

## **Guaranteeing Sexual and Reproductive Rights in Colombia: Challenges during the COVID-19 Pandemic**

Sexual and reproductive rights (SRR) are framed under the context of human rights, and in that sense, they refer to the different liberties that people have to exercise their sexuality and reproductive lives autonomously (Ministry of Health and Social Protection, Profamilia, IOM, UNFPA, 2014). During the 20th century, various stakeholders have articulated actions in the areas of healthcare, education and protection in order to guarantee these rights. In addition, feminist and women's movements have contributed to the identification of gender inequalities and the unmet SRR needs from a perspective that could make progress towards eliminating the different kinds of violence against women as well as address such gender inequalities (UNFPA and SIDA, 2008).

The Sustainable Development Goals (SDGs) have included universal access to sexual and reproductive healthcare services within their 2030 Healthcare and Welfare Goals. Despite recent advances in sexual and reproductive rights, there are still challenges in guaranteeing the access to these services, especially among the most vulnerable populations or those living in the context of a humanitarian crisis. Currently, the contingency generated by the COVID-19 pandemic poses a series of challenges for guaranteeing these rights which demand urgent response from international cooperation agencies, governments, and health care providers.

In this regard, it is important to acknowledge that there are already guidelines in place to deal with humanitarian response which are outlined in "The Sphere Handbook". The guidelines establish that the following should be considered for healthcare response: (a) that all people have the right to access healthcare services adequately and in a timely fashion; (b) that the aim of healthcare services in times of crisis is to reduce excessive morbidity and mortality; (c) that health systems are enhanced and supported; (d) that a posture of being sensitive to the specificities for response in urban areas must be adopted; (e) that these standards are articulated with other priorities of humanitarian response (WASH, food security and nutrition, shelter and settlement); and (f) that the right to health is protected (Sphere Partnership, 2018, pp. 324-325).

### **Effects of the COVID-19 pandemic in guaranteeing sexual and reproductive rights**

The current COVID-19 pandemic implicitly impacts health, but also has effects on people's sexual and reproductive health due to, among other things: quarantine measures and social isolation, difficulties in the regular provision of some healthcare services, prioritization of certain services and procedures, and the possible collapse of health systems (Hussein, 2020). In addition, the social and economic consequences of the pandemic may worsen the health situation of people, especially the most vulnerable due to impoverishment and the limitation of their sources of income; the exacerbation of gender inequalities; and changes in the operation of protection programs aimed at young people, refugees, migrants, displaced persons, victims of the armed conflict, homeless people, indigenous and Afro-descendent populations, and sex workers.

Although it is true that a comprehensive overview of the situation does not yet exist and there is an urgent need to produce new scientific evidence on the subject, the World Health Organization (WHO, 2020), UNFPA (2020) and other international agencies have pointed out possible effects that this pandemic could have on guaranteeing sexual and reproductive rights. Among these effects it is relevant to consider the following:

### **Health systems**

Since the beginning of the epidemic in China, there has been a focus on the need to prepare health systems and increase their resilience as it has been done in the past (Heymann and Shindo, 2020). However, the state of emergency has prompted health systems changing priorities, including the cancellation of elective procedures (e.g., vasectomies and tubal ligations), changes in the scheduling and availability of services (e.g., postponing appointments), limited availability of some medications due to government purchasing prioritization (Ahmed and Sonfield, 2020; Elbe and Long, 2014), as well as difficulties in the access to supplies for family planning and menstrual hygiene management (UNFPA, 2020).

In general, sexual and reproductive health needs are permanent, so these changes have an effect on issues such as access to contraceptive methods, safe abortion services, and the supplies needed for the prevention and management of sexually transmitted Diseases (STDs).

### **Provision of services for a quarantined population**

One of the main strategies adopted by governments around the world to respond to the COVID-19 pandemic is social isolation and quarantine measures. There are differences between countries in the regulations governing this process, but in general there are no restrictions on access to health services. However, since all people, especially those of reproductive age, have sexual and reproductive health needs that must be addressed in a timely manner, healthcare providers face challenges in delivering these services to a population that has been encouraged (or forced) not to leave their homes.

In order to reduce the spread of the disease, various countries have organized at-home primary healthcare services, which seek to treat people who have COVID-19, but do not require immediate hospital admission (Mahased, 2020). Similarly, other health needs such as access to some contraceptive methods or General Practice consultations can be adapted to this model of primary healthcare, bringing the services closer to the people who need them and reducing the risks of contracting the disease (suppression). To this end, some studies have drawn attention to the importance of remote healthcare as a strategy to address this emergency (Smith et. al., 2020; Hollander and Carr, 2020).

### **Gender Equality**

Different stakeholders have pointed out the differentiated effects that epidemics, and that the COVID-19 pandemic may have on women. In this regard, the following issues have been emphasized: traditional gender roles often mean that women and girls are expected to assume care work inside and outside the home, exposing them to the epidemic (CARE, 2020); women are at the front lines of the response, representing a significant percentage (approximately 70%) of health care providers and care workers (UN Women, 2020; UNFPA, 2020); increasing tensions in households as a result of social isolation, quarantine and pressure generated by the epidemic put women at greater risk of sexual, domestic, economic and psychological violence.

