been either significantly scaled down or completely disrupted, such as breast cancer screening, infertility treatment or HIV testing, civil society has focused on ensuring access to such services for all. Panellists explained that local organisations have relied on the communication platforms and networks of the communities concerned and, in cooperation with other partners and services, have managed to meet the needs of the most vulnerable. Speakers highlighted the fact that due attention should be paid to vulnerable groups such as women with disabilities.

¹ [A long way to go for LGBTI equality](#), European Union Agency for Fundamental Rights, 13 May 2020.

9. There is overall agreement that sexual and reproductive health and rights are an essential component of the Council of Europe member States obligations to guarantee women's rights and advance gender equality as highlighted in a statement² of the Council of Europe Commissioner for Human Rights. Sexual and reproductive rights are human rights. They are not possibilities or options: they are obligations that States have committed to uphold.

10. However, some governments have used the crisis to justify scaling down or altogether removing the provision of sexual and reproductive health care services. There are worrying attempts by ultra-conservative groups to use the COVID-19 pandemic as an opportunity to call for the rolling back of women's sexual and reproductive health and rights. According to one of the speakers, "when there is a will, there is a way to provide fast and effective measures to ensure no lockdown for sexual and reproductive health and rights". Positive examples and positive measures taken during the pandemic include efforts to remove existing barriers to women's sexual and reproductive health care such as unnecessary hospitalisation, mandatory waiting periods, extending the delay for the abortion pill or access to free contraception. The quick shift to telemedicine and to online services have ensured the continuity of services and the accessibility of information. The discussions also drew attention to the fact that the COVID-19 crisis has also provided a momentum which should be used to drive forward positive change. There will be a post-coronavirus world and if the positive measures which have been taken now are sustained, it will give an opportunity for long-lasting transformative change.

11. Discussions concluded that the following recommendations should guide all efforts and actions to protect and ensure access to sexual and reproductive health and rights:

- Ensure full access to sexual and reproductive services and information for all without discrimination;
- Consider access to contraception, emergency contraception, abortion and maternal services as essential services;
- Support service providers (family planners) and emergency services with adequate resources;
- Maintain momentum to push for suitable change and maintain measures removing pre-existing obstacles;
- Strengthen cooperation and coordination between governments, civil society, parliaments and service providers;
- Guarantee the availability and access to essential sexual and reproductive services to all before, during and after the crisis;
- Pay particular attention to the access of specific groups to SRHR such as LGBTI people, women victims of violence or at risk of suffering violence, women with disability, indigenous women or other vulnerable people;
- Address the issue of misinformation in the area of sexual and reproductive rights;
- Raise awareness on where SRHR might be at risk;
- Collect disaggregated data to inform measures and policies;
- Put on gender lenses to analyse all policies and measures designed to tackle the pandemic crisis;
- Pay due attention to intersectionality;
- Provide healthcare based on the body parts of the person, not on the person's gender and adapt healthcare systems to the diversity of people's bodies;
- Train healthcare workers;
- Continue to use new information and communication technologies in sexual and reproductive services but be aware of the issues raised, especially concerning access to these tools by people with disabilities;
- Put sexual and reproductive health and rights on the agenda of local, national or international organisations;

² [COVID-19: Ensure women's access to sexual and reproductive health and rights](#), Statement from the Council of Europe Commissioner for Human Rights, 7 May 2020.

Appendix 1

USEFUL LINKS

A. COUNCIL OF EUROPE RESSOURCES

Access to the webinar:

- Facebook: <https://www.facebook.com/NetworkWomenFreefromViolence/videos/237676070827264>
- YouTube: <https://www.youtube.com/watch?v=OaS-PYeqZIA>

Statement by the Commissioner for Human Rights: COVID-19: [Ensure women's access to sexual and reproductive health and rights](#), 7 May 2020.

[Women's sexual and reproductive health and rights in Europe](#), Issue Paper, Commission of Human rights of the Council of Europe, 2017.

[Empowering women: promoting access to contraception in Europe](#), report by the Committee on Equality and Non-Discrimination, Rapporteur Petra Bayr (Austria, SOC), Doc. 15084, 19 February 2020.

B. UNITED NATIONS RESSOURCES

[COVID-19: A Gender Lens](#), Technical Brief, United Nations Population Fund (UNFPA), March 2020.

[COVID-19 and the human rights of LGBTI people](#), Topics in Focus, Office of the High Commissioner for Human Rights (OHCHR), 17 April 2020.

C. OTHER RESSOURCES

[Women and COVID-19](#), National Women's Council of Ireland actions in the context of the COVID-19 pandemic on its website: www.nwci.ie.

News in brief on COVID-19 & SRHR in Europe, Centre for Reproductive Rights: <https://reproductiverights.org/resources>.

[Sexual and Reproductive Health and Rights during the COVID-19 pandemic](#), joint report by EPF and IPPF EN, 22 April 2020.

[ILGA-Europe Rainbow Map and Index 2020](#), an annual benchmarking tool on LGBTI equality laws and policies, covering 49 European countries.

[A long way to go for LGBTI equality](#), European Union Agency for Fundamental Rights (FRA) survey on LGBTI people's everyday experience of discrimination, 13 May 2020.

Appendix 2

Programme of the Webinar

Covid-19 and sexual and reproductive health and rights: challenges and opportunities

19 May 2020, from 16.00 to 17.00 (CEST)

Panelists:

- Dunja Mijatović, Council of Europe Commissioner for Human Rights
- Monica Ferro, Director of the Geneva office, United Nations Population Fund (UNFPA)
- Fourat Ben Chikha, General Rapporteur on the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people, Parliamentary Assembly of the Council of Europe
- Neil Datta, Secretary, European Parliamentary Forum on Population and Development (EPF)
- Caroline Hickson, Regional Director, IPPF European Network
- Orla O'Connor, Director, National Women's Council of Ireland

Moderator:

- Petra Bayr, Chairperson, Committee on Equality and Non-Discrimination, Parliamentary Assembly of the Council of Europe