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REPRODUCTIVE HEALTH AS AN ESSENTIAL HEALTH SERVICE

EXECUTIVE SUMMARY
ANALYSIS DOCUMENT ON
RECOMMENDATION 53 OF IACHR
RESOLUTION 01/2020

INTRODUCTION

Health systems all over the world are facing significant challenges that arise from the rapid increase in the demand of services generated by the outbreak of COVID-19, added to the usual demand of health care services.

Past experiences in similar situations (SARS, EBOLA, H1N1 Influenza, among others) have shown that a lack of effective response in the provision of **essential health care services related and not to the outbreak** has a significant impact on the increment of mortality and morbidity rates during this stage of the transmission.¹

As has been pointed out by different national, international and multilateral health authorities, *reproductive health services* are among the essential health services. Particularly, those associated with prevention and care during pregnancy, childbirth and puerperium, including health services for the termination of pregnancy. In this regard, the Inter-American Commission on Human Rights (IACHR) called upon the States Parties to maintain the existing reproductive health services in the countries through its Resolution 1/2020 “Pandemic and Human Rights in the Americas.”² This resolution urges the States to *guarantee the availability and continuation of sexual and reproductive health services during the pandemic crisis (recommendation 53)*.

For all of these reasons, the signatory organizations believe that it is necessary to provide further details about the obligations of the States in regard to reproductive health, to avoid **focusing on health care services during the outbreak of COVID-19 from affecting the provision of reproductive health services, as they are essential and urgent services.**³

Accordingly, we submit this document **taking into account the statements of Inter-American authorities for the protection of human rights on the implementation of the necessary measures to ensure reproductive health services during the COVID-19 crisis as they are essential and urgent services, in a permanent, accessible, and timely manner without discrimination.** We hope that these clarifications and recommendations may be useful for the States to guarantee the compliance with reproductive rights during this pandemic.

¹ WHO. Operational Guidance for Maintaining Essential Health Services During the Outbreak of COVID-19. March 2020, English version available at: <https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

² Similarly, the Office of the United Nations High Commissioner for Human Rights (OHCHR), in the Guidance on COVID-19, noted that “Health strategies should address not only the medical dimensions of the pandemic but also the human rights and gender-specific consequences of measures taken as part of the health response.” Office of the United Nations High Commissioner for Human Rights (OHCHR). COVID-19 Guidance. Available at: <https://acnurdh.org/directrices-relativas-a-covid-19/>

³ World Health Organization (WHO). Operational Guidance for Maintaining Essential Health Services During the Outbreak of COVID-19. March 2020, English version available at: <https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

REPRODUCTIVE HEALTH IN THE FRAMEWORK OF THE PROTECTION OF HUMAN RIGHTS

It has already been more than 50 years since the beginning of the international recognition of sexual and reproductive rights. Indeed, in 1968, in the framework of the International Conference on Human Rights in Tehran, the “fundamental human right to decide freely the number of their children and the intervals between their births” was reaffirmed.⁴ From then on, this set of rights has evolved in different instruments and decisions of universal human rights organizations. In the Inter-American System for the protection of human rights, its recognition was strengthened with the Belém do Pará Convention (1994), while other Inter-American instruments protect rights that are directly related to the protection of sexual and reproductive freedoms. **As for the IACHR, since its first report on women’s rights, issued in 1997, it introduced the reproductive rights as an integral part of human rights.**⁵

THE GENDER APPROACH IN THE GUARANTEE OF REPRODUCTIVE RIGHTS

While reproductive rights are universal and must be guaranteed to all persons without discrimination, cultural patterns have determined that the violation of these rights affect more severely women, adolescents and girls. *In the absence of gender sensitive intersectional responses, different forms of systemic discrimination already faced by women and girls will be exacerbated,*⁶ as has been recognized by all organizations for the protection of human rights. In this regard, the current situation related to the outbreak of COVID-19 puts us in an unprecedented scenario in the region and in the world. The measures taken for restriction and the containment of the spread of the virus exacerbate the risks faced normally by these social sectors and groups of people in order to access reproductive health services in a timely manner.

