REPORT

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Perspectives from a webinar: COVID-19 and sexual and reproductive health and rights

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Key message: Response and guidance related to COVID-19 must take sexual and reproductive health needs into account, be intersectional and grounded in human rights.

Date of webinar: 27 March 2020.

Sources for report: The webinar was attended by 1555 participants from 116 countries, followed by 2100 video views on Facebook and 1800 views on Youtube. Data presented is compiled from 495 webinar chat comments, 144 Tweets, 5 Facebook comments and 3 Youtube comments.

Introduction

The webinar (http://www.srhm.org/news/covid-19-what-implications-for-sexual-and-reproductive-health-and-rights/) aimed to highlight and discuss how sexual and reproductive health and rights (SRHR) are affected during the COVID-19 pandemic, especially in vulnerable social groups. To frame the 100 minute discussion, six panellists made presentations in the following areas: global standards and access to comprehensive sexual and reproductive health (SRH) services; maternal health; services for refugee populations; supplies and global access to contraceptives; rights-based lessons from HIV for an effective, community-led response; understanding and addressing gender and violence against women; situating disability; human rights issues faced by transgender people; and regulatory barriers and global standards for accessing safe abortion services. We provide below a brief summary of the panellists' main points and a collation and summary of participants' comments on the webinar.

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Topics

Global standards: Panellist Faysal El Kak, Vice President of the International Federation of Gynecology and Obstetrics (FIGO), presented on how FIGO was cognisant of the risk of interruption of essential SRHR services due to the COVID-19 outbreak and was proactively releasing statements and guidance on essential SRH services. Dr El Kak emphasised that global advocacy should continue concerning essential services, including abortion (where applicable) and post-abortion care, using FIGO's and other agencies' statements. Participants commented on how a statement on the essential nature of abortion care services during COVID-19 could be used in global advocacy.

Abortion: Panellists and participants commented that people must still be able to access safe abortion care and services during this pandemic. Abortion should be considered an essential health care service and needs to be formally recognised as such in times of crisis, such as COVID-19. Evidence was quoted, showing that when regulatory, policy and service delivery barriers are imposed, women will search for ways to terminate pregnancies on their own. Intentional disruption of the provision of safe and legal abortion services, which is often driven by ideology, is a violation of human rights and gender equality ensured in national laws and international standards. Barriers to safe abortion services, including stigma, make it even more difficult to access in times of emergencies. Accessible and comprehensive information and telemedicine were suggested to form part of the provision of care during COVID-19.

Contraception: Panellist Chris Purdy, President and CEO of DKT International, presented on how the COVID-19 crisis affected every single link of the supply chain. If availability of contraception and condoms is not prioritised and addressed

quickly, it will result in stock-outs and shortages that can result in unwanted pregnancies, STIs and HIV. In light of an expected shortage in supply, participants raised concerns about rights and informed consent, for example, women may be unduly encouraged to move from oral contraception to more permanent measures. Apart from contraceptives, other SRH supplies, including condoms for the prevention of STIs and HIV, should be considered essential. Practitioners may need to build a supportive environment in delivering services, including for adolescents.

Disability: Panellist Lizzie Kiama, Founder of This Ability Kenya, discussed how COVID-19 revealed vulnerabilities in the access to essential SRH services, something that the disability community faced long before the COVID-19 crisis. The crisis highlights how poor health care systems and structures are unable to provide services to those who are most vulnerable. Participants commented that even access to basic information for disabled people is a big challenge. Social media and mainstream media messaging do not have disability-friendly mechanisms. People with disabilities can be forced to break the rules set for social distancing. Caregivers are having to make decisions for the people they care for, so the crisis is affecting the autonomy and independence of people with disabilities on multiple levels.

Trans people: There are fears that governments are using COVID-19 as an opportunity to push forward laws and regulations that deny trans people access to gender-affirming care. Panellist Mauro Cabral Grinspan, Executive Director of GATE, pointed out that governments are getting away with this. Transition-related services are being delayed and trans people's access to other health care is being disrupted. Concerns were voiced during the discussion about the implications of COVID-19 on trans people's health, the impact on intersectional vulnerabilities that trans people may increasingly face during the crisis, and how it could raise problems related to, for example, stigma, violence, HIV and sex work.

Gender-based violence: Panellist Amin Avni, Technical Officer, Violence Against Women at the World Health Organization, explained how we are seeing a rise in reports of domestic violence in a number of countries since the COVID-19 outbreak. Due to the lockdown measures, women being, or at risk of being, abused are forced to spend more time at home with their abusers. Disruptions of livelihood, increased burden of care responsibilities and disruptions of social and protective support networks are contributing to stress and increased conflict, which increases the likelihood of domestic violence. This is compounded by limited access to health services and psychosocial support. Participants agreed that women are at risk of economic abuse and intimate partner violence as a result of staying at home, with few support networks and legal services. The importance of reaching men in homes and recognising that abusers are also using physical distancing measures to further restrict partners' access to services, including for COVID-19 related care, were also raised.

