



ISRHR Consortium Statement on COVID-19 and SRHR

The COVID-19 pandemic is affecting the availability and accessibility of sexual and reproductive health and rights (SRHR) services worldwide. This is placing women, adolescent girls and marginalised populations at risk. Evidence from previous public health emergencies is clear – meeting the SRHR needs of communities, especially women and girls, is crucial to protect health and prevent avoidable deaths.

Key points

The Consortium urges the Australian Government to consider the following with regards to Australia's development assistance program and broader COVID-19 relief efforts:

1: Specific support is required to meet the SRHR needs of women, adolescent girls and marginalised groups which become amplified during humanitarian and emergency situations. SRHR needs cannot be delayed, with clear evidence that reduced access to contraception, abortion and post-abortion care, HIV and STI services, and maternal health services results in increased rates of unintended pregnancies, sexually transmissible infections, complications from unsafe abortions, pregnancy complications, and maternal and infant mortality. The greatest impacts will be experienced by groups who face systemic barriers due to discrimination and stigma, such as people with disabilities and those with diverse sexual orientation, gender identities and expression.

2: Responses are required that mitigate the increased risks posed by movement restrictions for sexual and gender-based violence (SGBV), especially intimate partner and family violence. Isolation, physical distancing quarantine, lockdowns and other movement restrictions have a direct impact on the sexual and reproductive rights of women and girls, by greatly restricting their ability to leave or seek help. It is critical that SGBV services are supported to remain open where safe to do so, or to adapt service provision to be delivered through alternative means.

3: Urgent support is required to ensure contraceptive counselling and services can continue. Without support to these services, there will be a higher level of unmet need for contraception, increased risk of unintended pregnancy, and reduced options for access to safe abortion and post-abortion care. Current programs and funding can be made more flexible to address these issues and ensure continuity of services, including drawing on innovative health service delivery means such as telehealth, task sharing and pharmacy distribution.

4: Support is required to overcome the strain and disruption on global supply chains for contraceptive products and menstrual health items which are central to women's health. Downstream impacts on unintended pregnancy are inevitable when women are unable to access modern contraception. Additionally, commodities that are necessary to protect frontline health care workers are also being impacted by supply chain disruptions.

5: It is critical that the immediate emergency response and the longer-term support take a gender sensitive approach that considers the specific impacts on women and girls and prioritises those who are most affected and at risk. Women make up 70% of the frontline health workforce and generally take a higher level of carer responsibilities, putting them at a higher risk of acquisition and



transmission. Pandemics affect men and women differently, and it is important that interventions are targeted to address these differences.

6: Increased support for sexual and reproductive health workers and clinics is required. The crucial role of this workforce as an essential health service should be acknowledged and supported. Sexual and reproductive health clinics should be provided with essential equipment provided to other medical facilities such as personal protective equipment (PPE) to enable effective infection control measures, as well as provided with training and information on how to refer, test or diagnose for COVID-19.

7: Continued support is required for our nearest neighbours in the Pacific as a COVID-19 outbreak would have wide ranging impacts for their health systems and health and development outcomes. Further, the economic impact on the Pacific from the closing down of critical industries such as tourism, presents significant social challenges that amplify the need for sexual and reproductive health services.

SRHR is a critical component of health care and must be deemed as essential amidst the COVID-19 pandemic. Ensuring that SRHR services remain accessible for all to meet the needs of women, girls and marginalised populations is vitally important. This will save lives, improve health and wellbeing, and support community resilience to recover.

The International Sexual and Reproductive Health and Rights Consortium is a partnership of 11 non-governmental organisations (NGOs) and academic institutes based in Australia. We draw on our collective experience and expertise across 160 countries to champion universal access to SRHR as a key contributor to gender equality.