⁴ Proclamation of Teheran, proclaimed by the International Conference on Human Rights in Tehran on May 13, 1968, Declaration 16. Available at: <https://www.acnur.org/fileadmin/Documentos/BDL/2002/1290.pdf>

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⁶ Office of the High Commissioner. United Nations. Statement by the UN Working Group on discrimination against women and girls. Available at: <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25808&LangID=S>

RISKS TO REPRODUCTIVE HEALTH IN THE FRAMEWORK OF THE OUTBREAK OF COVID-19 IN THE REGION

The containment of the COVID-19 pandemic has involved a series of health, economic, social and personal decisions making a great impact on all the population in the world. Some of these decisions can significantly affect the reproductive health of many people.

It is concerning that, contrary to what was recommended by the WHO, and technical and academic organizations at the global level, there has been a suspension, delay or modification in the standards of quality and access for the provision of reproductive health services in some countries of the region.

The health crisis at the global level caused by the outbreak of the new coronavirus can worsen or setback the few advances made in the matter of sexual and reproductive rights of many countries.⁷

For example, in the framework of the pandemic the following can occur:

- Shortage of medication, such as contraceptives, antiretrovirals for HIV/AIDS, and antibiotics to treat STIs
- Impact on pregnant women and newborns, which are particularly vulnerable to infections and changes in the provision of health care.
- Forced pregnancies because, in the context of preventive isolation, persons with the ability to become pregnant are more vulnerable, due not only to sexual violence, but also to the lack of regular access to contraception.
- The reallocation of resources for the containment of the COVID-19 outbreak can affect the provision of reproductive health services.
- The impact on the income of the population, particularly of those who are part of the informal sectors of the economy, can change their priorities regarding sexual and reproductive health.
- Due to the potential risks associated with COVID-19, many countries in the region may have requirements for the legal interruption of pregnancy, as it happened with the outbreak of Zika in 2015 and 2016.

⁷ La República. Coronavirus: ¿cómo la pandemia impacta en la salud sexual y reproductiva de las mujeres? [Coronavirus: How does the pandemic impact women's sexual and reproductive health?] April 12, 2020. Available at: <https://larepublica.pe/sexualidad/2020/04/12/coronavirus-como-el-covid-19-afecta-la-salud-sexual-y-reproductiva-de-las-mujeres-segun-unfpa-atmp/>

EXACERBATION OF THE BARRIERS AND LACK OF ACCESS TO REPRODUCTIVE HEALTH SERVICES IN THE REGION

In almost all countries, there have been reports of problems in the access to essential reproductive health services. In Latin America, a region that already had difficulties in the access to contraceptives, this has been intensified in the context of the new coronavirus. Abortion is probably the reproductive health service whose obstruction became more apparent and intense in the framework of the COVID-19 outbreak containment measures. In some cases, the restrictions originated from governmental decisions; in others, the lack of explicit guidelines on the subject has left the decision to each health service or health jurisdiction, which also generates inequality and greater space for arbitrariness. It should be noted that, in some countries, reproductive health services have been included as essential services through resolutions or communications by different government bodies.

It is necessary that all States send a strong message to the health system, and guarantee the allocation of supplies necessary for the provision of reproductive health services, such as contraceptives, including emergency contraception, medication to treat sexually transmitted infections, post-abortion care and termination of pregnancy, including the provision of medication to perform outpatient abortions in cases permitted by local regulations.

REPRODUCTIVE HEALTH SERVICES ARE ESSENTIAL AND URGENT SERVICES

Following WHO guidelines, essential health services are those that are essential to ensure the highest attainable level of health in emergency contexts and, therefore, may not be suspended.⁸

⁸ WHO. Operational Guidance for Maintaining Essential Health Services During the Outbreak of COVID-19. March 2020, English version available at: <https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

The WHO has identified the following as essential services related to reproductive health care services:⁹

- Antenatal, intrapartum and postnatal care;
- Contraception counselling and provision;
- Fertility care; and
- Safe abortion care.

