

**GLOBAL DOCTORS FOR CHOICE BRAZIL
POSITION STATEMENT**

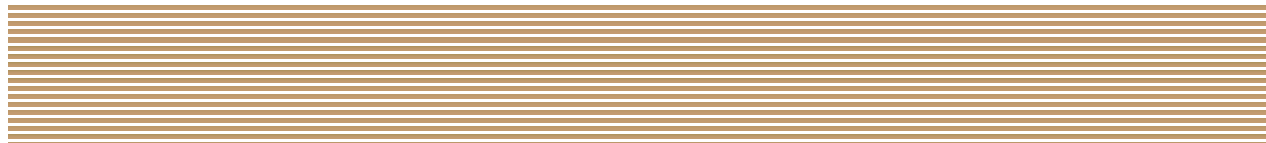
**In defense of sexual and reproductive healthcare actions during the
COVID-19 pandemic and repudiation to the withdrawal of the
Technical Note n. 16/2020 – COSMU/CGCIVI/DAPES/SAPS/MS**

The Global Doctors for Choice/Brazil (Rede Médica pelo Direito de Decidir) is connected to an international network of articulated doctors in more than 25 countries around the world. They are committed to defending human rights and providing high-quality evidence-based health care services. By defending evidence-based public policies and medical practices, we have been making efforts to protect and expand access to ample reproductive health care for women and girls.

We would like to express our deep disagreement on the withdrawal of the Technical Note n. 16/2020 – COSMU/CGCIVI/DAPES/SAPS/MS by the Brazilian Ministry of Health. We are also seriously concerned at the possibility of suspension of the sexual and reproductive healthcare services in Brazil due to contingency measures in the context of the COVID-19 pandemic.

We were perplexed by the suspension of the recommendations from the Technical Report. These recommendations have been widely recognized by international entities such as the World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO) and their withdrawal imposes a severe impact on Brazilian women's sexual and reproductive health.^{1,2}

According to a report from the United Nations Population Fund (UNFPA), 47 million women from low- and middle-income countries will not be able to access contraceptive methods and 7 million unintended pregnancies will occur if lockdown measures persist for 6 months.³ Thus, guaranteed access to modern contraception methods, particularly those with high effectiveness, to Brazilian women and adolescents is crucial during the COVID-19 pandemic, considering the possible serious consequences of infection by Sars-COV-2 for mothers and fetuses.



We also would like to highlight the shameful gender disparity in our country and the tragic reality Brazilian women and girls face: every ten minutes, one rape occurs in Brazil. ⁴ Many victims of sexual violence end up becoming pregnant as a result of the rape – a second violence. Abortion in Brazil is permitted to save a woman's life, in cases of rape since 1940⁵ or in cases of fetal anencephaly since 2012. Legal abortion is, therefore, an essential healthcare and should be guaranteed to Brazilian women, particularly during this pandemic. On the contrary, delays in the access of legal abortion services may lead to higher costs for the health system: we know that the earlier, the safer the procedure is.

We reaffirm that all services related to the care of victims of sexual violence, legal abortion, prevention and treatment of sexually transmitted infections, emergency contraception and to the provision of modern and highly effective contraceptives should be considered essential during the pandemic.

Thus, we recommend that public managers, gynecologists and obstetricians, family practitioners and all those professionally involved in sexual and reproductive healthcare maintain health services directed to Brazilian women and organize their programs to guarantee women's reproductive rights in the following terms:

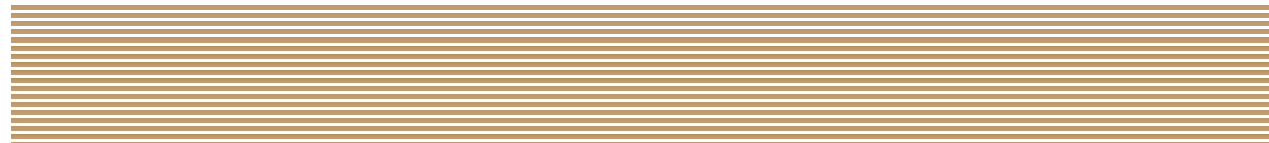
1) The use of highly effective long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDS) and etonogestrel implants should be encouraged.²

2) Quick starting guidelines (on any day of a woman's period) of contraceptive methods should be observed by obstetricians-gynecologists and family practitioners.⁶

3) Family planning services and gynecologists and obstetricians should organize their work processes to prevent their patients from visiting them or crowding in the clinics looking for contraceptive methods:

I. clinical history and advice can be performed remotely according to the recommendations of the ORDINANCE NO. 467, AS OF 20 MARCH 2020, by the Ministry of Health⁷;

II. Appointments for clinical examination and insertion of implants and devices should be scheduled to avoid crowds;



III. Unnecessary complementary tests (such as ultrasound to check IUD positioning, pregnancy tests when clinical history can exclude this possibility) should be avoided;

IV. Health care education should be encouraged to enable women to check the IUD wires on their own or to be conducted remotely by telehealth⁸;

V. Educational materials on birth control methods in a clear and accessible language should be provided to patients to facilitate advice via telehealth.

4) The use of copper intrauterine device (TCu IUD) as emergency contraception (up to five days or 120 hours after unprotected sexual intercourse) should be encouraged⁹.

Our full support and regard to the team of the Technical Department of Women's Health of the Ministry of Health – now exonerated – for the importance and scientific basis of the Technical Note n. 16/2020 – COSMU/CGCIVI/DAPES/SAPS/MS.

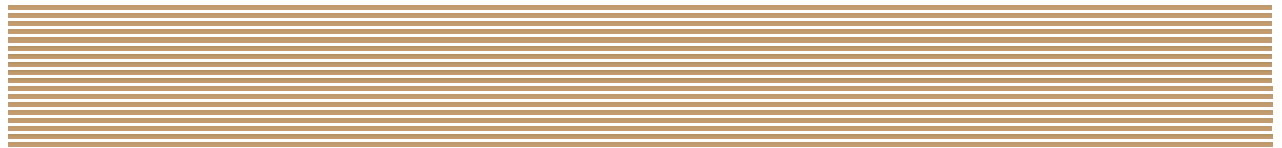
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