

UK Sexual and Reproductive Health and Rights (SRHR) Network: Five Recommendations for Action: COVID-19

Evidence shows that in times of crisis, access to comprehensive SRHR including safe delivery, contraception, safe abortion and post-abortion care decrease and the subsequent health outcomes are grave. During the Ebola outbreaks in Sierra Leone and DRC for example, access to, and use of, reproductive health services, including contraception and safe delivery, reduced. This lack of access, coupled with increased use of traditional and unsafe methods of abortion, led to rises in maternal and new-born deaths. In Sierra Leone, it has been estimated that this lack of SRHR access resulted in as many, if not more, preventable maternal and new-born deaths than those caused by Ebola itself.

The evidence shows that DFID's COVID-19 response should be gender-responsive, grounded in a human rights-based approach and informed by lessons from previous pandemics. The UK SRHR Network supports the recommendations outlined by the Action for Global Health Network, particularly regarding the UK's crucial role in strengthening and funding health and community systems in LMICs. This should be achieved through working with WHO and governments to support them to remove all financial barriers, and unnecessary legal and policy restrictions to people accessing healthcare and to deliver free testing and treatment to all that need it.

We welcome DFID's announcements so far, including the most recent of £200 million to UK NGOs and international organisations to reduce mass infections in LMICs, including £10 million to UNFPA. SRHR must be included as an essential part of a strong health and community systems response to the Covid-19.

As a leading global champion for SRHR, we are calling on DFID to:

1. Champion and fund sexual and reproductive health services as life-saving interventions

We urge DFID to recognise and prioritise sexual and reproductive health (SRH) services (to include prevention, testing, treatment and care), including contraceptive, safe abortion, skilled and respectful care during delivery, STIs, HIV and sexual and gender based violence services as essential health services, as outlined in the Universal Health Coverage Political Declaration. If SRH services are not provided in times of crisis, subsequent health outcomes and strains on the health system through secondary impacts will be severe.

We recommend that DFID:

- ▶ Ensures the inclusion of SRH services in basic packages of health services within programmes and supports their inclusion in national government responses to COVID-19.
- ▶ Prioritises strategies which enable essential SRH services to be accessible to all, including vulnerable and marginalised groups through changing policy and legal guidance and funding. This includes through switching to remote forms of provision where feasible such as self-administered methods.
- ▶ Support the distribution of accurate, reliable and up-to-date information on recommended public health risks in the context of SRHR including dispelling myths and misconceptions. This includes support to evidence-based public health campaigns on the benefits of SRHR within the context of the COVID-19 crisis.
- ▶ Works with partners to support the adjustment of current contracts to allow a greater flexibility on programming and reaching KPIs in order to ensure that in the short term programming is responsive to the SRHR needs of all women and girls in the COVID-19 context, and in the long term that NGOs are able to retain staff during the crisis, even if service delivery is reduced, so that post COVID-19 they can accelerate service delivery.

2. Ensure continued access to essential SRH supplies

We urge DFID to minimise the disruptions in supply chains which are being caused by current lockdown measures risk and are leading to significant stockouts of essential SRH supplies. The closing of borders, transportation constraints within countries and constraints in manufacturers' delivery flows are negatively affecting the import and in-country availability and distribution of contraceptives, essential maternal health medicines and other essential medicines including antiretrovirals (ARVs).

We recommend that DFID:

- ▶ Scales up support for the strengthening and resourcing of supply chains and takes any additional measures as needed to ensure availability of essential SRH supplies.
- ▶ Supports the actions of the WHO, Global Fund, UNFPA Supplies and other actors in their recommendations to governments on ensuring essential SRH supplies, including ARV access (ensure patients have a sufficient supply of ARVs up to six months), PrEP, PEP, condoms and other contraceptives.
- ▶ Advocates for a total market approach to enhance coordination between public, non-profit and for-profit providers to optimise the use of existing products and services to better meet the needs of the population.
- ▶ Leverages their own and FCO networks to negotiate the passage of essential SRH supplies through travel restrictions and encourage countries to lift supply restrictions during COVID-19 and support their efforts to ensure robust supply lines, to ensure essential medications and contraceptives can get through to those most in need.
- ▶ Supports countries to fast-track regulatory approvals for contraceptives, including condoms and emergency contraceptives, which will be needed without access to regular, reliable contraception.

3. Target support towards the most vulnerable and marginalised

We urge DFID to target its response to address the needs of the most marginalised and vulnerable populations, recognising intersectional inequalities that will drive vulnerability to the impact of COVID-19, including, but not exclusively, on grounds of gender, age, disability, ethnicity, sexual orientation and gender identity and expression, migratory status or national origin, and those who are marginalised such as sex workers and people living with HIV.

Social distancing and other restriction measures are likely to lead to opportunistic violation of rights of people who are marginalised or vulnerable by the state and/or other actors. Data used and gathered should be disaggregated to reflect this and enable a targeted response. The closure of schools, routine health services and community-level centres could lead to increased rates of child, early and forced marriage, increased levels of sexual violence and limited access to SRH information and services (including contraception and safe abortion) all of which contribute to the rise in unintended pregnancy rates and the number of maternal and child deaths.