In the context of the response to the COVID-19 pandemic, reproductive health care, as essential service, shall be guaranteed without interruptions to prevent the growth of maternal and neonatal morbidity and mortality, as has happened in other health crises and pandemics at the global level.¹⁰

For this reason, several organizations around the world have recognized the need and urgency of the continuity in the provision of sexual and reproductive health services during this crisis. Among these, for example, the National Abortion Federation Canada, the Sexual and Reproductive Rights Network, the American College of Obstetricians and Gynecologists along with the Board of Obstetrics and Gynecology, the Royal College of Obstetricians and Gynaecologists,¹¹ among others. As well as civil society organizations, such as the Latin American Consortium against Unsafe Abortion (CLACAI),¹² Ipas,¹³ the Center for Reproductive Rights,¹⁴ Doctors for Choice Global Brazil,¹⁵ Amnesty International, along with Women's Link Worldwide.¹⁶

⁹ WHO. Sexual health and its linkages to reproductive health: an operational approach 2015. Available at: https://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/es/

¹⁰ Beigi, Richard H. "Pandemic influenza and pregnancy: a call for preparedness planning". *Obstetrics & Gynecology* 109.5 (2007): 1193-1196

¹¹ Royal College of Obstetricians and Gynaecologists (RCOG). Coronavirus (COVID-19) infection and abortion care. Guidance for healthcare professionals. Spanish translation available at: <http://www.redaas.org.ar/nuestro-trabajo-documento.php?a=177> Full document in English available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/>

¹² CLACAI. ¡El aborto es un servicio de salud esencial! [Abortion is an essential health service!] Available at: <https://clacai.org/category/noticias/>

¹³ Ipas: Aborto Seguro. Un Servicio Esencial Durante la Pandemia por COVID-19 [Safe Abortion. An Essential service during the COVID-19 pandemic]; Reproductive Health Education In Family Medicine

¹⁴ Center for Reproductive Rights. Press Release from April 8, 2020. Available at: <https://reproductiverights.org/press-room/los-servicios-de-salud-sexual-y-reproductiva-son-esenciales-durante-la-pandemia-de-covid>

¹⁵ Global Doctors for Choice Brazil (GDC). Para mantener los servicios de aborto legal en Brasil durante la pandemia [To maintain legal abortion services in Brazil during the pandemic]. March 31, 2020. Available at: https://clacaidigital.info/bitstream/handle/123456789/1288/Posicionamiento_Global%20Doctors%20for%20Choice.pdf

¹⁶ Amnesty International and Women's Link Worldwide. Available at: https://www.womenslinkworldwide.org/files/3112/guia-para-proteger-los-derechos-de-mujeres-y-ninas-durante-la-pandemia-de-covid-19.pdf?utm_source=guia-pdf&utm_medium=mail&utm_campaign=outreach-guia-covid19&utm_content=spanish

OBLIGATIONS OF THE STATES TO GUARANTEE ACCESS TO ESSENTIAL REPRODUCTIVE HEALTH SERVICES IN THE FRAMEWORK OF THE OUTBREAK OF COVID-19

Reproductive rights and, in particular, reproductive health services are essential for the enjoyment of a wide range of human rights, particularly, the rights to health, survival, dignity, a decent life, and equality.

Accordingly, **for this type of rights there are goals and commitments not only regarding the access but also the results.** That is to say, the obligations of the States to guarantee these rights require that women, adolescents and girls not only have access to comprehensive reproductive health services, including information, supplies and trained staff; but the effective attainment of positive reproductive health results, such as a reduction in maternal mortality rates, and health care free of violence, discrimination and coercion so that they can make informed decisions about their sexuality and their reproductive lives.¹⁷ These obligations persist even in times of health crises, such as the one currently happening in the world.

The progressive realization of human rights consists of two obligations: the first, to increasingly advance and expand its implementation scope, principle of progressivity; and the second, to not decrease the level of satisfaction reached previously, principle of non-regression.

In compliance with those principles, **States cannot ignore their commitments to the provision of timely and appropriate health care, as well as essential and interrelated elements of availability, accessibility, acceptability and quality of services, health goods and facilities, including medications and the benefits of scientific progress in this area, in conditions of equality and non-discrimination for their inhabitants, even in the framework of the responses to the outbreak of COVID-19.**

¹⁷ Center for reproductive rights. *Breaking grounds: Treaty Monitoring Bodies on Reproductive Rights. 2020/* Disponible en: <https://reproductiverights.org/sites/default/files/documents/Breaking-Ground-2020.pdf>