Pandemics succeed in exacerbating existing social inequalities and vulnerabilities; therefore, it is essential that responses to this pandemic include a gender-sensitive approach to the consequences it brings on women and girls, as well as to the negative effects that some of the measures necessary for the suppression and mitigation of the virus may bring about.

### **Prioritization of sexual and reproductive health needs**

The Inter-Agency Working Group on Reproductive Health in Crisis (IAWG, 2019), has worked for several years on the design of the Minimum Initial Service Package (MISP) in sexual and reproductive health during humanitarian crisis. This package includes a series of actions aimed at saving lives under a crisis by meeting people's most urgent sexual and reproductive health needs. It is expected that this package will be implemented in the first 48 hours of the emergency and maintained for the first 30 days of the emergency. In addition, it is structured around six objectives:

1. Identifying an organization in charge of implementing the package.
2. Preventing sexual violence and responding to the needs of survivors.
3. Preventing transmission and reducing morbidity and mortality due to HIV and other STDs.
4. Preventing excess maternal and newborn morbidity and mortality.
5. Preventing unintended pregnancies.
6. Planning for comprehensive sexual and reproductive healthcare services as part of primary healthcare.

The importance of these objectives is that they allow the rapid identification of priorities to be addressed in the current emergency generated by COVID-19. However, it is of great importance to recognize the particularities of the current context in order to adapt objectives to the needs, identities and circumstances of people, especially those who are in a greater state of vulnerability, some of whom are young people, refugees, migrants, displaced persons, victims of the armed conflict, homeless, indigenous and Afro-descendent populations, or sex workers.

### **Strategies for the response to the sexual and reproductive health emergency**

The strategies presented below are aligned with the MISP objectives and existing information about the potential effect of the COVID-19 pandemic on SRRs, as well as the evidence that is available based on previous experience with other epidemics.

#### **Objective 1: Identifying an organization in charge of implementing the package**

To date, the Ministry of Health and Social Protection has produced 24 technical documents guiding the response to COVID-19. Among these guidelines there are recommendations for the care people with disabilities, their families and caregivers; guidelines for the prevention, containment and mitigation of the virus in the elderly; mental health protection during the outbreak; guidelines for the prevention of infection for people who provide social assistance and for healthcare personnel, etc (Ministry of Health and Social Protection, 2020). As expected, most of these guidelines are aimed at the actions of healthcare service personnel in the preparation, diagnosis, and care of the virus. However, as the emergency continues, it is essential to work in an articulated manner to make the effects the COVID-19 has on sexual and reproductive health more visible.

**Objective 2: Preventing sexual violence and responding to the needs of survivors**

Since the beginning of the emergency in Colombia, attention has been drawn to the fact that many of the responses may have differential negative effects on women and girls. These include situations that increase women's risk of sexual violence (UNFPA, 2020): isolation exposes women to violence from their partners and family members; it restricts access to support networks in the event of a violent incident (WHO, 2020); it generates precarious consequences for sex workers who lose negotiating power with their clients (Butterfly and Maggies, 2020); and finally, it exposes women who are victims of human trafficking. To this end, it is necessary to work on protection measures for those people who are exposed, in addition to strengthening the care channels for victims, including referral and counter-referral systems and the availability of resources - both human and economic - necessary for the comprehensive health care of victims and survivors of sexual violence (UNFPA, 2020a).

**Objective 3: Preventing transmission and reducing morbidity and mortality due to HIV and other STIs**

UNFPA (2020) has warned that during the outbreak some resources for sexual and reproductive healthcare may be diverted to address the COVID-19 pandemic, this may result in difficulties in the provision of necessary supplies and medications to prevent, diagnose and treat sexually transmitted diseases. However, the effects of this virus on STDs have not yet been thoroughly analyzed. It is essential to understand that COVID-19 is not a sexually transmitted infections, but given the various ways in which it is transmitted, it is possible that the virus can be transmitted during sexual intercourse as a result of proximity between people. In response to this issue, efforts must be made to guarantee the diagnosis and treatment of people with STIs as well as encouraging campaigns that allow for the identification of the relationship between sexuality and the transmission of COVID-19. A pioneering example on the subject has been provided by the New York City Department of Health (NYC Health Department, 2020) and a guide prepared by Ministry of Health and Social Protection (2020a), which offers some recommendations on how to prevent infection during sexual intercourse.