HIV: There are important lessons to be learnt from the HIV response which are applicable to the COVID-19 crisis, as discussed by panellist Emily Christie, Senior Adviser, Human Rights and Law, at UNAIDS. Respect and protection of rights, including to autonomy, confidentiality and participation in the design of programmatic interventions, are key. Participants commented that governments need to ensure that people living with HIV have a good supply of antiretroviral medication, a central issue relating to supply chains. Furthermore, people need to be able to get to health centres to access their medicines, which has been made more difficult by COVID-19.

A number of other topics featured. Participants commented on the neglect of maternity care and fears of rising maternal mortality. In addition to domestic violence, confinement may increase the risk of female genital mutiliation and other forms of violence. The lack of products for menstrual hygiene was raised, and others questioned the inattention and lack of specific guidance given for resource-poor settings, in overcrowded slums and refugee situations where water is not abundant or clean and where social distancing is not feasible. One participant saw the opportunity COVID-19 presents to give impetus to long-awaited integration of HIV, tuberculosis and family planning services, so people can limit exposure to risk.

Cross-cutting areas

In addition to the topics above, cross-cutting questions and issues were raised. We grouped these into three main categories: vulnerable populations; stigma and discrimination and advocacy and human rights.

Who are the vulnerable key populations and why?

Vulnerable populations highlighted by participants included sex workers, migrant domestic workers,

prisoners and refugees. Amongst migrant domestic workers, the lack of legal protections, health insurance coverage or a place to call home if they contract COVID-19 were raised. They are exposed to home abuse or rape and are invisible and vulnerable. Prisons are overcrowded in many parts of the world, some with people awaiting trial, who could be released to minimise their likelihood of contracting infection. Vulnerable populations will not be able to isolate, including refugees and the urban poor in poorly resourced settings. Support for sex workers needs to be considered, remembering that their income is dependent on social interactions. In many parts of the world, they are not part of any social schemes and sex work is still criminalised, yet for many, it is the only way to afford basic needs.

Stigma and discrimination

Concerns of stigma and discrimination were repeatedly raised. It was pointed out that home (with or without social isolation) is not always safe, for example, safe spaces and support for lesbian, gay and transgender people are frequently outside the home. There may be fear of harassment by law enforcement and violence by the army and neighbourhood patrols. A question was asked on how to engage local, traditional and religious leaders in addressing COVID-19 stigma and discrimination against key populations in such a crisis.

Advocacy and a human rights response

Participants expressed the opinion that activists, development workers and human rights advocates should be seen as essential actors to enable action and to defend and assist people suffering from violations relating to SRHR. Participants pointed out that we need to find ways of better supporting non-governmental organisations, feminist organisations, advocates and human rights defenders who are risking their health and safety in responding to women's rights violations during this period of crisis. Others asked for the development of resources on advocacy messages concerning SRHR and COVID-19.

In conclusion: moving forward

Panellists and participants of the webinar stated that there was little doubt that SRHR would be compromised in many settings during COVID-19, with the crisis exacerbating many existing inequities, stigmas and vulnerabilities. Working in solidarity, use of international public health and human rights standards and guidelines and respect for the human rights of all, including women, refugees, prisoners, migrants, sex workers, adolescents and young people and people with disabilities, were voiced as crucial to ensure an all-inclusive and safe community. Everyone needs to take part. Planning responses should include the populations affected and the response and guidance related to COVID-19 must be intersectional and grounded in human rights. We finish by quoting a participant's tweet: "The only way we will have an effective public health response is if it is grounded in human rights principles."

Acknowledgements

The authors thank all contributors to the webinar who joined through various social media channels. Panellists' permission was granted to represent their webinar presentations. All comments from the webinar chat and social media were publicly available and have been anonymised and summarised. Queries about this article should be sent to info@srhm.org.

Disclosure statement

This report has been compiled by staff members of SRHM. We cannot include every contribution and apologise if we have misrepresented any remarks. As we decide what is included and what is not, we acknowledge that we have taken a position in curating this material and that position is to place SRHR, for all, as the central theme.

Editor's note

This is our first attempt to build a story from social media, to bring together and report on the contributions of participants from across the world in response to the webinar. We aimed to consolidate the contributions, hoping to record and amplify the voices of contributors. As others (https://hybridpedagogy.org/how-to-storify-why-to-storify/) have said, this process of organising and reporting can sometimes "sterilise" and close down discussion and inadequately represent the dynamism and chaos so inherent in interaction. We hope it will instead encourage and stimulate continuing comments, updates and discussion, which we invite.

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