RECOMMENDED ACTIONS TO GUARANTEE REPRODUCTIVE HEALTH SERVICES AS ESSENTIAL SERVICES

Following the recommendations of the IACHR and its Special Rapporteurship on Economic, Social, Cultural, and Environmental Rights (ESKER), in the context of its recently installed Coordination and Timely Integrated Crisis Response Room (SACROI-COVID19), through Resolution No. 01/20 “Pandemic and Human Rights in the Americas”, the signatory organizations believe that, in order to guarantee quality reproductive health services in a timely and accessible manner, the States of the region shall:

- **Recognize that reproductive health services are essential and urgent services**, and cannot be suspended nor delayed in the framework of exceptional situations, such as the current situation of the outbreak of COVID-19.
- **Issue appropriate guidelines and adaptations to maintain the continuity of health care services and to ensure the presence of personnel, supplies and medications necessary for the continuation of reproductive health services** during exceptional circumstances faced by health systems, as they are essential and urgent services. Including, for instance:
 - *Adopting tele-health strategies*, for care and monitoring of outpatient low-complexity reproductive health services, such as counseling regarding contraception and the safe termination of pregnancy. Thus, expanding the access to health services in remote areas, decongesting health care centers at all levels and preserving them for cases that cannot be treated on an outpatient basis, such as childbirth, high-complexity diagnostic exams, among others.¹⁸
 - *Preparing all levels of care for the provision of outpatient reproductive health services*, such as the early termination of pregnancy, the provision of contraceptives, and STI testing, including HIV. Additionally, they should ensure that all properly trained health personnel can provide the services and not just doctors and specialists, as recommended by the WHO.¹⁹

¹⁸ Oriéntame. Protocolo para el manejo de la interrupción voluntaria del embarazo hasta las 9 semanas de edad gestacional por telemedicina interactiva. Versión 1 04-2020.

¹⁹ Sobre aborto seguro ver: OMS. Tratamiento del aborto médico. 2019. Disponible en: <https://apps.who.int/iris/bitstream/handle/10665/328166/9789243550404-spa.pdf?ua=1>. Sobre anticoncepción ver: OMS. Planificación familiar. Disponible en: <https://www.who.int/es/news-room/fact-sheets/detail/family-planning-contraception>; Recomendaciones para el uso de anticonceptivos, 2018. Disponible en: https://www.who.int/reproductivehealth/publications/family_planning/SPR-3/es/. Sobre testeo de ITS: OMS. Infecciones de transmisión sexual, 2019. Disponible en: [https://www.who.int/es/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/es/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))

- *Delivery of medication without contact with health personnel*, for example, contraceptives, or medication for the outpatient interruption of pregnancy. This mechanism allows the compliance with biosafety rules to avoid unnecessary interpersonal contact.
 - *Eliminating waiting times, and other unnecessary requirements* to the access to reproductive health services, including the legal termination of pregnancy.²⁰
 - *Provision of sufficient supplies to ensure less visits to health centers*, for example, contraceptives for at least 3 months or more, preventive emergency contraception and kits for outpatient termination of pregnancy that includes an additional dose of misoprostol, from 400 to 800 micrograms, to use in case the abortion did not occur within 3-4 hours after taking the medication without needing to go to the health service.²¹
 - *Simplifying the process to acquire medication*, providing simple and electronic prescriptions for the purchase of all kinds of medication related to reproductive health, particularly, medication for the legal termination of pregnancy and contraception, including emergency contraception.²²
- **Ensure the purchase of sufficient supplies to guarantee the continuity of the provision** of sexual and reproductive health medication and supplies, through extraordinary purchases if necessary.²³

²⁰ This has been recommended by the FIGO. Abortion Access and Safety with COVID-19. March 31, 2020.

²¹ Royal College of Obstetricians and Gynaecologists (RCOG). Coronavirus (COVID-19) infection and abortion care. Guidance for healthcare professionals. Spanish translation available at: <http://www.redaas.org.ar/nuestro-trabajo-documento.php?a=177> Full document in English available at: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/>; Ipas: Aborto Seguro. Un Servicio Esencial Durante la Pandemia por COVID-19 [Safe Abortion. An Essential service during the COVID-19 pandemic]; Reproductive Health Education In Family Medicine

²² FIGO. Abortion Access and Safety with COVID-19. March 31, 2020.