**Objective 4: Preventing excess maternal and newborn morbidity and mortality**

Most of the information regarding the effects of COVID-19 and Sexual and Reproductive Health has concerned pregnant women and newborns. The MERS and SARS viruses are known to have negative effects on pregnancies including causing miscarriages, premature births, fetal growth restriction and maternal deaths (Favre, et al, 2020); in spite of this, there is insufficient evidence on the effects of COVID-19 on pregnant women and their fetuses. Attention has been drawn to the importance of giving priority to pregnant women with respiratory diseases (UNFPA, 2020) and acknowledging that pregnancy can lead to changes in the immune system of pregnant women associated with stronger viral symptoms, particularly during the last months of pregnancy (Royal College of Obstetricians and Gynecologists, 2020). In this sense, pregnant women are advised to maintain social distancing, however, it is necessary to identify strategies to continue providing antenatal controls without exposing them to the virus in order to ensure that the mother and the newborn remain healthy. Currently, and following the guidelines of the Ministry of Health and Social Protection (2020b), the Benefit Plans Managing Entities (BPMEs) must continue to implement these controls through remote healthcare and home care strategies.

**Objective 5: Preventing unintended pregnancies.**

Preventing unintended pregnancies involves ensuring access to contraceptive methods and safe abortion. Quarantine and social distancing strategies can lead to individuals or healthcare providers deciding to delay procedures such as vasectomies and tubal ligations, and for people to face difficulties

in obtaining access to contraceptive methods and abortions. Attention has been drawn to the importance of ensuring ongoing access to contraceptive methods and to pharmacological and surgical abortion services (Jalan, 2020; Ministry of Health and Social Protection, 2020a; Ministry of Health and Social Protection, 2020b), even taking into account the effects of these services timing on people's lives (Action Canada for Sexual Health and Rights, 2020). In the United Kingdom, consideration has been given to ensuring the right to abortion through remote healthcare strategies that prevent people from having to travel to a healthcare facility.

In Colombia, the Ministry of Health and Social Protection has stated that the EPSs and IPSs (social security health service providers) must make the necessary adjustments to continue providing abortion services (Ministry of Health and Social Protection, 2020, p. 5), which means that in the meantime people are allowed to travel to seek these services. Preventing unwanted pregnancies in the current COVID-19 pandemic involves innovative primary healthcare strategies that allow people to continue making autonomous decisions about their reproduction.

**Objective 6: Planning for comprehensive sexual and reproductive healthcare services as part of primary healthcare.**

The emergency generated by the COVID-19 pandemic points to new challenges for health systems, particularly in terms of how primary health care can be provided in contexts where the majority of the population is expected to remain at home or sheltered. This implies the articulation of remote healthcare and home-visiting strategies that would offer a comprehensive approach to sexual and reproductive health (e.g., remote or domestic visits to care for people at home). It is true that not everything can be done from home, but the current moment of the epidemic draws attention to the importance of bringing health services closer to people through tools that reduce contact without neglecting sexual and reproductive health needs. In addition, the planning of these services must take into account people's identities, needs and circumstances, recognizing that women, girls, refugees and migrants, low-income populations, people working informally and sex workers are exposed to greater vulnerabilities that translate into negative outcomes in their sexual and reproductive health.

**Recommendations**

- The current COVID-19 pandemic represents a series of challenges to guarantee people's sexual and reproductive rights, and service providers must identify strategies to address these challenges.
- It is important to adapt healthcare services to people's needs, identities and circumstances during the pandemic, considering that there are people who are more exposed to the transmission of COVID-19 as well as obstacles to addressing their sexual and reproductive health needs.
- The COVID-19 emergency requires that different sectors work together to allow for the resolution of the sexual and reproductive health needs of a population that is expected to observe the lock-down decrees.

- Although public health is currently focused on the response to the COVID-19 pandemic, this does not mean that other health needs have disappeared. Sexual and reproductive health needs do not come to a halt because of the current situation.
- There are international guidelines that identify key sexual and reproductive health issues that must be addressed during an emergency and that can be applied and adapted to the current COVID-19 pandemic.
- The COVID-19 pandemic must be addressed from a gender perspective since women are known to be at greater risk of infection, of becoming victims of gender-based violence - including sexual violence, and are likely to take on the burden of domestic work and care within their homes.
- There is a need to continue generating evidence and research on the effects of COVID-19 on people's sexual and reproductive health, both in terms of the disease and the measures available public health and governments take to respond to it.
- Quarantine and confinement increase the risk of continued physical, sexual and psychological violence against women living with abusive partners.
- Work must be done to develop guidelines for addressing sexual and reproductive health and guaranteeing sexual and reproductive rights during this pandemic.
- It is essential to ensure access to the medications that are necessary for sexual and reproductive health, including contraceptive methods, pharmacological methods of abortion and treatments for sexually transmitted diseases.
- Provide supplies for the management of menstrual hygiene, especially among the most vulnerable communities.
- Generate technical guidelines that prevent maternal morbidity and mortality and the spread of infection to newborns.
- The Benefit Plans Managing Entities (BPMEs), EPSs and IPSs should facilitate the provision of sexual and reproductive health services, mitigating the negative effects that the COVID-19 pandemic can have on people's sexual and reproductive rights.
- Identify strategies for the provision of health services that can be provided through primary care for populations in isolation or quarantine (remote healthcare, home care, partnerships with pharmacies, among others).
- The COVID-19 pandemic cannot impose a reversal of the achievements made so far in regard to guaranteeing the sexual and reproductive rights of the population.

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