We recommend that DFID:

- ▶ Takes an active role in encouraging governments that are recipients of UK Aid and beyond to uphold dignity and human rights for all people throughout the COVID-19 crisis. This should include a zero-tolerance approach in the public sector and wider society to any form of discrimination or stigmatisation against any groups in society.
- ▶ Supports steps to combat increased stigma and discrimination created by the impact of COVID-19 that could create additional barriers for access to SRH services for vulnerable and marginalised populations.
- ▶ Deploys its diplomacy in bilateral conversations with other governments to ensure they are meeting the needs of the most marginalised, and that rights violations are being countered e.g. against the LGBT+ community.
- ▶ Protects and expands support to community organisations led by, and working in partnership with, marginalised groups on SRHR to ensure that the rights of communities regarding meaningful participation in the SRHR response are upheld.
- ▶ Provides information and support to adolescents and young people so that they can claim their SRHR, including through the use of social media, tele-health and the pooling of multiple services.
- ▶ Promote and adapt innovative approaches to providing information and community outreach services remotely, including digital and mobile technology. This includes acknowledgement of inequities in digital inclusion, including privacy and online safety especially for girls and young women. Innovate new models and solutions in working in partnership with digital and mobile sectors.
- ▶ Ensures that girls are not deterred from returning to schools when they reopen by ensuring flexible learning approaches and allowing automatic promotion and appropriate opportunities in future admissions processes that recognise the particular challenges they face. This includes pregnant girls and young mothers who often face stigma and discriminatory school re-entry laws that prevent them from accessing education.
- ▶ Promotes the inclusion of comprehensive sexuality education for boys and girls as part of distance education interventions curriculum delivered during the closure of schools.
- ▶ Implements the Minimum Initial Service Package for Reproductive Health and, for as long as possible, comprehensive services to ensure that as humanitarian responses are rapidly scaled up and adapted in response to the COVID-19 quality and accountability are not sacrificed.

4. Ensure a gender-responsive approach

We urge DFID to ensure its response to COVID-19 is gender-responsive, taking into account the particular vulnerabilities that women, men and gender non-conforming and non-binary populations face due to COVID-19. Hard won progress on SRHR globally, as well as the women's and girls' rights movements, has taught us that there will be no ethical, effective, sustainable response without meaningful community engagement to respond effectively to COVID-19.

We recommend that DFID:

- ▶ Protects and expands existing social protection initiatives (e.g. cash/income) to those people whose income is impacted by lockdown restrictions (such as sex workers) or who are already marginalised and made additionally vulnerable to livelihood insecurity (particularly the trans community), recognising that women and young people are likely to be most affected by the socio-economic impact of the pandemic.
- ▶ Works with the national government's response to ensure adequate supplies of personal protective equipment as well as supplies and facilities for proper menstrual hygiene care and management is also critical, given that some 70% of all health workers globally are women.
- ▶ Supports measures to ensure the meaningful involvement of women, young people, girls and gender non-conforming and non-binary individuals and community-led initiatives in health security and response decision-making structures and public discourse.
- ▶ Advocates for disaggregating data in the COVID-19 response to understand the gendered direct and indirect impacts, with data disaggregated by sex, age, disability and other relevant vulnerability factors.

The UKSRHR Network brings together over fifty NGOs and academic institutions as well as individuals from across the UK international development sector, in order to promote the centrality of Sexual and Reproductive Health and Rights (SRHR) in development policies and programmes, particularly with the UK government and its related decision-making bodies. Please contact Erica Belanger for more information Erica.belanger@safehands.org

5. Prevent, mitigate and respond to the impacts of violence against women and girls

We urge DFID to integrate measures in its response which include prevention and response to violence against women and girls. The quarantine measures used by Governments to prevent and control the spread of COVID-19 are exposing children and women to increased protection risks, particularly within the home, with the pandemic exacerbating existing gender inequalities. There is a risk that protection services, including those supporting children and women experiencing violence, will be withdrawn or diverted owing to the need to mitigate the spread of the virus and the need for increased resourcing to respond to the pandemic.

We recommend that DFID:

- ▶ Supports and expands interventions to ensure protection and social welfare services remain open and central to preparedness and response to COVID-19 and that they are funded adequately throughout all stages of response. A gender and age analysis should be undertaken in the development of response plans, funding proposals, and delivery of protection and welfare services.
- ▶ Ensures decision-making bodies are gender-balanced and inclusive, with attention paid to experts like gender specialists and sexual and reproductive health specialists in the UK's leadership role in global institutions.
- ▶ Engages with existing formal and informal social networks such as women's groups, girls' groups, community groups, civil society organisations, and women's right organisations to support their efforts including as first responders, advocates and their efforts to prevent social isolation.
- ▶ Ensures all actors involved in the delivery of remote provision, digital and mobile technology, have the knowledge, skills and support to mitigate the risks of gender-based violence and prevent sexual exploitation and abuse. This should include access to easy to understand information on safe referral practices and guidance on the use of online platforms, mobile devices and other measures to mitigate any increased risks.