²³ As requested by the Working Group on discrimination against women and girls of the Human Rights Council. United Nations. Statement by the UN Working Group on discrimination against women and girls. Available at: <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25808&LangID=S>

Sincerely,

Latin American Consortium against Unsafe Abortion (CLACAI), Amnesty International, IADAS Mexico, Citizen's Association for the Decriminalization of Abortion, Latin American Alternatives of Human Development and Anthropological Studies (ALDHEA), Anis - Institute of Bioethics, APROFA, Citizen Association ACCEDER, Asociación de Servicios Mujer Saludable, Metropolitan Association of Health Teams, AYNÍ DESARROLLO, National Campaign for Free, Safe and Accessible Abortion in Puerto Rico, Catholics for the Right to Decide - Colombia, Catholics for the Right to Decide - El Salvador, Catholics for the Right to Decide - Mexico, Catholics for the Right to Decide - Nicaragua, Catholics for the Right to Decide - Peru, Catholics for the Right to Decide - Brazil, Center for the Study of State and Society (CEDES), Center for Women's Right, Center for Reproductive Rights, Epidemiological Research Center in Sexual and Reproductive Health (CIESAR), Center for the Promotion and Defense of Sexual and Reproductive Rights (PROMSEX), CEPAM-Guayaquil, CEPROSAF, Clínica de Servicios Integrales Medieg, A.C., Feminist Collective La Revuelta, Feminist Collective for Local Development, Collective for the Right to Decide - Costa Rica, Collective for Free Information for Women, Collective Salud Mujeres, Collective "Género y Teología para el Desarrollo", Latin American and the Caribbean Committee for the Defense of Women's Rights (CLADEM), Complejo Hospital de Clínicas - Universidad Federal do Paraná (Brazil), Independent Consultant on Sexual and Reproductive Health, health clinic Clínica Virtual de la Mujer, Coordinadora 28 de Mayo, Miles Corporation, Costa Rica Afro Cotidiano Mujer, El Colegio de México, Latin American Team for Justice and Gender (ELA), Equality Now, Argentine Federation of General Practice (FAMG), Desafío Foundation, El Churo Foundation, Fundación Mexicana para la Planeación Familiar, A. C. (MEXFAM), Oriéntame Foundation, Curumim Group, Information Group on Reproductive Choice (GIRE), Medical Group for the Right to Decide (Colombia), Gynuity Health Projects, Hábitat Mujer Salud, IMIP, Iniciativas Sanitarias, INPPARES, Institute of People's Health (INSAP), International Women's Health Coalition, Ipas Bolivia, Ipas Central America and Mexico, Las Comadres - Safe abortion accompaniment and information network, Marie Stopes Mexico, Mesa Acción Por el Aborto en Chile, Ministry of Health, Movimiento Manuela Ramos, Movimiento por una Cultura Laica, Women in Action, Mujeres X Mujeres, ODECO, ODISEX PERU, Optio, Organization of Women Tierra Viva, Planned Parenthood Global, National Adolescents and Youth Platform on Sexual and Reproductive Rights of Honduras, POPULATION COUNCIL, Profamilia, Puentes, Chilean Network of Professionals for the Right to Decide, Network of Health Professionals for the Right to Decide Argentina, Latin American and the Caribbean Women's Health Network (RSMILAC), Red Juvenil Impulso de Ideas Creativas (I.C.I.E.CH), Latin American and the Caribbean Network of Catholics for the Right to Decide, Argentine Network of Access to Safe Abortion (REDAAS), Rede Médica pelo Direito de Decidir - Global Doctors For Choice/Brazil, SIESAR, Socorristas en Red (feministas que abortamos), Sombrilla Centroamericana, Surkuna, Health Workshop, University of Pernambuco, Federal University of Uberlândia, Women's Link Worldwide, Women and Health in Uruguay (MYSU), Alliance for Solidarity, Women in Freedom, Integral Sexological Training Institute, CLADEM, Gozarte, Women Modatima, Catalejo Collective, DiverGenTe, Trans Collective from Uruguay, Citizen Coordinator No Alto Maipo, Iniciativas Sanitarias, Margin Foundation for the Support and Promotion of Women.



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