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GOVERNMENTS IN SOUTH ASIA MUST CONTINUE TO PROVIDE ACCESS TO ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The COVID-19 pandemic threatens to put great strain on already weak and under-resourced healthcare systems across South Asia. As pressures on healthcare and other public services intensify in countries across the region, it is critical that responses to this crisis ensure that women, girls, and others in vulnerable situations are able to access quality sexual and reproductive health (SRH) services.

The COVID-19 pandemic poses specific threats to the poor and marginalized particularly those who live in conditions where physical distancing is impossible to maintain, and who face greater difficulty in protecting themselves from transmission due to lack of physical space for isolation, lack of information, resources, and access to quality health and social services. Disruption of the normal delivery of sexual and reproductive health services and information means reduced access to SRH services and information for women, girls, and others who are especially vulnerable in these emergency situations. Lockdowns can also expose them to greater risk of domestic violence and sexual abuse, exacerbating the impact of COVID-19 in their health and lives.

As resources are rapidly being redeployed in response to COVID-19, we are calling on Governments across South Asia to:

Comply with their Constitutional as well as International Human Rights Treaty Obligations to ensure that the rights and health of marginalized communities and vulnerable groups, especially women and adolescents, are central considerations as they formulate their response to this public health crisis.

Comply with the Minimum Initial Services Package for Reproductive Health, an international standard of care that should be implemented at the onset of every emergency, including public health emergencies. This priority set of lifesaving and essential services includes obstetric, prenatal, and postnatal care; contraceptive information and services, including emergency contraception; treatment for sexually transmitted infections and HIV; and post-abortion care and post-rape care. Governments should guarantee safe and affordable access to these services, while minimizing contact with healthcare personnel at the frontlines of tackling the pandemic, including the adoption of technological advancements such as telemedicine and ensuring that people are not unnecessarily compelled to make multiple trips to healthcare facilities.

Guarantee Access to Quality, Respectful Maternal Health Care. It remains critical that all pregnant people particularly women and girls have access to quality maternal health care free from discrimination, violence and coercion. Countries in South Asia, including India and Pakistan, have some of the highest rates of maternal mortality in the world. Resource constraints and emergency situations are likely to intensify the situation and result in increased human rights violations in maternal health settings, such as mistreatment and abuse of pregnant

people during delivery and violations of the right to informed consent. Such violations disproportionately impact marginalized populations, such as adolescent girls, women from religious and ethnic minorities, refugees, poor women, and rural women.

As information continues to evolve about the risk of COVID-19 to pregnant people, it is paramount that governments and health care providers ensure that they have access to quality and affordable maternal health services and that they are able to exercise their right to make decisions about their labor and childbirth.

Ensure Timely and Affordable Access to Contraception, Including Emergency Contraception. Disrupted supply chains and reallocation of health resources during COVID-19 can have a dire effect on access to contraception. In addition to being essential for enabling people to make decisions about their reproductive autonomy, guaranteeing access to contraception can also mitigate near-term demands on the healthcare system that would result from unplanned pregnancy. States must ensure access to contraceptive information and services as an essential measure for enabling people to avoid unintended pregnancy, which can have significant undesirable consequences on their lives and health.

Provide Abortion and Post-Abortion Care as an Essential Health Service. Abortion access is essential to preserve the life and health of pregnant people. Abortion is always a time-sensitive procedure that should not be postponed. The COVID-19 pandemic has the potential to severely undermine access to abortion services as well as menstrual regulation services as travel restrictions limit transportation options, the economic slowdown pushes many individuals into more precarious financial situations, and the healthcare system's capacity to deliver becomes increasingly limited. Measures that undermine access to abortion care will force people to seek unsafe abortion services or services later in pregnancy, putting their lives and health at risk.

Medication abortion is a safe, cost-effective means for enabling pregnant people to end an unwanted pregnancy. Misoprostol, one of the active drugs for medication abortion, is included in the WHO's Model List of Essential Medicine. South Asian governments who have not done so should register it as an essential medicine. To increase access to safe abortion services while also reducing the strain on healthcare systems, medication abortion should be made affordable and widely available, including availability as over-the-counter medication at pharmacies. People seeking medication abortion should be provided with complete information by doctors, pharmacists, and other relevant health professionals. Capacity of public health systems to provide these services should be enhanced. When desired, pregnant people should also be able to utilize telemedicine to consult with healthcare providers on medication abortion.

Governments should also ensure access to post-abortion care, and access to health care facilities, in cases of incomplete abortion or any other complications.

Ensure that Women and Girls have Access to Menstrual Hygiene. Due to lockdowns and travel restrictions there could be limited availability of menstrual hygiene products, putting women and girls specially in remote or rural areas at particular risk. Women and girls in low-income communities may not be able to afford these now as many families have lost their daily income. Women healthcare workers who are menstruating should also have access to menstrual hygiene products at their places of work because they are having to spend extended hours at hospitals.

Ensure Availability of Services to Protect Women, Girls, and others who are Especially Vulnerable in these Emergency Situations against all Forms of Physical and Sexual Abuse particularly Domestic Violence. Lockdowns and enforced social distancing measures heightens the exposure to violence and abuse by perpetrators within the home. The COVID-19 pandemic has also exacerbated the risks of women being subjected to sexual exploitation, and in some contexts demands for sexual bribes by service providers, including by public officials and others involved in service provision. Governments must ensure that services to protect them against all forms of abuse and violence, including helplines and shelters, remain available during these times. Law enforcement authorities should also be directed to prioritize complaints of violence from women and others who are exposed to it, and courts should continue to provide urgent relief, such as protection orders, when necessary.

May 5, 2020

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